

Care Futures

The Manor House - Frenchay

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 8 and 10 January 2019 and was unannounced.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The values that underpin Registering the Right Support and other best practice guidance were seen in practice at this service. There was overwhelming evidence that the core values of choice, promotion of independence and community inclusion; were at the centre of people's day to day support. Staff were extremely person centred in their approach in supporting people with their day to day goals and their long-term aspirations.

However, the service was a large manor house, which was larger than most domestic style properties and was registered to support up to 23 people. There were 16 people living permanently in the service and seven people living at the service for short breaks. This service is larger than current best practice guidance. The registered manager and provider had reduced the negative impact on people in the following ways. The design of the building was such that it fits into its environment, as it was in a residential road with other large domestic homes of a similar size.

The home had been divided into three separate units, Chestnuts, Arandell and Beechwood supporting people in smaller groups of six and eight. Each unit had their own communal space consisting of a lounge, kitchenette and dining facilities and bathrooms. There were also additional shared areas which people could use to their benefit, such as an arts and crafts room, a central lounge and a sensory room, large gardens including a sensory garden. In addition to their very personalised bedrooms.

Staff were allocated to each unit enabling them to support people in a very person-centred way. People had a high level of autonomy over how they spent their time. People's support was built around them and this enabled people to live individualised lifestyles. There was a calm welcoming atmosphere in the home. It did not feel overly busy or institutionalised.

People remained safe at the home. There were sufficient numbers of staff to meet people's needs and to spend time socialising with them. Risk assessments were carried out to enable people to receive care with minimum risk to themselves or others. People received their medicines safely.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse. Staff had been trained in how to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the equipment and fire systems.

People received extremely effective care because staff had the skills and knowledge required to support them in a very person centred way. People's healthcare needs were monitored by the staff. The service was commended by health care professionals on their person centred approach. Staff knew people very well and noticed slight changes in people which might indicate that they were not well or unhappy.

People were treated in a dignified, caring manner, which demonstrated that their rights were protected. Where people lacked the capacity to make choices and decisions, staff ensured people's rights were protected. This had been fully embedded into practice.

Staff recognised the importance of effective communication enabling them to respond to people in a person-centred way. People were very much involved, they were consulted about activities and their goals and aspirations kept under review and met. Meaning people led very individualised and active lifestyles.

The home continued to provide an extremely caring service to people. People, or their representatives, were involved in decisions about the care and support they received. Staff were knowledgeable about the people they supported. There were strong links with family. There was a strong culture to provide care that was tailored to the person. People were treated with kindness and compassion.

People received an exceptionally responsive service. Care and support was personalised and very much led by the person. There was a 'can do' attitude. People's care was planned and delivered in a way that meant the person was at the forefront. Activities were extremely varied and people were not discriminated against because of their learning or physical disability.

The service was well-led. Relatives and staff spoke extremely positively about the commitment of the registered manager and the team in supporting people. There was a commitment to providing a service to the wider community with social opportunities being organised. There was a passion throughout that enabled people to live the life they wanted, very much driven by the registered manager, which had been cascaded to the whole team.

The registered manager and provider had monitoring systems, which enabled them to identify good practices and areas of improvement. It was evident they strived to provide the best experience for people and were creative in their approach.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service continues to provide a safe service.

Is the service effective?

Good ●

The service continues to provide an effective service.

Is the service caring?

Outstanding ☆

The service continues to be outstanding.

Is the service responsive?

Outstanding ☆

The service had improved and was outstanding in their responsiveness to people's individual needs. Staff were very knowledgeable about the people they supported and passionate about providing support tailored to the person.

People were listened to and their dreams and aspirations were acknowledged and acted upon. The home was very busy with people going out regularly on a one to one basis.

There were many examples where people were supported to lead the life they wanted and where staff had responded extremely promptly to changes. There was a 'can do' attitude.

Is the service well-led?

Outstanding ☆

The service was extremely well led.

There was a clear management structure. Staff were empowered along with the people they supported. There was a commitment to involve people their relatives and friends. They sought the views and experiences of people, their families and the staff in order to continually improve the service.

Staff were highly valued and morale was exceptionally high. The vision of the service was clearly communicated to staff.

The registered provider and staff team were approachable and available and willing to listen to people. The registered provider was passionate and dedicated to providing an outstanding

service to people.

The Manor House - Frenchay

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one adult social care inspector, who visited on 08 and 09 January 2019. We last visited the service in June 2016 and found no breaches of regulations.

We used a variety of methods to obtain feedback from those with knowledge and experience of the service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the service. This included notifications, which is information about important events which the service is required to send us by law.

We contacted the local community learning disability team and commissioners. We asked them for some feedback about the service. You can see what they told us in the main body of the report.

During the inspection, we talked with four people using the service, a relative, five members of staff, the provider and the registered manager. Four members of staff contacted us via email to tell us about their experiences and spoke with five relatives on the telephone.

We looked at the care records of two people, staff duty rotas and other records relating to the management

of the service. These included three staff recruitment files, maintenance records, incident reports, training records and audits.

Is the service safe?

Our findings

People continued to receive a safe service. People told us they felt safe and liked the staff that supported them. People we observed were actively seeking out staff. From our observations people looked comfortable and relaxed with staff. This demonstrated people felt secure in their surroundings and with the staff who supported them.

Relatives confirmed they had confidence that their loved ones were well cared for and safe. Comments included, "Fully confident in the health and safety", "Never worry when X is staying at the Manor House, I know they will contact me if anything is wrong" and, "Written procedures gives me reassurance. These are detailed and I know they follow these". A relative told us they rarely got a phone call, but recently staff had questioned the medicines that had been sent with the person when they went for a short break. They said this was very reassuring as the staff had noticed that the medicines had been changed since the last visit. This showed the staff were vigilant in checking medicines and keeping people safe.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed by the registered manager. Medicine errors were investigated and additional training was provided to the staff. Where medicines were not blistered such as liquid or medication in their original boxes these were countersigned by a second member of staff. This provided assurances that medicines were handled safely.

The registered manager had appropriately raised safeguarding concerns. This included sharing information with the local authority and the Care Quality Commission (CQC). The local safeguarding team confirmed that these had been received with most of them being screened out for not meeting the threshold. The level of information shared with other agencies had been appropriate and sufficient to keep people safe. As a result of the safeguarding concerns and subsequent investigations, changes were made to people's care arrangements when required to keep them safe. A relative commended the home on contacting them to tell them about a safeguarding concern and the action taken. They said this had been very reassuring and knew the service would always do the right thing to keep people safe.

The registered manager described the process that staff underwent to ensure a thorough and robust recruitment process was undertaken. Staff would not commence employment until all their checks had been completed, such as obtaining two references and a Disclosure and Barring System (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. Staff files contained relevant information showing how the registered manager had come to the decision to employ the member of staff.

People were supported by sufficient staff. This was kept under review, for example as people's needs changed, or when people were staying for short breaks. One person was supported on a one to one basis when staying in The Manor House. Staff and the person's relative confirmed that this was always in place. Each unit was staffed by a small team of staff that enabled them to get to know the people well. The

registered manager said staff had an opportunity to work in all three units of the home so they could get to know everyone living at The Manor House.

Staff told us there were usually seven staff working throughout the day and evening, with two waking and one sleep in staff covering nights. There was 16 permanent people living at The Manor House. There were seven short stay beds. The registered manager told us there were no staff vacancies. They said the initiatives discussed at the last inspection had been very successful in recruiting a full team.

The building was well maintained and the environment was safe. The home's maintenance and safety records were comprehensive and showed that regular checks and audits had been made of the services and equipment at the home. This included routine checks on all electrical equipment.

There was an emergency action plan in place for the home alongside a personalised emergency evacuation plan (PEEP) for each person. All staff, received fire safety and first aid training as part of their induction, which was refreshed periodically.

The environment showed evidence of being designed to keep people safe. For example, windows had opening restrictors, radiators were either low heat or had been covered and checks were completed on water temperatures. External contractors completed checks on equipment to help people with mobility. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. These minimised risks and kept people safe.

The home was clean and free from odour. Cleaning schedules were in place. Staff were observed washing their hands at frequent intervals. Staff had regular hand washing training. The provider had purchased a machine which tested if staff had cleaned their hands effectively. Cleaning chemicals were stored securely to ensure the safety of people. This was because not everyone would be aware of the risks in relation to swallowing these products. Relatives told us the home was always clean and had no concerns in this area.

The home had recently been inspected by the local authority in respect of food hygiene and had received a five-star rating. This is the highest rating that could be achieved.

Is the service effective?

Our findings

People were provided with an effective service. This was because people's needs were consistently met by staff who had the right skills, knowledge, attitudes and behaviours. Collectively they had the skills and confidence to carry out their roles and responsibilities effectively.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, chiropodist and an optician and attended appointments when required. This was kept under review on a monthly basis. Records were very clear in respect of the reason for the appointment, the treatment, any follow up and the outcome. Two visiting health care professionals commended the home on their knowledge of the people they supported and the timely referrals. Feedback was sought after each visit to enable the registered manager to follow up any areas of concern or to share compliments with staff. All feedback was positive. This showed positive relationships were maintained and people's health care needs were being met.

Staff were vigilant to people's changing needs especially where they were unable to verbally communicate their needs. This was because they knew people exceptionally well. One visiting professional told us, "The staff are excellent, I look forward to my visits. This home is held up as a beacon for residential care. This is because of their person-centred approach, joint working and their outstanding care they give to people". They gave us three examples where the service had recently gone the extra mile in supporting people with their health care needs. This included strongly advocating for a person to be admitted to hospital for a course of treatment. They told us, because of this the person had made an excellent recovery and continued to have a good quality of life.

People had a health action plan which described the support they needed to stay healthy. Where people's needs had changed, referrals had been made to other health care professionals. This included the community learning disability team which is made up of nurses, physiotherapists, dieticians, occupational therapist and consultant psychiatrists.

Feedback from professionals was extremely positive. They told us about the person-centred approach, the innovative ways they supported people and how knowledgeable the staff were about each person they had visited. One example was where the staff were concerned about the weight of an individual. This was no longer the case. This person had their own fridge in their bedroom containing the snacks they liked to eat and since the last inspection had continued to gain a healthy weight. This person had now been discharged by the dietician who had complimented the staff on the support they had given to the person.

Another person on moving to the home, was overweight and with the support from staff had now built a better relationship with food. They had lost a considerable amount of weight bringing them back in to a healthier range. Again, this was the commitment of the staff in building on the person's confidence and self-esteem which had reduced their anxieties around foods. It was evident from talking with professionals and staff there had been a real team effort in supporting this person, which was commendable.

Care records included information about any special arrangements for meal times and dietary needs. Other professionals had been involved in supporting people including speech and language therapists, dieticians and the GP. Their advice had been included in the individual's care plan. Individual records were maintained in relation to food intake so that people could be monitored appropriately. People were weighed monthly and any concerns in relation to weight loss were promptly discussed with the GP and other health professionals. People told us they enjoyed the food and there was always enough to eat.

People were offered a choice of two meals at lunch and tea time. Staff told us people were asked what they would like the day before. Picture cards were used for people who were unable to communicate verbally. In addition, people were shown what was on offer on the day enabling them to make an informed choice. On each of the three units there was a small kitchenette enabling staff and people to make snacks and drinks. Main meals were prepared in the main kitchen. We observed people being offered choices in respect of food and drink. Staff said there were always alternatives that could be offered and the kitchenettes were always well stocked with food items.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

The registered manager told us they had submitted applications in respect of DoLS for 17 people. This included people who stayed in the home for short breaks. Each person had been assessed to determine whether an application should be made. The registered manager had notified us about the outcome of the authorisations.

Information about these safeguards was clearly described in the person's care plan and the reasons for the authorisation. The registered manager had a system to monitor and keep under review each authorisation ensuring where an authorisation needed to be renewed this was completed in a timely manner. Applications had been submitted in a timely manner however, there were some delays which were out of the services control. This was because they were waiting for the placing authorities to allocate an assessor.

A health professional commended the management and the staff on their knowledge of MCA. They stated, "In comparison to many other residences that we deal with they are very much clued up with the mental capacity act and support their clients with this act in mind". They continued by saying, "Staff always involve their clients in care decisions as much as possible and appropriate to the individuals needs decisions are always made in a way that the clients feel empowered listened to and valued". We found MCA was very much embedded into the culture of the home ensuring people's rights were protected.

Staff received the training they needed to enable them to support people effectively. Training was continually reviewed and updated when needed. Staff confirmed the training from induction to ongoing

training was informative and useful. A member of staff said, "We are always doing training, it is really useful often tailored to the people we support". Another member of staff said, "(Registered manager) has developed me into someone who has gained a lot of confidence and has developed my skills through outstanding training which the company provide. This has enabled me to win an award which was the highlight of my career."

The registered manager told us all the training was face to face. They said this was delivered by people within the organisation that had completed train the trainer courses or via the local authority. The registered manager told us that they along with a member of staff were the moving handler assessors. They said this allowed them to organise bespoke training at frequent intervals not just annually. This was similar with the safeguarding training which was regularly discussed during supervisions and team meetings. The organisation employed two staff to assist with the planning, organising and delivery of training. There was a commitment to ensure all staff attended training relevant to the needs of the people they supported.

The Manor House is a large home providing accommodation and personal care to 23 people. There were 16 permanent beds and 7 short stay beds. The home was divided up into 3 units. Each unit had their own communal space and staff team. The registered manager and provider told us this enabled them to provide person centred care in line with registering the right support. Whilst the home was busy, there was a calm and welcoming atmosphere in all three areas of the home.

The accommodation was suitable for the people they supported. There were aids and adaptations to support people with a physical disability. All areas were homely and had been refurbished to a very high standard. There was an ongoing decoration programme. People were consulted about the décor of the home. Some people had been involved in painting their bedrooms. Photographs showed people taking part.

Is the service caring?

Our findings

The service was rated as outstanding at the last inspection in respect of the caring approach of staff. At this inspection we found that the service continued to provide people with an extremely caring service. Feedback from relatives, people who used the service and health and social care professionals clearly showed this service was caring, person centred and had strong caring values on how people should be supported. All staff were committed to the values of the service in helping people to lead the life they wanted. The staff enabled them to try out new activities, build effective relationships with each other, friends and family. Staff were committed to providing people with high quality care and support.

As seen at the last inspection each person had a life history book. People had been supported on how they wanted this recorded. For example, some people had chosen a specific book whilst others had recorded this on their electronic devices.

People were very proud of their books. This was especially important for someone who was unable to communicate or where a person was living with dementia. Staff told us it was a very good way to get to know the person, their interests and their immediate and wider family. From reading the life histories of two people there was a real sense of who the person was, their interests and what was important to them. The content was excellent and it was evident the person, their families and staff had been involved. This was commendable and provided a real picture of the person and the journey they had been on. Staff said these were shared with professionals, and families during care reviews as an aide memoir in showing what the person had achieved. It was evident these did not sit on a shelf and were frequently used to aid communication and discussion.

At the last inspection, we were told five people had been supported by staff to attend family weddings. The registered manager said this was important so families could continue to enjoy the day knowing the staff were supporting the person. Since the last inspection a further three people had been supported to attend family weddings. One family had also invited a friend of their loved one who lived in The Manor House. Staff had supported both people during the event. Families commended the staff member in their support. One relative stated the member of staff blended into the background whilst being very attentive to their loved one. They said, "We cannot praise the approach of the member of staff enough".

Some families lived overseas or not in the local area. To enable the family to keep in contact and be part of care reviews, the service used video calling to keep in contact, others used the telephone. Relatives confirmed that the staff kept in regular contact about what had been happening in their loved one's life.

One person was supported to go to London to meet with family enabling them to fly to their family home. They were met by family and then staff would return after their holiday to collect them from the airport. This was co-ordinated by the staff and often staff did this in their own time. This showed the staff went the extra mile in supporting people and they were creative in how this was achieved.

Another relative said they had made the hard decision to move away from Bristol, but knew their loved one

was in the right place as they were so happy. They said their relative had visited quite a few times since they had moved and the staff were always keeping in touch. Another parent told us about the difficulties they had in using services. They commended the staff on how they were supported alleviating their fears and supporting their loved one really well. They said initially this was for short breaks but more recent for a 28 day stay. They said, "If I applied the mum test, I would not hesitate to recommend this service as a parent". They said the staff had built really positive relationships with their loved one, they knew him well and he looked forward to staying at The Manor House.

A health professional told us, "They are innovative with suggesting different ways of doing things and always care for their clients with so much love and respect that we as a service are overwhelmed with how much pride they take in their role and the response of their clients to them, their clients clearly adore them! This clearly enhances the client group's wellbeing and their quality of life and dignity". Other health and social care professionals commended the staff on their caring approach and knowledge of the people they were supporting.

The service anticipates people's needs and recognises distress and discomfort at the earliest stage. It offers sensitive and respectful support and care. A visiting health professional commended the staff in noticing the slightest changes in people when unwell and acting on these quickly. They told us that they would often pick up the phone to discuss an area of concern and the line of enquiry was always appropriate. Staff picked up very quickly that a young person was not feeling well on the day of the inspection. Increased monitoring was put in place. Staff said this person was unusually tearful and felt they may have a cold. Increased fluids and staff support was put in place. Relatives also gave us examples how because the staff know people extremely well they notice the slightest of changes in their mood and demeanour. The staff had taken appropriate action to address this in a very caring way.

The relationships between people and the staff was extremely caring, friendly and informal. People looked comfortable in the presence of staff and chose to be in their company. Staff sought to understand what was wanted and how they could help when people approached them. Staff had built meaningful relationships with people. A relative said of one member of staff, "They are like friends, there is mutual respect and it is evident that this has been very beneficial". They told us that the staff had helped their child grow into being a young person making choices and doing every day activities. Staff were extremely passionate about providing care that was person centred and where people were treated with dignity and respect.

Staff were observed using a number of different methods to assist people to communicate. This included showing people different objects and using Makaton to aid effective communication. Makaton is a sign language used by people with learning disability. Staff said they had recently had Makaton training which was bespoke to one person so they could learn the signs of what that person liked such as a particular drink and fast food restaurants that they liked to visit.

People had communication passports to enable staff to understand what they were saying in relation to their non-verbal communication. This ensured there was a consistent approach and enabled staff to build positive relationships with people.

People's bedrooms were decorated and personalised to a very high standard. Each person's room was very unique and reflected the interests of the person. For example, the handyman had been creative in painting murals on some of the bedroom walls such as racing cars, musical instruments and flowers depending on the interest of the person occupying the bedroom. One person had designed their own bedroom walls with art and drawings. This enabled the person to be creative. Staff told us it was important for people to have a choice over their colour scheme as it was their bedroom and home.

The registered manager told us they ensured that where people stayed in the home for short breaks they were compatible with others living in the home. This formed part of the assessment process on how they developed relationships with others. People told us they liked their friends staying when we asked about the short break service. The registered provider told us the staff promoted the short break service as a 'friend sleeping over'. This was because many of the people using the short break service had used it for many years. Some of the people using the short break service also used the Bingham day centre which was run by the provider which meant they knew people in The Manor House. This was a valuable resource not only for the family but also to give the person a short break away enabling them to build relationships with their friends and people of the same age.

People celebrated different cultures including their own. Theme nights were organised where people were supported to try different foods, look at different cultures and learn about how others lived. Staff from different backgrounds were involved. Pictures were displayed throughout the home of the events including people making flags and special dishes for these events. Care records included information about people's cultural and religious backgrounds.

People were supported to celebrate birthdays and very individualised cakes were made to help them celebrate depending on their wishes for example their favourite Disney characters or ingredients such as chocolate with pink sprinkles. Families were invited to join in the celebrations.

Is the service responsive?

Our findings

The service was highly responsive to people's needs. Staff found creative ways to enable people to live life to the full and do things they enjoyed. There was a fun and friendly atmosphere throughout the inspection. Staff promoted people's specific interests and supported them to achieve their ambitions. People sat down with their key worker once a month to discuss what they wanted to do for the forthcoming month. One person had been supported to go up in helicopter, another person to Disneyland, another to go and see a well-known TV show, Reading Music Festival and the list went on for each person. People were supported to go on a holiday of their choosing with support from staff. These goals were closely monitored by the registered manager and senior staff to ensure people's aspirations were met.

The provider told us, "The registered manager and the staff are always willing to go the extra mile to resolve an issue for residents and to make their dreams come true". They said that "We used to talk about adults with learning difficulties working towards reaching their North Star. Many of the residents at Manor have actually reached theirs, because some dreams have been made possible by this very special manager". The registered manager told us "All the staff are committed to the service's values of supporting people in a person-centred way enabling them to live the life they wanted".

A health professional spoke to us during the inspection and after sent an email about an assessment they had completed. They commended the home on the support that a person had been given with a health condition. The staff had strongly advocated for this person when others would not see the benefits of the treatment. They said that this person had made an excellent recovery because of the determination of the staff team in supporting the person in a consistent and very person-centred way. They told us that the assessment they had completed had scored highly in all 17 areas, which indicated the person had an excellent quality of life. This person was seen taking part in activities of their choosing and enjoying the company of staff.

Staff told us how they had supported the person consistently during their illness strongly advocating for treatment and the right to a quality life. They also gave us other examples where they had worked closely with health and social professionals in making improvements to people's lives such as healthy eating, supporting people with keeping fit and healthy. This was commendable and showed that staff were responsive in a person-centred way.

People were supported to be as active as they were able attending swimming and keep fit sessions and doing things that other people may take for granted. There were no restrictions imposed on people. There was a 'can do' attitude. People had been supported to go wheel chair ice skating at Christmas, horse riding and had been on a boat trip. It was evident that there was no discrimination because a person had a learning or a physical disability.

The registered manager told us in the PIR and during the inspection, "We think outside the box about what is going to make our residents lives amazing, and then we make it happen". Some people had gone to Taunton and attended a Charity Ball. Photographs were displayed of people dressed in suits and ball

gowns. It was evident it was a lovely experience. Three people were being supported to attend a recording studio so they could make their own CD. One person sung to us and the staff. This person told us her dream was to be on a television programme. Staff and people all showed their enjoyment and appreciation after the person had sung. The atmosphere was inclusive.

A relative commended the service and in particular a member of staff who had supported their loved one to try out different activities that in the past they had found difficult such as going to the cinema, going to the pub and shopping at a busy shopping Mall. They said the staff had built up an excellent relationship with their loved ones enabling them to try different activities. They told us they found all the staff in The Manor House to be totally committed to providing person centred care and commended them on their approach not only to their loved one but people living at The Manor House. When they visited they said staff were always engaged with people.

A relative said, "Everyone is so active at The Manor House. I have to arrange a visit as often X is out". They told us, "We are often ignored when we first arrive, especially if there is an activity going on". They told us this was positive as it showed their loved one was very happy with the staff and their peer group. They told us there was a real family feel to the service. People were supported to take part in regular activities both in the home, local community or in the provider's day centre.

One relative commended the staff on their caring approach enabling their loved one to have a holiday, despite of the person's physical health and needing positioning at frequent intervals. The staff arranged to go to a holiday park no longer than two hours away. The family had been consulted throughout and two staff and the young person went away for a short break. This was something the person had not done for a while. They told us the staff were attentive and, from the photographs, evident the person had a fantastic time. Other examples were given where activities were planned around the person's support and care needs such as pub trips, going on a boat and shopping trips. This showed the staff were caring, and responsive and attentive in providing care that was extremely person centred.

Staff were really passionate about supporting people in a person-centred way. They described to us how each person liked to be supported, their interests, their goals and aspirations. A member of staff told us about a person who had completely blossomed since moving to The Manor House. This person had not wanted to leave the safety of their bedroom. The key worker had spent hours together with the person until they had felt secure to leave their room and sit with other people living in the service. This was done at the pace of the person taking small steps. The member of staff said this person now joins in with all activities and regularly goes out not only with their key worker but with other staff and people living in the home.

Other professionals had also highly praised the staff team in their approach in helping this person move forward to the person they had become. They commended the staff on their person centred approach and responsiveness which had seen a person that lacked confidence and security to now being able to talk about what they wanted and doing the things they enjoyed. It was evident it was a team approach. Staff said this person was now the first to want to go out and join in with activities.

A professional commended the service on the support they had given to a person whose needs had significantly changed. Staff also commended the provider and the registered manager in their extremely responsive approach during this period of time. This included increasing the staffing, adapting a room on the ground floor until a stair lift was put in. Staff said this was done within 5 days at a cost to the provider. Staff then supported the person to move to one of the provider's other homes due to their increased needs. Staff and people continue to visit this person at their new home which was more suitable to their changing needs.

Staff had also supported people to move to more independent living in the past. People had access to flat in the attic which could be used for people who were more independent and wanted to move on. The registered manager said at this moment in time people wanted to remain in The Manor House but if this changed then they would be supported to follow their dreams.

People had care plans in place which were detailed, comprehensive and personalised to the individual. Records detailed each person's specific needs and how they liked to be supported. Care plans gave staff clear guidance and direction about how to provide care and support that met people's needs and wishes. This included what people were able to do for themselves and where they needed support. Care plans also contained important information about any allergies or health concerns. The care plans were in an accessible format along with many of the provider's policies and procedures.

Care plans contained personalised information about the individual's likes, dislikes, background and history. Care plans were reviewed monthly and updated as people's needs changed. A complete re-assessment of the persons' needs and wishes was carried out annually with people and their families. It was evident the person and where relevant their family were involved.

At the time of our inspection, the registered manager informed us that there were no ongoing complaints. Staff told us they were confident that any concerns raised by people using the service would be dealt with appropriately and in a timely manner. There was a clear procedure for staff to follow should a concern be raised.

The registered manager had systems in place to promote and manage complaints. These included 'easy read' versions of the complaints process. There was a one-page profile detailing how a person may tell staff if they were not happy. This was important as some people were unable to verbally communicate if they were not happy with some aspects of their care and support arrangements. Staff understood the importance of monitoring a person's wellbeing and non-verbal communication to ensure they were happy with the service.

Is the service well-led?

Our findings

The registered manager had continued to create a culture of encouraging staff to be actively involved in the way people received their support. This had led to people receiving exceptional person centred and inclusive care. Relatives commended the leadership and care of their loved ones. The registered manager had received an award on their leadership skills and their person-centred approach. The registered provider was extremely positive about the approach of the registered manager, her leadership skills and her commitment to the values of the organisation.

The provider told us, "The registered manager's can do" attitude, creativity, dedication, motivation, caring and kindness, surpasses the legislation requirements and goes above and beyond the "MUM" Test. This was evidenced in many ways.

The registered manager was dedicated and committed to supporting people with their goals and aspirations as evidenced in this report. From talking with the registered manager it was evident that any obstacles were overcome. The provider said, "They think outside the box." There were many examples but one was supporting a person to go to a theme park in France. The planning that took place prior to the holiday to enable a person to go was commendable, organising specialist transport, ensuring appropriate staffing and ensuring the accommodation was suitable for a person using a wheelchair. The outcome was the person had an amazing experience.

The registered manager demonstrated extremely effective management and leadership skills within their role. Their passion, knowledge and enthusiasm of the service and the people in their care was evident. They were proud of the team, their flexibility and support they gave to people. They led by example and encouraged the team to share their vision. The team were very much part of the improvements and were supported to raise suggestions. Staff told us the registered manager was always approachable and had an open-door policy. Training was seen as integral to providing a high-quality service.

The values of the service were very much embedded into everything such as supervisions, staff meetings and the continual review of staff performance. The registered manager knew it was important for all staff to have a good understanding of the expectations and values. This was very much embedded into the culture on a daily basis. Staff told us the registered manager would often work alongside and question them on their practice to ensure they understood and implemented these values in everything they did.

Feedback from health care professionals both during the inspection process and from feedback forms completed after their visits showed that the service provided an excellent service to people. The eleven feedback forms completed in the last 12 months all had indicated that in all areas the service had been rated as 'excellent'. Comments included, "Staff very knowledgeable", "Very person-centred service", "Care is always focused on the person", and "Really well led service. A service where the residents are at the forefront". The local pharmacist had also commended the service in spotting errors on their part and working with them patiently and professionally.

Staff highly praised the registered manager on her approach and passion in supporting people not only in The Manor House but the wider community. Two staff had recently organised a social gathering in the community which was open to other services. The staff had been praised by the registered manager on their initiative and the organisation of the event. This was very much backed by the registered manager. They were now planning a regular event where people could meet with other people in the community by participating in a drama group. The plan was for everyone to be involved such as stage design, acting, singing with the end result in a show being put on for friends, family and the local community. This was being led by two staff working at The Manor House and would be open to other services and people living locally. This was innovative and not only benefitted the people living in The Manor House but the wider community.

The registered manager was very supportive of the innovative ideas of her staff team. A further example was where a member of staff had organised a Race Night evening at the local rugby club for people living at The Manor House, friends and family. This same member of staff had organised a number of theme nights for people such as celebration of different countries and was planning a Harry Potter themed night. Photographs displayed in the home showed people enjoying and participating in the events. These events were open to friends and family. Further evidencing a service that involved family and friends. Relatives spoke positively about the various events such as the Summer fete, the Christmas party and the monthly newsletter.

Staff told us the morale in The Manor House was really good. Staff comments included, "We are here for the people we support", "I love working here, I get lonely on my day off as it is such a vibrant place to work", and "There is a real homely, family feel to The Manor House, and that is why I like working here. It is about the people we support" and "I am proud to work at The Manor House; the manager is outstanding and really turned it around".

Staff were recognised for their work. There was a culture of ongoing improvement and the sharing good practice. Compliments were shared with the individual staff member and the team. There was an employee of the month and annual awards where staff could be nominated for work they had done with individuals or where they had gone the extra mile. One member of staff had won an award from Care and Support West for going over and above in supporting people in a person-centred way. They were also a runner up for a regional award for the best carer award. This person was nominated by relatives, for going over and above their role in supporting people.

People were at the heart of everything the service did. They were consulted through care plan reviews, annual surveys and monthly house meetings. Suggestions that were made were followed up and actioned. People, relatives, staff and professionals consistently spoke about how well-led the service was. There was a real commitment to supporting not only the people that lived in the home but the staff team. Staff told us they felt valued and listened too. Examples were given where the management of the service had supported staff with personal issues. One member of staff said, "I am really happy working in The Manor House, it is the best place I have worked, everyone cares for each other it is like a big family with people being the centre of all that we do". This was echoed in the conversations and the emails we received from staff.

The provider had commissioned a leadership and management consultant to review each service and work alongside the managers of the service. It was evident that The Manor House had strong leadership management and strong values that had been embedded to ensure care was planned and delivered in the way people wanted it to be. The registered manager said this had been very beneficial exercise and as part of this had reviewed the induction for new staff to ensure it was at an appropriate pace to the individual member of staff. It was evident the manager wanted the best out of her staff.

There was a very good skill mix and knowledge in the staff team. The registered manager focused on the strengths of the staff such as their interest in the care certificate, dementia, health and safety, communication, planning of activities and developed them further in their roles to become champions. For example, a member of staff who had completed a university course and had a specialist interest in communication was developing some bespoke training for all staff. The registered manager saw this as being very beneficial in making improvements to how staff supported people. They said this would include the use of assistive technology such as hand-held devices. It was evident the service was embracing new technology to improve the lives of people living at The Manor House.

Another member of staff had recently been asked to look at activities for people. They were very passionate in their role in looking at creative and innovative ways of supporting people. An example was where people attended a local shopping outlet where it provided people with a sensory experience and allowing them to try out all the products. The member of staff said for one person this was a real pleasurable experience.

The registered manager carried out checks on the home to assess the quality of service people experienced. These checks covered key aspects of the service such as the care and support people received, accuracy of people's care plans, management of medicines, cleanliness and hygiene, the environment, health and safety, and staffing arrangements, recruitment procedures and staff training and support. Where there were shortfalls, action plans had been developed. These were shared with the operations manager who followed these up at subsequent visits.

The registered manager told us they had to complete a monthly report on a number of areas including complaints, staffing, accidents and incidents and finances. This enabled the provider to have an overview of the service and any risks, so these could be jointly managed. This was very much a working document which the registered manager updated throughout the month in relation to people's goals to ensure they happened. In addition, the registered manager told us they received supervision from their line manager who visited monthly to discuss care delivery, staff and the general running of the home. This meant the provider had an oversight on the quality of the service.

From looking at the accident and incident reports, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affected the wellbeing of a person or affected the whole service. There was evidence that learning was taking place to prevent further occurrence, which included looking to see if there were any themes.