

KRG Care Homes Limited

Manor Farm Care Home

Inspection report

82 Church Road
Kessingland
Lowestoft
Suffolk
NR33 7SJ

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Tel: 01502740161

Website: www.manorfarmcarehome.com

Ratings

| | |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

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

Manor Farm is registered to provide support to 25 people, some of whom may be living with dementia. At the time of inspection there were 15 people using the service.

There was a registered manager working at the service. 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. Statutory notifications received by the Care Quality Commission showed us that the manager understood their registration requirements.

At the last inspection in September 2017, the service was rated Inadequate overall and was in breach of multiple regulations. A new management team had been in place for three weeks at the time of that inspection and was already making improvements. The service provided us with an action plan stating how they intended to make the required improvements. At this inspection we found that the necessary improvements had been made to comply with all the regulations previously breached. The service is now rated 'good' in all key questions.

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS.) People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives told us they felt safe living in the service and that staff made them feel safe. Risks to people were appropriately planned for and managed. Medicines were stored, managed and administered safely.

Checks were carried out to ensure that the environment and equipment remained safe. The service was clean and measures were in place to limit the risk of the spread of infection.

People told us there were enough suitably knowledgeable staff to provide people with the care they required promptly. Staff had received appropriate training and support to carry out their role effectively. Staff received appropriate supervision which helped them develop in their role.

People received appropriate support to maintain healthy nutrition and hydration. People told us there had been significant improvements in the quality of the food.

People told us staff were kind to them and respected their right to privacy and that staff supported people to remain independent. Our observations supported this.

People told us they were encouraged to feed back on the service in a number of different ways and participate in meetings to shape the future of the service. People told us they knew how to complain and felt they would be listened to.

People received personalised care that met their individual needs and preferences. People and their relatives were actively involved in the planning of their care. People were supported to access meaningful activities and follow their individual interests.

The registered manager and deputy manager created a culture of openness and transparency within the service. Staff told us that the registered and deputy managers were visible and led by example. Our observations supported this.

There was a robust quality assurance system in place and shortfalls identified were promptly acted on to improve the service. Significant improvements had been made in the service in a short time frame which demonstrated to us that the management team were effective.

Further information is in the detailed findings below

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 was safe.

Risks to people were minimised because there were plans in place to guide staff on reducing risks to individuals.

There were enough staff to meet people's needs.

The environment was safe and clean.

Medicines were stored, managed and administered safely.

Is the service effective?

Good ●

The service was effective.

The service was meeting the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards.(DoLS).

Staff had the training and support to deliver effective, safe care to people.

People were supported to eat and drink sufficient amounts.

People were supported to access support from other healthcare professionals such as GP's.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity, kindness and respect by staff.

People were supported to remain as independent as possible.

People and their relatives had been involved in the planning of their care.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

People told us they knew how to make complaints and were confident these would be acted on.

People had access to meaningful activity and engagement.

There were end of life care plans in place for people and these were being further developed at the time of our visit.

Is the service well-led?

The service is well-led.

Significant improvements had been made following our visits in February and September 2017 where the service was rated inadequate.

There was a robust quality assurance system in place which was capable of identifying areas for improvement.

People, their relatives and staff had been involved in the process of making required improvements to the service.

Good ●

Manor Farm Care Home

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection was carried out by two inspectors and an Expert by Experience on 13 March 2018 and was unannounced. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the contents of notifications received by the service. Services have to notify us of certain incidents that occur in the service, these are called notifications.

Some people using the service were unable to communicate their views about the care they received. We carried out observations to assess their experiences throughout our inspection. We spoke with eight people using the service, four relatives, four care staff, the registered manager and the deputy manager. We reviewed four care records, two staff personnel files and a sample of records relating to the management of the service.

Is the service safe?

Our findings

At our last inspection on 5 September 2017, we rated the service 'inadequate' in this key question. At this inspection, we found improvements had been made and the service is now rated 'good' in this key question.

People told us they felt safe living in the service. The service took steps to ensure people were protected from avoidable harm and abuse. People received support from staff who demonstrated to us that they understood how to enable people to remain safe. This included how to recognise and report abuse.

At the last inspection the service was found to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This is because there were insufficient risk management procedures in the service. At this inspection we found that significant improvements had been made in how risks to people were monitored and minimised. Each person had a set of individualised risk assessments. These assessed the level of risk to the person in areas such as pressure care, malnutrition or falls. Where people were identified as at risk, there were clear instructions that staff could refer to in order to minimise the risk to people. A new electronic system had been implemented for care planning and for recording when care was delivered. We were shown how this system would highlight to the manager and remind staff if actions to minimise risks had not been recorded. For example, the system would immediately flag up if someone had not been repositioned at the required time. This meant that immediate action could be taken to ensure the required care was delivered to minimise risks to people. The electronic system would also highlight to the management team when people's needs changed, such as if they lost weight. This meant the management team could take prompt action to review risk management strategies in place for the person.

At the last inspection we found that the service needed to make improvements to the safety and suitability of the environment and the equipment within it. At this inspection we found that the environment was safe and appropriate processes were in place for maintaining the safety of the service. The service had a member of maintenance staff who carried out regular checks on water temperatures, window restrictors, fire alert systems, call bell systems, electronic appliances and gas appliances. The maintenance person also carried out regular flushes of the water system to ensure the risk of legionella was reduced. The service had a legionella policy in place and an external company carried out regular testing on the water quality at the service. Checks were also carried out regularly by an external company on the fire systems in the service. Records demonstrated that equipment such as hoists and wheelchairs were serviced yearly. Regular checks were carried out on the condition of walking frames to ensure that they remained fit for purpose and to reduce the risk of people falling.

At the last inspection the service needed to make improvements in infection control. At this inspection we found that the environment was hygienically clean and the service was free of unpleasant odours. There were cleaning rotas in place which delegated duties between domestic staff. Audits were carried out by the management team to ensure the cleanliness of the service and limit the risk of the spread of infection. We observed that staff wore appropriate protective and gloves when providing care to people and these were discarded between tasks. There were appropriate hand washing facilities available for staff and antibacterial

hand gel was available throughout the service.

Improvements were required following the last inspection to improve the arrangements for food storage in the service. At this inspection improvements had been made to create a clean and hygienic food storage area connected to the kitchen. The service received a rating of five at a food standards agency inspection. Staff involved in the preparation of food had food hygiene training and wore appropriate protective clothing such as hats when preparing food.

The management team and provider demonstrated to us that they had learned from previous areas of non compliance. Since our last inspection the provider had recruited a quality assurance manager to oversee the performance of the service and it's management team. The provider had also employed the services of a consultant to carry out impartial reviews of the service provided and identify areas where improvements were still required. The provider was now regularly attending the home to support the management team and assess the running of the service. During the improvement process, the management team provided us with an updated action plan which stated the areas in which improvements had been made and where improvements were still outstanding.

People told us, and our observations confirmed, that there were enough staff to meet people's needs. One person told us, "[Staff are] always around, they call in [to my room], stop and have a chat – they're on top of everything." Another person said, "[Staff] cope very well – nobody gets left – even those who buzz a lot don't get left." One other person commented, "There's always someone here." We observed that there were enough staff to provide support to people at the time they needed it. Staff told us and we observed that they had time to spend time with people to meet their social and emotional needs.

The service practiced safe recruitment procedures. Checks were carried out on prospective staff to ensure that they had the skills, knowledge, experience and character for the role. This included ensuring they did not have any criminal convictions which may make them unsuitable for the role. One person told us they were involved in the recruitment of staff and had attended interviews with prospective staff. This demonstrated to us that the recruitment procedure was robust.

Medicines continued to be stored, managed and administered safely. We audited the number of remaining medicines against the number of medicines signed off as administered in Medicines Administration Records (MARS). We found that these indicated people's medicines had been administered in line with the instructions of the prescriber. There was an appropriate system in place to identify missed medicines. This system had recently identified that a member of staff had not administered the correct medicines. Clear action was taken by the registered manager to ensure this did not happen again.

Is the service effective?

Our findings

At our last inspection on 5 September 2017, we rated the service 'requires improvement' in this key question. At this inspection, we found that the service had made the necessary improvements to comply with this relation and is now rated 'good' in this key question.

At our last inspection we found that improvements were required to the training staff were provided with. This constituted a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made to staff knowledge and training.

People told us and we observed that care was delivered by staff with the appropriate skills, knowledge and experience for the role. One person said, "[Staff are] one hundred percent well-trained." Records of staff training confirmed they received training in subjects such as food hygiene, health and safety, fire safety, dementia, the Mental Capacity Act, pressure care and moving and handling. At the time of our inspection all staff were up to date with the service's mandatory training. Staff we spoke with were knowledgeable about subjects they had received training in and were positive about the training in development that had been offered by the new management team.

Staff told us they had the support they needed to carry out their role effectively and were positive about the new management team. Staff told us and records confirmed that they had access to regular supervision sessions with their manager where they could discuss any concerns or training and development needs. Staff also had an annual appraisal to set goals and aspirations for the coming year. This demonstrated the management team's commitment to continually improving the knowledge and skills of the staff team.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection the service was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that people's capacity was not appropriately assessed and people were not always given opportunities to make choices independently. At this inspection we found that improvements had been made to ensure people were enabled to make decisions based on their ability. People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate.

Staff had received further training and mentoring in the principles of MCA and DoLS since our previous inspection. They were able to demonstrate they understood MCA and DoLS and how this applied to the people they supported. We observed that staff encouraged people to make decisions independently based on their ability. We observed that staff knew people well, and this enabled them to support people to make decisions regardless of their ability to verbally communicate their views.

When the new registered manager started in August 2017 people's needs were re-assessed to ensure the service held accurate information about them. People using the service had new care plans which had been written taking into account best practice guidance from organisations such as the National Institute for Health and Care Excellence. Staff we spoke with knew about people's needs and showed us how they could access information about people's needs quickly on the electronic care records system. This meant we were assured that staff had the information required to provide people with effective care in line with best practice guidance.

People told us that there had been significant improvements in the quality and variety of the food they were provided with. One person said, "The food, now there's such a choice, and if you don't like what's on the menu [the chef will] do his best to do what you like." Another person told us, "The foods improved, better variety and a good cook." Another person commented, "I enjoy my food - the catering has got better. [More] variety and choice, [staff] come round and see how you like it." We observed that there were snack bowls and fruit available in communal areas for people to access independently. People were also provided with an opportunity to have a bacon roll in between breakfast and the lunch time meal which boosted their nutritional intake. One person told us, "We never used to have snacks like this until [registered manager] came, we've got new chefs and that means a lot – they made cheese straws for us yesterday." A new café area had been created in a previously little used part of the service. There were a variety of drinks and snacks available for people to access and this new area provided a place for people to meet with their relatives or friends. We observed that staff encouraged people to have drinks throughout the day to reduce the risk of them becoming dehydrated. One person said, "[Staff are] always chasing you to drink, [they] walk in and fill the glass up and remind me [to drink]."

We observed that the meal time was a positive one. People told us they had been asked what they would like for their lunch in the morning and could choose from a menu. We observed that when one person didn't want the meal they had ordered, they were offered another choice and this was provided quickly. People who could not communicate verbally were shown the different options so they could make a visual choice. Staff ate alongside people, which meant they could offer people encouragement and ad hoc support if required. We observed that people enjoyed staff company during their meals and there were lots of positive conversations between staff and people using the service. Staff supported people to be as independent as possible during their meals, by offering to cut up their food to make it easier for them to eat or providing specific equipment. People who required full support from staff to eat were enabled to eat their meals in a dignified way.

The support people required to maintain healthy nutrition and hydration was set out in detail within their care records. Concerns about people's nutrition such as changes in weight were identified promptly and action taken to minimise the risks of malnutrition.

People were supported to maintain good health and access support from other healthcare professionals. One person told us, "I've had my feet done this morning [by the chiropodist], she's brilliant. I forget what day [the optician] is coming." Records demonstrated that people were enabled to see health professionals such as doctors and nurses when needed. Prompt action was taken to make referrals to other services such as specialists in nutrition or in falls reduction where required.

The service was decorated in a way which meant people found it easier to find their way to key areas such as lounges, dining rooms, bathrooms and personal bedrooms. Significant improvements had been made to the environment, with all areas of the home being redecorated following discussions with people about their preferences. There was appropriate signage in place on doors to remind people where the bathrooms were. Each person's bedroom door clearly displayed their name, something they liked and the name of their key worker. This made it easier for people to identify the location of their personal bedroom. People told us they were having their bedrooms decorated according to their preferences. One person said, "We're now going to have the bedrooms done, we picked the colour." Improvements had been made to clear the garden of rubbish and there were plans in place to create areas for people to grow plants and vegetables in the summer.

Is the service caring?

Our findings

At our last inspection on 5 September 2017, we rated the service 'requires improvement' in this key question. At this inspection, we found the service had made improvements and is now rated 'good' in this key question.

The new management team had brought about a significant positive change in the staff culture at the service. People benefitted from receiving care delivered by staff who were passionate about the standard of care people received and told us about their wish to enrich people's lives.

People told us staff were kind and caring towards them. One said, "They're all lovely, they're all good – nothing is too much trouble." Another person told us, "First class staff, they couldn't do more." One other person described the staff as, "Very friendly [and] supportive." A relative told us, "The care does stand out, as though [person] are [staff's] own relative."

A culture of caring was instilled by the management team and we observed that staff were kind, caring and compassionate towards people. Both the management team and care staff had positive interactions with people, talking with them about their particular interests or making light hearted jokes. People's requests for attention or support were met quickly by staff who showed concern for the people using the service. Staff and the management team spent time talking to people one to one and observations demonstrated they knew people well. For example, we observed staff ask someone about the football scores from a recent game which they had watched.

The management team was focused on enabling staff to support people in a compassionate and personalised way. They ensured that staffing arrangements allowed sufficient time for staff to support people with tasks at their own pace and spend time with people on a one to one basis.

People told us and we observed that their right to privacy was respected by staff. One person said, "[Staff] have a laugh and a joke, but they're good, they do respect me – they always knock on my door [before entering] – no matter how many times they always say it's your choice." We observed that discussions staff had with people about meeting their personal care needs were discreet and personal care was carried out in private to uphold people's dignity. Staff knocked on people's bedroom doors, asked permission before they entered and were mindful of people's right to privacy.

People told us and we observed that they were encouraged by staff to remain as independent as possible and use the skills they still had. One person said, "If I want [staff] they're there. They do [promote independence]. I try my best to keep going, they do help if you need it." Another person told us, "They encourage me; they do give you more confidence." We observed that staff supported people to keep safe when mobilising independently, such as by walking beside them. At meal time we observed that staff enabled people to eat independently, such as by cutting up food for them or providing them with specialist cutlery. This reduced the risk of people being over supported and losing the abilities they still had.

Is the service responsive?

Our findings

At our last inspection on 5 September 2017, we rated the service 'requires improvement' in this key question. At this inspection we found the service had made improvements and it is now rated 'good' in this key question.

At the last inspection we found that improvements were required to ensure people's care records were personalised to include their preferences on how care should be delivered to them. This constituted a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the service had made improvements to comply with this regulation. People's preferences and views on their care were reflected in detail in their care records. People's care plans had been rewritten from scratch since the last inspection and people and their representatives had been fully involved in this process. Staff told us that care plans were helpful in providing the information they needed for them to support people in an individualised way. One newer staff member said they had learnt a lot about people from reading their care plans when they first started working at the service. Staff were able to quickly refer to people's care plans when needed on an electronic tablet they carried. We observed that staff knowledge of people's individual preferences meant they could offer people living with dementia food and drink choices that they had previously liked. Discussions with the management team demonstrated to us that they had taken time to get to know people as individuals. They were able to tell us information about people's personal interests and how they offered people opportunities to go on trips based on these interests.

There were detailed life histories in place for people living with dementia. These included information about their families, past employment, important life events and activities they used to enjoy. This information would enable staff to better understand and communicate with a person living with dementia who may no longer be able to independently recall this information.

People were offered opportunities to access meaningful engagement and activity, both in a group setting and on a one to one basis. The service had activities staff seven days a week. Our observations demonstrated that they were knowledgeable about providing activities that were stimulating and engaging for people. We observed many different activities going on throughout the day. Some people were playing board games, others were singing with the activities coordinator. During the afternoon people were listening to the activities coordinator reading a book to them. There was an activities schedule, however, we observed that this was flexible according to people's wishes. We saw the activities coordinator ask people if they'd like to take part in the scheduled activity. When people said they didn't want to, they were given choices about what else they would like to do instead.

Staff and the management team told us people were given the opportunity to take trips every Tuesday. People were consulted about where they wanted to go and we saw photographs from trips to the Sealife Centre, Norwich Castle, Southwold Pier and Beccles. People had been encouraged to have aspirations and set goals. One person's goal was to visit Kew Gardens and this had been arranged for them in the months

after our inspection. We spoke with the person about this and they were excited about their trip.

People were happy with the improvements to the provision of activities in the service. One person said, "Every Saturday morning one of the carers takes me out in the wheelchair to a little church centre over the road, I've got friends there." Another person told us, "We have our Summer Fete outside where the community are involved." One other person told us, "I never played games like we do [before the new management team], just me or another lady, snakes and ladders – they go on every day." A relative told us, "They go out much more, they do have more activities."

The support people required to access activity within the service was assessed so that there were always enough staff available to support people with their individual interests. We observed that care staff also engaged people in activity and demonstrated to us that they were committed to ensuring people remained stimulated.

The service had end of life care plans in place for people. These were being developed at the time of our inspection to include more information, such as where people would like to be cared for at the end of their life. The management team was consulting best practice guidance such as the Gold Standards Framework to guide them on developing these care plans further.

At the time of our inspection, the service had not received any complaints. However, there was a complaints procedure in place which was displayed in a communal area. The contact details of the registered manager, deputy manager and provider were displayed in a communal area along with a message which invited people to speak to the management team if they had any complaints. There were comment cards available next to the signing In book which people could use to provide anonymous reviews to www.carehome.co.uk. There was also a suggestions box where people could submit comments to the management team anonymously. People and their relatives told us they knew how to make complaints and felt these would be acted on.

Is the service well-led?

Our findings

At our last inspection on 5 September 2017, we rated the service 'inadequate' in this key question. At this inspection we found the service had made significant improvements and the rating in this key question is now 'good'.

At our inspection on 5 September 2017 we found that a new management team had started at the service three weeks before and were already making significant progress in a short period of time. However, limited improvements had been made by the previous management team following an inspection in February 2017. This meant that the service remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our September 2017 inspection, the new management team were open, transparent and communicative with us. They regularly kept us and Suffolk County Council up to date with the improvements they were making to meet the regulations under the Health and Social Care Act 2010 (Regulated Activities) Regulations 2014.

At this inspection, we found that this management team had made a profound difference to the quality of the service provided to people. Significant improvements had been made in all areas of the service and the poor staff culture in the service had been fully addressed. We observed that the service now provided a positive, enriching and welcoming environment. We saw that people were happier, more engaged and enabled to have a better quality of life. People were happy with the improvements that had been made to the service. One person said, "I'm not bragging, but I've never been so happy, I've never looked back." Another person told us, "When I first came here you just sat here, now it's all this [staff sitting with people, playing games], yes it really has improved – I think they're doing their best." A relative said, "It's more like [people's] own home, more of a home and less of an institution. [They have] more options, and they're allowed to choose. The management seem more clued up of what is needed. [There's] nothing that I would improve on that hasn't [already] been done."

An effective system had been implemented to assess the quality of the service. The management team carried out regular audits in areas such as infection control, daily records, care plans and medicines. We saw these were capable of identifying issues and action was taken to reduce the risk of repeat incidents. For example, an error had been made in medicines administration which was identified by the management team. The staff member who made the error had been provided with further support and training. This demonstrated to us that the management team learned from incidents and took action to reduce the risk of them happening again.

The implementation of an electronic care records system meant that the management team could immediately identify when required care interventions had not been recorded. For example, if someone required repositioning but staff did not record a reposition at the required time, the system would alert the management team so they could follow this up. We saw that the electronic tablets staff carried reminded them when they needed to carry out required tasks such as repositioning which reduced the risk of staff

forgetting to perform these tasks.

This system also allowed the management team to identify where people's needs were changing, such as if they lost weight or if their risk of pressure ulcers increased. Staff were also required to record how people had been on each shift, and this was reviewed by the management team to ensure they kept up to date with people's needs.

The management team actively sought the feedback of people using the service, relatives, staff and external health professionals. People using the service had been provided with a booklet which told them about the management team and provider. This also included details of how to contact them if they had concerns or complaints. There was signage in the communal hallway which told people and visitors they were invited to speak with the management team at any time. A telephone number was provided for out of hours contact.

People had been given the opportunity to share their views and make suggestions in a survey and were kept up to date on upcoming events, trips and activities in a monthly newsletter. We saw that the results of the recent survey were positive and people were mostly satisfied with the service they received. Some comments had been made about improving the food. The registered manager told us they agreed the food had previously required improvement but the addition of new kitchen staff had improved this. People made positive comments about the food during our visit which demonstrated to us that the management team had acted on people's feedback. A more detailed survey had been carried out to ascertain people's food preferences and what they would like to see on the new menus.

Residents' and relatives' meetings were held monthly and records demonstrated that these were used as an opportunity to gain feedback on the service. We saw that discussions were held around where people would like to go for trips out, activities they would like to do and other suggestions people had. People talked about wanting more access to fruit and snacks. We saw that this suggestion had been actioned by the management team and there were now fruit baskets and bowls of snacks in communal areas for people to access independently.

Staff told us that the registered and deputy manager had been open and transparent with them about the significant improvements that were required to the service. They told us they had been involved in the process of making improvements and that the registered manager had been supportive of staff developing their skills and knowledge. One staff member told us that the registered manager had enabled them to develop their skills and they had been given more responsibility which they enjoyed. Staff attended meetings with the management team monthly and records demonstrated that these meetings were used to discuss the improvements the service was making and how the staff team was being developed. Records demonstrated that staff were able to make suggestions and communicate their views. Staff told us they felt able to raise any concerns or queries with the management team and felt these would be acted on.

The management team was actively taking steps to develop the staff team and further improve the care people received. Many staff had now taken on areas of specialism and had become 'champions' in these areas. They were being provided with extra training and development in their area of specialism which they could share with other staff to improve practice and lead by example. A rewards system had been introduced whereby people could anonymously nominate a staff member whose actions had a positive impact on them. At the end of the month a winner was announced by the provider and they received a voucher. This made staff feel valued and rewarded for making a difference to people's lives.

Both the registered and deputy manager were visible within the service and actively participated in providing support to people. Observations demonstrated to us that they knew people well. For example, we

saw them talking to people about interests such as television programs or books they were reading. Staff told us the registered and deputy manager led by example and supported them in their role.

The service maintained good links with the community and other care services. Fetes and other annual events were held at the service which the local community were invited to. The registered manager had links to a service which had been rated outstanding. They told us they had visited the service to speak with the manager and get ideas that could be implemented at Manor Farm. The management team also attended other externally organised meetings, such as on infection control, to ensure they kept up to date with best practice.