

Conewood Manor Care Limited

Conewood Manor Nursing Home

Inspection report

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Date of inspection visit:
08 March 2017

Date of publication:
04 April 2017

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

The inspection took place on 08 March 2017 and was unannounced.

Conewood Manor Nursing Home accommodates up to 42 older people, some of whom live with dementia. At the time of our inspection 38 people lived at the home.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

When we last inspected the service on 12 July 2016 we found a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to identify, effectively manage and monitor shortfalls by means of the audit process. For example, shortfalls were identified at the inspection in areas including health and safety matters within the environment, record keeping with regards to medicines, staff recruitment and care plans, communication skills of the staff team and people told us that they did not always receive their care in a timely manner. Following the comprehensive inspection, the provider wrote to us to tell us how they would make the required improvements to meet the legal requirements.

At this inspection we found that the provider had made the necessary improvements to help ensure that people received a safe and well managed service.

People felt safe living at Conewood Manor Nursing Home. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were managed safely.

Staff received regular one to one supervision from a member of the management team which made them feel supported and valued. People received the support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed.

People and their relatives complimented the staff team for being kind and caring. Staff were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day.

The provider had arrangements in place to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to

raise anything that concerned them with staff or management team and were satisfied that they would be listened to.

There was an open and respectful culture in the home and relatives and staff were comfortable to speak with the registered manager if they had a concern. The provider had arrangements in place to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

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:

People told us that they felt safe living at Conewood Manor Nursing Home.

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse.

People's needs were met by sufficient numbers of staff.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed at the service.

Risks to people's health, well-being or safety had been assessed and reviewed regularly to take account of people's changing needs and circumstances.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective:

People and their relatives told us that the care and support provided at Conewood Manor Nursing Home was appropriate to meet people's needs.

People received care from staff members who had received the necessary training to enable them to care for people safely.

People received care from staff who were supervised and received support as and when needed.

People were supported make their own decisions and were helped to do so when needed.

People were provided with a good choice of food and supported to have a healthy diet to meet their individual needs.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary.

Is the service caring?

Good ●

The service was caring:

People, and their relatives, told us they were happy with the staff that provided their care.

Staff were calm and gentle in their approach towards people.

Staff respected people's dignity at all times and making sure they supported people in the way they wished and encouraging them to remain as independent as possible.

People were offered choices and these were respected which contributed towards people feeling that they had control in their lives.

People's confidentiality was promoted.

People's preferences and choices for their end of life care were clearly recorded and respected.

Relatives and friends of people who used the service were encouraged to visit at any time.

Is the service responsive?

Good ●

The service was responsive:

People and their relatives had been involved in developing people's care plans which were reviewed regularly to help ensure they continued to meet people's needs.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs.

There were regular meetings held for people and their relatives to share their opinions about the service and facilities provided at Conewood Manor Nursing Home.

There was a range of activities undertaken at Conewood Manor Nursing Home.

People who used the service and their relatives were confident to raise any concerns with the registered manager however we found that no complaints had been made.

Is the service well-led?

The service was well-led:

The registered manager and provider undertook a range of checks routinely to help ensure that the service was safe and met people's needs.

People who used the service and their relatives knew the registered manager by name and felt that they were approachable with any problems.

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service.

Staff told us that the management team was approachable and that they could talk to them at any time.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives in order to obtain feedback about the quality of the service provided.

Good ●

Conewood Manor Nursing 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 was planned to check 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 inspection took place on 08 March 2017 and was unannounced. The inspection team was formed of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us 01 February 2017. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with nine people who used the service, eight staff members and the registered manager. We spoke with relatives of six people who used the service to obtain their feedback on how people were supported to live their lives.

We received feedback from representatives of the local authority health and community services and two external health professionals involved with the care and support of people who used the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to three people who used the service and other documents central to

people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

At the previous inspection in July 2016 people who used the service, their relatives and staff members told us that there were not always enough staff available to meet people's needs. At this inspection we were told there had been significant improvement in this area.

The registered manager advised us that the staffing provision had been reviewed and amended to help address times of peak activity. For example, a staff member now worked a twilight shift from 17:00hrs to 22:00hrs to provide additional support for people going to bed and an additional staff member started work from 06:00hrs to support people to get up, washed and dressed in the morning. A staff member told us there had been many improvements in this area, for example they told us that there used to be four or five carers on duty during day shifts but now there were seven or eight. They said this had a positive effect for people because their care was now not rushed and staff members had more time to talk to people whilst delivering their care.

Throughout the course of the day we noted that there was a calm atmosphere throughout the home and that people received their care and support when they needed it and wanted it. Call bells were answered in a timely manner and staff went about their duties in a calm and organised way. One person was eager to show us how the bell worked. A staff member arrived within a minute of the bell being pressed and asked if they could help, they re-arranged the person's pillows and had a chat with the person before leaving the room. One person told us, "I use the bell and someone will come quite quickly day or night." Another person said, "If I press this then someone will come – I don't have to wait."

At the previous inspection in July 2016 we had found that people's medicines had not always been managed safely. At this inspection we found there were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. We checked a random sample of boxed medicines and controlled medicines and found that stocks agreed with the records maintained. Medicines were stored in trolleys that were secured to the wall in a dedicated temperature controlled room when not in use. Medicine administration records (MAR) included a photo of each person that was dated so it was clear to see that it was current. There was clear information about people's individual allergies and where people required additional support to take their medicines. People told us that their medication was managed well. One person said, "They do all the medicines regularly, I know what I have, always done and they sort out everything." Another person told us, "My pills are always sorted – they are very good."

At the previous inspection in July 2016 we had found that a staff member had lacked the English language skills to be able to communicate an understanding of abusive practice or what they would do if they suspected abusive practice. Subsequent to the inspection the provider confirmed that they had secured support to be provided within the home to help improve staff communication and understanding. At this inspection a staff member told us, "We used to have communication issues between staff members for whom English was not their first language. That has now improved due to English classes provided by the home."

At our previous inspection in July 2016 we saw an area where the flooring changed levels by means of ramps which were steep and in one instance not level which could pose a risk to people who were not steady on their feet. Subsequent to the inspection we received confirmation that the registered manager had obtained advice and guidance from a health and safety assessor and an occupational therapist and as a result gates had been fitted at the top of the slopes to prevent people inadvertently accessing the areas and handrails had been fitted to provide support for people. At this inspection we noted that the provider and registered manager had taken the actions necessary to maximise people's safety within the restrictions in place due to the building's listed status.

At the previous inspection in July 2016 we had found that not all the necessary checks had been undertaken before staff had started to work at the home. At this inspection we found that the registered manager had reviewed the provider's recruitment policy to ensure that it met the requirements of the Health and Social Care Act 2008 Regulations 2014. A recently recruited staff member confirmed to us that they had a face to face interview and had not been able to start to work at the home until references had been received together with a satisfactory criminal records check. We reviewed recruitment documentation for three people who had been employed to work at Conewood Manor Nursing Home since our previous inspection and found that all the necessary pre-employment checks had been undertaken before they had started to work at the home. We discussed with the registered manager that it would be good practice to make contact with referees by telephone to validate references especially when a limited response had been given.

People told us that they felt safe living at Conewood Manor Nursing Home. A Relative of a person who used the service told us, "This is a lovely home [Person] is well looked after and they keep them safe." Another relative said, "We all (family) think [Person] is really safe here – [Person] has never even had a pressure sore." A further relative told us, "Our children are very involved and everything is great, [Person] is safe here. They came from another home and there is no comparison – this one is so much better."

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team and CQC. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and was accessible to staff and visitors alike. This showed us that the provider had taken the necessary steps to help ensure that people were protected from abuse and avoidable harm.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as people's ability to use the call bell to summon assistance, the risks of being transferred via means of mechanical hoist, individual fire risk assessments, the risks associated with using a wheelchair, the risks associated with the use of bedrails, and the risks associated with poor nutrition. These assessments were detailed, kept under regular review and identified potential risks to people's safety and the controls in place to mitigate risk.

Staff helped people to move safely using appropriate moving and handling techniques. For example, we observed staff members using a mechanical hoist to assist a person to transfer from their bed to their armchair. The staff reassured and talked with the person throughout the procedure. This showed us that people's safety and well-being was a priority for the staff team.

People who had been assessed as requiring bedrails on their beds to help reduce the risk of them falling had protective covers over the rails to help reduce the risk of entrapment. We checked a random sample of

pressure mattresses for people who had been assessed as being at risk of developing pressure ulcers and we found that they were at the appropriate setting for their weight. Staff told us, and records confirmed that people were assisted to reposition at appropriate intervals to help maintain their skin integrity and reduce the risk of them acquiring pressure ulcers.

Is the service effective?

Our findings

People and their relatives told us that the care and support provided at Conewood Manor Nursing Home was appropriate to meet people's needs. One person said, "[Person] gets the best care here, it is just marvellous."

Staff received training to support them to be able to care for people safely. The registered manager told us of various training elements that had been undertaken by members of the staff team and those that were planned for the immediate future. This included basic core training including moving and handling, dignity in care and safeguarding as well as specific training modules including equality and diversity and diabetes care.

The management team and staff confirmed that there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection applications had been made to the local authority in relation to people who lived at Conewood Manor Nursing Home and were pending authorisation at the time of this inspection.

People told us, and our observations confirmed that staff explained what was happening and obtained their consent before they provided day to day care and support. Staff members were knowledgeable about capacity, best interest decisions and how to obtain consent from people with limited or restricted communication skills. We noted that 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) decisions were in place, and it was clear that people had been involved with making the decisions and, where appropriate, their family members as well.

People told us that they were provided with a good choice of food. One person said, "The food's ok – there is

always plenty of it too. They come round with drinks." On the day of this inspection the lunchtime meals choices were varied including meat loaf, fish pie and omelette and we noted that people seemed to enjoy their lunch. People were asked what they wanted, if they needed help and one person who wasn't eating was asked, "Would you like something else instead, perhaps an omelette?" Staff were attentive and kind and no one was rushed, people were assisted to eat at their own pace. However, we noted that, in one dining area staff stood alongside the people and bent over to offer them mouthfuls of food instead of sitting next to people to support them in a more dignified manner. We discussed this with the registered manager who undertook to re-enforce training with the individual staff members.

Assessments had been undertaken to identify where people were at risk from poor nutrition or hydration. We noted that these assessments were kept under review and amended in response to any changes in people's needs. For example, after a person had been admitted into Conewood Manor staff had found that the person was refusing food. Staff spoke with the person's relatives to further explore the person's likes and dislikes. As a result the chef had prepared a specific menu designed around the person's individual preferences. We noted that the person's food was also fortified with full fat milk, cream, honey and extra custard with deserts to help increase their nutritional intake. Because the person had been identified as being at high risk their weight was monitored weekly and records showed that their weight had now stabilised. Another person's relatives had asked for their family member to have a soft diet because they were having problems eating. Records showed that the request had been immediately actioned and a referral had been made to a dietician for additional support and guidance. This showed that the staff and management team took the appropriate actions to support people with a healthy diet to meet their individual needs.

People did not always have choices of appropriate spaces to access for dining or spending time together, to see and meet with visitors or for meaningful activities. Conewood Manor is a grade two listed building which places restrictions upon what alterations the provider can make. However, we noted that the dining room/activity room on the lower ground floor of the home was very restricted in terms of space. On the day of this inspection there were nine people seated around the dining table in wheelchairs with a further five people sat behind them around the outside of the room using individual over chair tables to eat their lunchtime meal. Four people were seated in the top floor lounge/dining area with two staff members supporting them to eat. This meant that twenty people ate their lunch in their rooms. Some people told us that this was their choice however, the lack of available communal space in the home meant that there were limited options available should people not wish to eat or to spend the day in their rooms and no opportunity for people's relatives to dine with them should they wish to do so. To compound this situation a multi-disciplinary meeting took place in the ground floor communal lounge area which meant that people did not have access to this lounge area from 11am until mid-afternoon.

The lack of communal seating and dining space and room for private meetings is an area that requires improvement. The registered manager advised us of plans in place to extend the lower ground floor dining/activity area to make a more appropriate communal space for people and that the local planning authority had approved plans to extend the home to add five additional bedrooms and a lounge area. The provider may need to consider the designation of rooms in the home to ensure that people have access to appropriate space to eat, spend time together or alone and to meet with people in private.

People told us that their day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. One person told us, "If I go to the hospital they arrange it all and a carer goes with me, I never go on my own." Another person told us, "They are very good; they come and help with my oxygen whenever I need them." We noted that appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dieticians, opticians

and chiropodists.

We spoke with a visiting healthcare professional during the course of this inspection and they gave us positive feedback about the service provided. A regular weekly surgery was held in the home by the local GP surgery, a representative from the surgery praised the staff team for the care and attention delivered to people. We received feedback from a further health professional subsequent to the inspection who told us they had been impressed with the high standard of the documentation and care provided. They said, "The residents and their rooms looked clean, and staff were very attentive, I observed drinks being offered several times in the two hours I was in Conewood."

Is the service caring?

Our findings

People, and their relatives, told us they were happy with the staff that provided their care. A relative told us, "The staff here are wonderful [Person] wants for nothing." Another relative told us, "Every time a carer comes in [Person's] face lights up – they are very good." A further relative said, "The carers are lovely, when one comes in [Person] smiles at them – I know that means they are comfortable with them."

Staff were calm and gentle in their approach towards people and appeared genuinely happy in their roles. One staff member told us, "I know them all – I love my job and I always talk to each resident."

Staff respected people's dignity at all times and making sure they supported people in the way they wished and encouraging them to remain as independent as possible. During our visit we observed staff were always courteous and kind towards people they supported. People were asked if they wanted doors open or closed. People told us that staff were always careful about shutting doors and one person said, "They always ask me if I want them to help." We saw staff promoting people's dignity and privacy knocking on people's doors and waiting before entering people's rooms. Throughout the day we noted there was good communication between staff and the people who used the service.

Staff had developed positive and caring relationships with people they clearly knew well. People were relaxed and comfortable to approach and talk with care staff, domestic staff and management alike. We observed all staff interacting with people in a warm and caring manner listening to what they had to say and taking action where appropriate.

People were offered choices and these were respected which contributed towards people feeling that they had control in their lives. For example, one relative said, "I like it here – they treat [Person] as an individual and us (relatives) too." Another relative told us, "[Person] is always treated as an individual – doesn't like socialising and they did encourage them but realised it wasn't what they wanted and that's fine."

People's care records were stored in a lockable office in order to maintain the dignity and confidentiality of people who used the service. We noted that the office was mostly closed when staff were not using it however, there were occasions where we noted the door was standing open. We brought this to the attention of the registered manager who said that they were planning to introduce a system of key fob locks to secure areas such as sluices and management offices when not in use..

People's preferences and choices for their end of life care were clearly recorded. For example, one care plan we reviewed detailed that the person had a fear of hospitals and a strong dislike of loud and busy places. The care plan indicated that the person was to spend their final days at Conewood Manor Nursing Home. One relative told us, "They have talked to us in great detail even down to the funeral arrangements." Another relative said, "We have been asked, they have all the details and we are happy with it." This showed that people, and those people that mattered to them, were involved in the planning, decision making and management of their end of life care

There were photographs of the staff team on display in the communal area of the home which meant that visitors and relatives were able to identify the staff on duty. This was a new frame and was still in the process of being updated with current photographs of the staff team.

Relatives and friends of people who used the service were encouraged to visit at any time and we noted from the visitor's book at the front door that there was a regular flow of visitors into the home.

Is the service responsive?

Our findings

People and their relatives told us they had been involved in developing people's care plans and that the care plans were reviewed regularly to help ensure they continued to meet people's needs. A relative told us, "We have a sit down review but if anything changes then it is changed and we are involved." Another relative said, "We have a time when we go through everything – they are very good here." A relative told us that the staff were good at keeping them up to date with important events in people's lives or if people became unwell. For example, one relative said, "They always ring me straight away if there is ever any problem at all."

Relatives told us of considerable resistance on behalf of their family members towards personal care when they first came to Conewood Manor Nursing Home but that the staff team had managed it very well. They said, "Now it isn't a problem, [Person] understands it is necessary and it is safe and they are so kind, they've worked it all out." Another relative said, "[Person] was always very difficult with personal care, they (staff) have taken a lot of time with them, getting them there – they (staff) manage [Person] very well."

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. For example, one care plan instructed staff to make sure the person understood exactly what was about to happen and why so that the person would be more open to their care being delivered.

Staff were knowledgeable about people's preferred routines, likes and dislikes, backgrounds and personal circumstances and used this to good effect in providing them with personalised care and support that met their individual needs. People told us that their daily routines were arranged around their wishes and needs. For example, one person told us that they were able to get up out of bed a bit later now they lived at Conewood Manor because, "Staff don't rush me; they let me choose how and when I do things."

There were regular meetings held for people and their relatives to share their opinions about the service and facilities provided at Conewood Manor Nursing Home. We reviewed minutes from a recent meeting and noted that the provider had attended, welcomed everyone, addressed any queries brought up in the previous meeting and updated people about on-going improvements going on in the home. For example, at a previous meeting a relative had voiced concern about people speeding in and out of the home's car park. In response the provider had signs installed requesting that people slowed down when entering and exiting the car park. At this meeting a relative who had not been able to attend in person had sent an email to say that the lights in the lower ground floor communal area were not sufficiently bright. We noted that action had been taken to address this. This showed that people were able to positively influence the service they received.

There was a range of activities undertaken at Conewood Manor and we were advised that the activity provision had increased to 100hrs per week over seven days. We saw the activities room was busy during the morning with eight people engaged in colouring and chatting. The room was on the lower ground floor and we noted that it could only comfortably accommodate 25% of the people who used the service. The registered manager told us that there were plans in place to extend the size of this room which will increase the capacity. Activity staff told us of monthly outings during the winter and fortnightly outings in the summer

to such places as wildlife parks, aviation museums, botanical gardens and local tea rooms. On the day of the inspection there was an afternoon visit by a small animal handler who brought a selection of reptiles into the home for people to learn about and experience holding them.

The service does not discourage dogs visiting and we noted one person enjoying a visit from their dog and a relative told us that they regularly brought their dog when they visited their relative. A relative told us, "I've put a bird feeder out there – the [registered] manager was really helpful and positive about it." This showed us that the management and staff team were flexible in their approach to considering people's individual needs and preferences.

People who used the service and their relatives told us that they would be confident to raise any concerns with the registered manager however we found that no complaints had been made. A relative of a person who used the service told us, "Nothing ever gets to complaint - they deal with any issues if there are any." Another relative said, "I don't know about a complaints procedure but I'd just go and talk to the manager – he's really helpful." A further relative told us, "No I've never complained, I don't need to, I can just talk to them."

Is the service well-led?

Our findings

At the previous inspection of this service in July 2016 we had found a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because we had identified that the provider's audit processes had not been effective in monitoring areas of the service provision such as, health and safety matters within the environment, record keeping with regards to medicines, staff recruitment and care plans and communication skills of the staff team.

At this inspection we found that there were a range of checks undertaken routinely to help ensure that the service was safe. These included such areas as health and safety, activities, infection control and the food provision. We noted that where issues had been identified through this system of audits they were passed on to the relevant person to address. All the areas of shortfall had been identified at the previous inspection had been addressed and the good practice had been embedded into daily life at the home.

There were management meetings held at least monthly between the registered manager and the provider to discuss such issues as recruitment, the performance of the service and any matters arising. Records confirmed that any issues identified were checked up at the next meeting to make sure that the necessary actions had been completed. This showed us that the provider and registered manager were committed to ensuring that they provided people with a safe service.

People who used the service and their relatives knew the registered manager by name and felt that they were approachable with any problems. One relative told us, "I can talk to him at any time and know that he will help." Another relative said, "I know who the [registered] manager is and his wife [deputy manager], they are very nice people and will always listen."

We spoke with health professionals involved with the care and support of people who lived at Conewood Manor Nursing Home. Both told us that they recognised the significant improvements that had taken place since the home changed ownership and the registered manager came into post in October 2014. One health professional told us, "The home is much cleaner, rooms brighter. The staff are welcoming." They went on to say, "[registered manager] and his staff are the best, well organised, they know each resident individually and plan and deliver personal centred care."

We received feedback from the local authority contract monitoring team and noted that the service had achieved 93.7% and a 'good' rating at a monitoring visit undertaken in January 2017.

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and professional manner.

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened

to everybody and always provided them with opportunities for improvement. One staff member told us, "The home is well managed now, much better, they listen to us. They try to accommodate our needs now as well." Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home.

The registered manager told us that subject matter champions had been developed for areas such as nutrition, dementia, falls, engagement, wound management and health. The registered manager held monthly meetings with each champion to provide them with support in their specific areas. An example given was that the nutrition champion had introduced the use of red plates for people who lived with dementia, specialised cutlery for those people that could benefit and the introduction of home-made pancakes, carrot cakes and doughnuts. The engagement champion had introduced building blocks for one person who really enjoyed engaging with this activity and for another person who had been an engineer during their life staff had sourced a specialist building kit for them to assemble. This showed that staff had embraced the champion role and used it to good effect for the people who used the service.

Satisfaction surveys were distributed annually to people who used the service, their friends and relatives. The survey had recently been distributed to people who used the service and their relatives. The survey questions had been amended from previous years as the registered manager said the information received had not been suitably qualitative. For example, the amended surveys included asking people to consider three things that the home does well, three things that could be introduced to improve people's experience of living at Conewood Manor and three ways that people's relatives could be involved in the home. The registered manager told us that once the completed surveys were received the responses would be collated and an action plan developed to incorporate the findings and any suggestions made.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.