Home Care Home Limited

Valerie Manor

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?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Overall summary

We inspected Valerie Manor on 1 and 3 July 2015. Valerie Manor is a nursing care home for up to 23 people. The people living at the home are older people with a range of physical, mental health needs and some people living with dementia. On the day of our inspection the home was full. Valerie Manor is a 17th Century house with a purpose built nursing wing set within large landscaped accessible gardens. All accommodation is on the ground floor. To access the new wing there are a few steps and an open lift to access it.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People who lived at Valerie Manor told us that they felt safe living at the home. One person told us when asked "I'm as safe as houses here". People said they felt safe as

Summary of findings

they were cared for by staff that knew them well and were aware of the risks associated with their care needs. There were sufficient numbers of staff in place to keep people safe and staff were recruited in line with safe recruitment practices. Medicines were ordered, administered, recorded and disposed of safely. Staff had received training in safeguarding adults and were able to identify any warning signs and knew who to report concerns to.

People could choose what they wanted to eat from a daily menu or request an alternative if wanted. People were asked for their views about the food and were involved in planning the menu. They were encouraged and supported to eat and drink enough to maintain a balanced diet. One person said "We're well fed and looked after".

Staff were appropriately trained holding a Diploma in Health and Social Care and had received all essential training. Staff understood about people's capacity to consent to care and had a good understanding of the Mental Capacity Act 2005 (MCA) and associated legislation, which they put into practice.

People could choose when they wanted to get up and go to bed and were cared for by kind and compassionate staff, who knew them well. People were involved in making decisions about their care and their privacy and dignity were respected. As people reached the end of life, the service ensured that their wishes were fulfilled in a sensitive way and that palliative care met their needs.

Prior to admission, people were assessed by the registered manager so that care could be planned that was responsive to their needs from the outset. Care plans provided detailed information about people and were personalised to reflect how they wanted to be cared for. Staff followed clinical guidance and ensured that best practice was followed in care delivery. Practice in delivering care to people was creative and innovative. The small details of people's care as evidenced here demonstrated the creative and meticulous approach to providing person centred care. Daily records showed how people had been cared for and what assistance had been given with their personal care. People were encouraged to stay in touch with people that mattered to them and staff knew the intricacies of people's individual needs. There were a range of interesting and unusual social activities on offer at the home, which people could participate in if they chose. The home had a complaints policy in place and a procedure that ensured people's complaints were acknowledged and investigated promptly. People told us that they were always responded to in a prompt way and any issues addressed.

The registered manager promoted a positive culture where creative, person centred practice was at the heart of the care provided. They ensured people, staff and relatives were valued. There was a range of audit tools and processes in place to monitor the care that was delivered, that ensured an outstanding quality of care was delivered. People could be involved in developing the home if they wished. They were asked for their views about the home through questionnaires and relatives were also asked for their feedback. Excellence in best practice was striven for continuously.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

Good

The home was safe. People were supported by staff that recognised the potential signs of abuse and knew what action to take. They had received safeguarding adults at risk training.

People's risks were assessed and managed appropriately. There were comprehensive risk assessments in place and staff knew how to support people. Accidents and incidents were logged and dealt with appropriately.

There were enough staff and safe recruitment practices were followed. Medicines were managed, stored and administered safely

Is the service effective?
The home was effective.

Good

People could choose what they wanted to eat and had sufficient amounts to maintain a balanced diet. They were asked for their views about the food. People had access to and visits from a range of healthcare professionals.

People's consent to their care and treatment was assessed. Staff followed legislative requirements and had a good understanding of the Mental Capacity Act 2005 (MCA).

Staff had access to a wide range of training and new staff completed a comprehensive induction programme.

Is the service caring?
The home was caring.

Good

Staff knew people well and friendly, caring relationships had been developed.

People were encouraged to express their views and how they were feeling and were involved in the planning of their care.

Is the service responsive?
The service was very responsive. Innovative methods were used that ensured care was delivered in accordance with people's individual preferences and needs.

Outstanding

People were also actively supported to be part of their local community.

This promoted positive care experiences and enhanced people's health and wellbeing.

Innovative ways to support people were to stay in touch with people that mattered to them were provided. There was a range of interesting activities available for people to engage in at the home.

The home's outstanding practice had been recognised by a national care award and they had achieved commend status from the Gold Standards Framework.

Summary of findings

Is the service well-led?

The service was very well-led. There was an extremely positive atmosphere and people were very much at the heart of the service.

High quality care and support was consistently provided. This was because effective systems were in place that regularly assessed, monitored and improved the quality of care.

People were continuously asked for their views about the home. Relatives were also asked for their feedback and made to feel valued.

Outstanding 

Valerie Manor

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 home, and to provide a rating for the home under the Care Act 2014.

The inspection took place on 1and 3 of July 2015 and was unannounced.

One inspector and an expert by experience visited the home to carry out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. At this inspection the expert by experience had knowledge of the needs of older people.

We checked the information that we held about the home and the provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the home. A notification is information about important events which the home is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

On the day of our inspection, we spoke with eight people living at the home and five relatives. We spoke with the registered manager, deputy manager, two nurses, one care supervisor, a senior carer, the chef and a carer. We also spent time looking at records including four care records, four staff files and medical administration record (MAR) sheets. We looked at incidents and accidents forms, quality assurance audits and other records relating to the management of the home. We spoke with two health professionals who have involvement with the home, to ask for their views. They were happy for us to quote them in our report.

The last inspection took place on 26 November 2013, where no concerns were noted.

Good

Is the service safe?

Our findings

People told us they felt safe living at Valerie Manor. One person told us "I feel perfectly safe, and everything is tested for safety." Relatives said their family members were safe. One relative said "I know when I leave Mum she's completely safe here". Another relative told us about their family member "I think she feels very secure and much loved here". People told us they felt safe due to a trust in the caring nature of the staff and their ability to meet their needs.

The registered manager told us that there were no current safeguarding investigations taking place at the home and none had taken place since the last inspection. The registered manager knew who to contact in the event of identifying a safeguarding concern and had access to the local authority's multiagency policy and procedure. Staff received safeguarding training and knew what action to take if they suspected abuse. Staff told us that they would report any concerns to a manager immediately. Staff also knew about the different types of possible abuse and how to recognise behaviours that may indicate that someone had been abused.

There were enough staff on duty on the day of our visit. People told us that there were enough staff on duty and that their call bells were answered quickly. One person said "There are enough staff, they're never rushing. They are busy but they have time to talk to you". Another person said "The response to the call bell system is very good". A relative told us "If people are moving around the home there's always a member of staff to keep an ear or eye on them." We observed that people were responded to in a timely way and that staff took time to engage with people in a relaxed unhurried way. We saw this when medicines were being administered and when people were supported at lunchtime and throughout the day. The registered manager told us that due to staff feeling a little rushed at breakfast they had introduced hospitality assistants who supported people at breakfast serving food and offering choices. The registered manager said that it was important for staff to focus on delivering care and support. Writing up notes was a task that was given specific time aside from this to ensure that the completion of paperwork did not compromise time devoted to care.

People felt that their medication was handled professionally; some knew when they were due to receive it and said that it was always dispensed on time. Some people living at Valerie Manor had spent their working lives as health care professionals so set particular store by this and knew what standards to expect. One person said "The staff dispense my medication, it's dealt with appropriately and accurately".

Medicines were stored and administered safely. A local pharmacy dispensed medicines and supplied medication administration record (MAR) charts. There was a protocol in place for PRN (medicines to be taken as required) and the administration of homely remedies. Nurses administered medicines. We observed medicines being administered at lunchtime and staff administered these safely. The staff member asked people about their pain levels and if they required pain relief. We observed the staff member explaining what medicines were for and gently prompting the person to take them. The medicines trolley was locked when it was not attended. The staff member wore a tabard to indicate that they were administering medication and were only to be approached if really needed. This ensured that the risk of being interrupted and making a mistake was minimised. We saw that where a person had a natural remedy in addition to their prescribed medicines this had been discussed with the GP and was administered with other medicines and signed for when given. Where someone was prescribed PRN medicines these were offered and for one person we saw that they were encouraged to take this as the nurse explained that it minimised the person's joint pain in the afternoon. Due to the person's dementia they sometimes refused this and would experience pain later in the day if they hadn't taken their pain killers. If the medicine was refused this was recorded.

There was a fridge for the storage of medicines that needed to be refrigerated and the temperatures were checked daily. Audits of medicines were carried out monthly and where an issue had been identified for example, a missed dose of a medicine, this was addressed. There was a staff reflection form that prompted staff to reflect on why the incident had occurred and what actions they would take to prevent it happening in the future. The deputy manager had oversight for the management of medicines and the local pharmacist attended the home on the day of our visit. The pharmacy carried out an annual audit to support the home to maintain best practice in the management of medicines. The pharmacist told us that the home worked in partnership with them and that the communication

Good

Is the service safe?

between them and the home was good. The pharmacist told us that staff "Do a really good job" around medicine management and were proactive in seeking support when needed.

People were safe as their health needs were identified and then acted upon. We looked at four people's care plans and risk assessments which described the care that they received and identified areas that were a priority. The care plans and assessments demonstrated that people were receiving care specific to their individual needs. For example where people needed support with managing their skin integrity, a waterlow risk assessment had been completed. A waterlow risk assessment tool is used to determine if someone is at risk of getting a pressure sore. Where someone needed support with manual handling and use of a bath hoist a risk assessment was in place. Staff knew how to deliver people's care because plans were in place that detailed the care needed and equipment required. For example for someone who was at risk of falling out of bed a detailed risk assessment had been carried out and we saw that specific equipment had been put in place to support the person. In this case they had installed a bedrail on one side of the bed and a sensor mat and mattress on the floor. The person was consulted and had consented to the bedrail and sensor mat. The risk assessment had enabled the person to have as much movement as possible whilst minimising the risk of falls from bed.

Accident and incidents were recorded for each person and their care plan was updated if needed. Actions that took place as a result of the incident were recorded and the record was signed by a staff member. For example where someone had had a series of falls their falls risk assessment was updated to reflect this and a referral to the falls service was made as a result of identifying an increase in falls. Staff were made aware of the updated risk assessment and care plan by the registered manager.

During the first day of our visit the weather was very hot and the registered manager had implemented a heatwave plan which included the supply of regular cold drinks and ice lollies and ice creams. This showed us that the registered manager had plans in place to respond to unusual and emergency situations.

We looked at four staff files and saw that all the appropriate documents were in place. For example everyone had two references on file, their application form and their Disclosure and barring home (DBS) number. This ensured that people were protected against the risk of unsuitable staff being recruited to the home.

Good

Is the service effective?

Our findings

People told us that the food provided at Valerie Manor was good. One person said "We're well fed and looked after". Another person said "The catering is first class". People told us that there had been a recent change in menus to include more variety, with for example meals like spaghetti bolognaise and Thai green curry. This had been as a result of people stating that they would like to try different foods. This had been discussed at residents meetings and a person living at the home had taken the lead on this. They had met with the registered manager and another member of staff at a local pub to discuss new ideas for the menus. This person told us "I've made complaints about the food. I had a meeting with the manager. She listened carefully, it's improving now." Another person said "The food is pretty good, they've had a blitz on the menus recently".

People were supported to have sufficient to eat and drink and to maintain a balanced diet. Weekly menus were planned and were rotated every four weeks. There was a good choice of food available throughout the day and the main meal, including a choice of several desserts, was served at lunchtime. People could also choose an alternative option and special diets were catered for which included soft diets. At lunchtime, several people ate in their rooms and some went out for lunch. There were two areas used for dining, one for people who could eat independently and one of people who needed assistance to eat. Tables were set attractively with fresh flowers and table cloths. People received the meal they had chosen (or an alternative such as an omelette). Choices regarding this were made the day before.

The service used a Malnutrition Universal Screening Tool (MUST) to monitor people's nourishment and weight. MUST is a five-step screening tool that identifies adults who are malnourished or at risk of malnutrition. The tool includes guidelines which can be used to develop people's care plans. Food and fluid charts were completed where a need was identified for a person and these were reviewed by senior staff on a weekly basis to monitor the amounts that people ate and drank. When people had difficulties with swallowing the speech and language therapist was contacted for advice on their diets, the advice was implemented for example by adapting diets to meet individual need. People at risk of malnourishment had their weight checked weekly and received supplements to their diet. The chef was fully aware of the people who required this. People's weights were entered into the electronic database and the registered manager could see at a glance in graph form whether people were losing or putting on weight. One person who needed to put on weight told us "I got weighed today and I'm going steadily up".

People expressed confidence in the skills and abilities of the care staff at Valerie Manor and the training they received. They commented that team work was very good. One person told us "Overall I'd say they are well trained, the nurses are competent ladies". Another person said "They seem to be very well trained and able to handle very different personalities". Staff told us they had enough training. Staff told us they received basic training in areas such as health and safety, manual handling and safeguarding adults at risk. Staff had also completed additional training in areas such as dementia care, end of life care and diabetes. Staff had completed diplomas in health and social care or equivalent which enhanced their knowledge and skills in this area. We saw from training records that training had been carried out and was up to date. The registered manger told us that they had introduced The Care Certificate which is a new training tool devised by Skills for Care that provides a benchmark for the training of staff in health and adult social care. The registered manager told us that they were implementing this for new staff and for staff that would benefit from consolidating their knowledge in these areas.

When we spoke with staff about their training in dementia they were able to tell us about what they had learnt and how it had helped them to support people. One person told us that they now understood that when offering choices to people living with dementia it was better to give a choice of two items as this enabled the person to participate in decision making rather than being overwhelmed by too many choices. The staff team had received a training session from dementia friends. Alzheimer's Society's Dementia Friends programme is an initiative to change people's perceptions of dementia and increase their understanding of the needs of people living with dementia.

Consent to people's care and treatment was sought in line with legislation and guidance. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and demonstrated their knowledge of this. People's capacity to consent to care or treatment was recorded in their care

Good

Is the service effective?

records; these showed that people were involved in reviewing their care on a continual basis. Where people had given lasting power of attorney to relatives this was recorded, copies of documentation were scanned into the electronic database. If someone didn't have capacity or were to lose capacity to make decisions the registered manager knew who could be the decision maker for these. For example we looked at the end of life care plan for a person who had been assessed not to have the capacity to understand the nature of the conversations around this topic. We saw that a documented best interest's decision had been made for this person not to be involved. Discussions with the decision maker, who was a family member, regarding what the person would want were fully documented. These considered likes, dislikes and preferences expressed throughout their life.

The registered manager told us that they had made a referral for one person who needed a Deprivation of Liberty safeguard (DoLS) and were in the process of identifying other people who may need this. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, they have been authorised by the local authority as being required to protect the person from harm. The registered manager had received advice on this from the local authority to ensure legal guidelines were followed. The provider had a staff member who provided training and guidance specifically around good practice in mental capacity and in identifying people who may require a DoLS. Senior members of the staff team were scheduled to have more specialist training in the areas of MCA and DoLS. This was booked for August.

People were supported to maintain good health and had access to a range of healthcare services and support. Care records showed that people received visits from the GP and had access to the services of a dentist, optician or chiropodist, if required. There were detailed care plans regarding health issues such as catheter care and diabetes care. People told us their health care needs were well met and that the home worked with other healthcare professionals. One person told us "The chiropodist comes in regularly and we get eye tests too". Another person told us "It's easy to see a doctor if we need to". A relative told us "There was a lot of liaison with the hospital when [the person] first moved here and they arranged for a physiotherapist to come in to continue the rehab". A GP was visiting on the day of our inspection and told us that staff "Know people really well" and told us that before contacting them they had made a thorough analysis of the person's health status. This supported an accurate assessment of the person's health condition by the GP enabling staff to provide timely and accurate support for people.

Good

Is the service caring?

Our findings

People were very complimentary about the kindness of the staff at Valerie Manor and said they were not rushed and were supported to be as independent as they felt able to be. One person said "The staff are wonderful, always smiling and cheerful. They are very kind". Another person said "Their approach is: 'What can I do for you?'". A relative told us "There's a real feeling of devotion and commitment to the residents, their work and the home." Another relative told us "The staff have a lot of patience and dedication, they don't hurry people".

We observed kind and caring interactions between people and staff. Staff clearly knew people and what they liked and disliked. Staff spoke in gentle tones and in particular for people living with dementia we observed staff to be kind and reassuring in their tone. We observed staff explaining what they were doing and repeating themselves where needed to make sure that they were understood. We observed that there was warmth and humour in the interactions between staff and people and one person told us "We can't stop laughing together" and another person said "We have a joke all the time." We observed staff coming in and out of people's rooms where some had chosen to remain. A relative told us "They pop in and out of [the person's] room all the time and have a laugh with [them]. Everyone treats everyone with respect, but there's lots of laughs too".

People's rooms were decorated to their own style and personalised with their own pictures and furniture. People were wearing their own individual style of clothes and some people had chosen to wear jewellery and make up. The hairdresser was visiting the home on the day of the inspection and people told us they enjoyed having their hair done.

Throughout the day of our visit we observed people being given choices for example regarding food, activities and medicines. We saw that people were put first and their wishes respected. We also observed that people were treated with dignity. We observed staff knocking on people's doors before entering. Staff told us about the ways in which they treated people with respect and dignity. For example a staff member told us that they wouldn't use terms of endearment such as "love" and "dear" as people often don't like to be called these without being asked and often prefer to be called by their name.

Staff told us that they knocked on people's doors before entering, greeted the person and asked them what support they needed. Staff told us that they chatted with people whilst they were carrying out personal care tasks and encouraged them to carry out tasks independently if they felt able. A staff member told us that when providing care they "treat people the way you would treat your loved ones". The care supervisor who was also a dignity champion at the home and had a role in ensuring that the principles of dignified care were adhered to among all staff. They told us that part of their role was to observe care in practice. They gave as an example an opportunity to observe night time care and had identified that a door hadn't been closed and had addressed this with the relevant staff members. The local vicar who came to the home on the day of our visit specifically mentioned that when they visited, if people were in their rooms staff always informed people and checked that they wanted a visit from the vicar. This meant people were given choices about who visited them.

People told us they were encouraged to be as independent as possible. A staff member told us they would "Keep encouraging people" to be independent and gave an example of someone wanting to shower by themselves but being on standby if they should need support. Another member of staff gave an example of someone who wanted to maintain as much independence as possible. They had a risk assessment in place to establish that they could use the lift down to the lower ground level of the building and could go outside into the grounds independently. They were equipped with a two way radio in order to call for help should they need it whilst out in the gardens.

People were regularly consulted regarding their views and opinions through monthly residents meetings and a yearly questionnaire. Residents meetings were minuted and distributed to everybody. We looked at the last three meetings and saw that people had been involved in decisions. For example poppies had been purchased from the recent Tower of London display and people were consulted about where they would like these displayed. They were consulted about activity choices and outings. The recent feedback questionnaire results had also been discussed. People had also been told about the fact that the CQC would be inspecting and what people could expect from the inspection. This meant that people were aware of The CQC's role and the opportunity for people to speak with inspectors and discuss their experiences.

Good

Is the service caring?

People who lived at the home were included on the interview panel for the recruitment of new staff. There were involved in asking questions and the discussions around recruitment. If people needed an advocate the registered manager had the details on an organisation they could contact but would also contact the local authority for advice.

The registered manager told us that they had received commend status in the Gold Standards Framework (GSF). It is a training program that promotes good practice in end of life care. And awards certificates to health and social care providers who have completed this training. There was no one receiving end of life care on the day of our visit.

Outstanding ☆

Is the service responsive?

Our findings

We found examples of outstanding practice in person-centred care at Valerie Manor. The approach to care planning and delivery was proactive and flexible to meet people's individual needs. People's care needs were assessed prior to moving to Valerie Manor. When we looked at care records these had been completed and detailed people's care needs with a description of people's likes, dislikes and their life history. People were involved in the planning of their care and care records represented people's individuality. Full reviews of peoples care took place every six months which involved the person, their family, staff and any other relevant health professional. Where external professional advice was needed this was sought and recorded. Referrals for assessment around dementia care were made and assessments carried out. Care was also reviewed as and when needed depending on any changes in a person's health and social care needs. If someone needed end of life care expert training and systems were in place that ensured best practice in care was delivered at all times.

Where a person had a catheter there was clear detailed guidance regarding the care of this which was individualised for that person. The care plan gave clear instructions around how this should be managed and the need for specialist input on a regular basis. For someone who was living with dementia they had a memory book with photos of familiar places and people that staff would sit and discuss with the person when they felt disorientated or anxious. Staff told us about this book and the person showed it to us. There was an end of life care plan for this person with details of their wishes for this stage of their life. For someone who needed to lose weight there was clear guidance on alternatives that could be offered to them for example ice lollies rather than ice creams and semi skimmed milk rather than full fat milk. The service demonstrated that it was flexible in its approach to meeting people's needs for example where people preferred to get up later in the morning and go to bed later in the evening this was respected and people's routines were clearly documented.

For someone else we saw that there was guidance around supporting them with their depression and that the care plan stated that staff needed to 'Allow time to listen and chat' and 'encourage to participate'. This person's preferences around their routines were recorded. This person's night time routine was described and was clearly individualised to them. It described how they liked to watch television until late in the evening and have a sandwich later on with a cup of tea. We saw that for one person who liked to drink alcohol there was a personalised care plan that the individual had agreed to regarding minimising the risk of drinking too much and reducing the risk of falling. This plan had included a capacity assessment to establish the person had capacity to understand the risks their behaviour may have. Staff knew peoples' individual likes and preferences. One staff member told us about how she supported one of the women living at the home with personal appearance. They told us that this small measure made a big difference to that person's sense of wellbeing. The small details of people's care as evidenced here demonstrated the creative and meticulous approach to providing person centred care.

People told us that there were plenty of stimulating activities available at Valerie Manor. One person told us "They try to make an active policy of finding things to stimulate you and interest you, that I find very good". A relative said "There are lots of activities and much more company than they had at home. They celebrate all sorts of events, it helps to keep people in touch with the outside world." As a number of people stayed in their rooms we observed staff spent time going into each room and made a point of talking to people. Sometimes this was whilst undertaking a task, at others this was to check that people were comfortable and their needs were met. People received newspapers and many had books to read; others were watching tennis. There were some group activities available in the morning and afternoon including chair exercises. One person who has an interest in books had alphabetised the books in the library and people were supported on individual shopping trips.

There was a range of activities available for people to participate in. An activities schedule was provided each week. These were distributed to people and displayed in the communal areas. It was also available on the website for everyone to see. It included chair exercises, word searches, skittles, Tai chi, games in the garden and talks on subjects of interest. People had just recently picked lavender from the garden to make into lavender bags. There had recently been a talk on 'A year in the garden' which people told us they had enjoyed. People valued the large landscaped garden and we observed people

Is the service responsive?

accessing this and making use of it. On the day of our visit the hairdresser and reflexologist was visiting the home and people were pleased to have had their hair and feet done. Outings were arranged in the organisations mini bus, affectionately known by people as the "jalopy". The most recent outing had been a drive along the coast with a stop for ice creams. One person when talking about the activities on offer told us about Valerie Manor "It's a magnificent place to live".

People were regularly asked for suggestions regarding activities they would like to participate in. The local vicar was a regular visitor to the home and people attended tea parties at the vicarage every month which people told us were a popular event. One person was supported to attend church on a Sunday. Some people had recently supported some local brownies in achieving their hospitality badge by attending a tea party they had hosted. This was so successful that the brownies were going to come and visit people at Valerie Manor. For people who preferred not to join in with group activities staff spent time with people in their rooms and the activities co-ordinator went to chat with people and read stories and poetry.

There were four easy to access computers set up throughout the home that had large screens with photos of people and their families and events that had taken place at Valerie Manor. People were able to access these in the communal areas but were also able to take them into their rooms and use them there. Staff told us that they supported people to skype their friends and relatives using the computers. On the homes website there was a blog contributed to by staff that kept people up to date about what was happening at Valerie Manor.

One person told us "We have a residents meeting once a month where issues can be raised". A residents meeting was held every month and people were consulted regarding issues such as activities. We saw that people were encouraged to make suggestions regarding outings. Plans were made at these meetings to support people to visit the Harvey's brewery, Bolney vineyard and the Sussex yacht club. People were encouraged to make use of the garden. Someone had offered to play a musical instrument called a lute and the meeting had agreed this was a good idea. These meetings were minuted, typed and distributed to people to ensure people were kept informed.

Regular staff meetings took place and staff were involved in the running of the home. Team meetings updated staff on practical issues such as people's care needs, training and infection control but was also a forum for offering support. The meetings provided an opportunity for staff to reflect on their practice and share ideas. Minutes also detailed the charity work carried out by staff and people living at the home and demonstrated the homes contribution and involvement with the wider community. The home was closely linked to a local hospice for whom they carried out fundraising events. Staff had taken part in a sponsored Santa dash at Christmas. People who lived at the home also commented on how much they valued this participation in community and charity events. It demonstrated the bond between people and staff at the home and contributed to a sense of unity.

People said that they would be very comfortable in raising a complaint or concern and most said that they would raise this with the manager, whom they knew personally and who was available to them. Some people had raised complaints for example regarding the food and were very happy with the response they had received. One person told us "If there's any problem we can discuss it". Another person said I would be happy to raise any complaint, I'd go personally to [the manager]".

Relatives said that they were kept fully informed of any changes and felt that they could approach the manager at any time. One relative said "I know if there were problems we'd be listened to. Another relative said "They tell us everything and do what we ask them to. Another relative said "They are in constant touch with us. They keep you informed of absolutely everything that has gone on, changes in medication, everything."

The complaints procedure was readily available to people and displayed in the entrance hall of the home. The registered manager told us that they had not received any formal complaints but showed us concerns that they had responded to. They included concerns discussed and documented with a resident regarding the food and a response to a relative regarding a comment made by a member of staff. We saw that these had been investigated thoroughly and people who had raised concerns were happy with the outcomes. The responses to these concerns showed meticulous attention to detail and transparent and timely communication with those concerned.

Professionals and visitors we spoke with identified that the care provided at Valerie manor was excellent and that

Outstanding ☆

Is the service responsive?

people's individual needs were identified and met. They told us that people were treated holistically and this included their medical needs but also their social spiritual needs.

Outstanding ☆

Is the service well-led?

Our findings

Without exception people, visitors, staff and professionals were overwhelmingly positive about the leadership of the home. They felt that all of their positive experiences living at Valerie Manor came from the proactive and positive leadership. One person said "The moving spirit is [the manger], a constant driver to make things even better". Another person said "I know the manager very well, I see her nearly every day. She is very concerned for her patients". A relative told us "The leadership and management are brilliant", another relative said "It's just the most amazing place. I can leave here and know that [the person] couldn't be better cared for". Another relative said "Everything, just everything is done impeccably."

Staff also told us how much they valued the management team and enjoyed working at the home. One staff member said "I think Valerie Manor provides a great level of care, it's one big family, residents, relatives and staff". Another member of staff said "The care is second to none" and "It's a really nice place to work". This member of staff had left the home and returned to work at Valerie Manor due to the value they placed on the "High standard of care provided". Staff and visiting professionals told us that they would be more than happy for their relatives to be cared for at the home. The registered manager promoted their values through team meetings, through supervision meetings and in recruiting staff to promote the values of the home.

The registered manager said they had created a culture within the home that valued the individual and placed caring for people at the centre of what they did. They wanted people to feel valued. As the manager they wanted to be available to answer questions and queries and be transparent in how they run the home. They said "Everybody pulls together and supports each other". They told us that all suggestions are taken on board. A staff member told us "Anything we need, it happens", they told us about new parasols for the garden that had been requested and told us that this was acted on immediately. We saw that the registered manager was highly thought of and demonstrated clear examples of how she valued people, their relatives and supported staff.

Staff were supported by the provision of counselling following a difficult event for example if a person or staff member had passed away. Staff commented on this and told us that this was a valued service provided by the registered manager and supported them to be aware of the impact of caring for people on their emotional lives.

Staff were kept up to date with what was going on in the service via an update sent out with their payslip. This kept staff up to date with issues such as health and safety, training and any upcoming social events. Relatives also received a regular update via email that informed them about what had been happening at the home. Examples we saw included information about building work, new staff and ongoing access to GP support. People, relatives, visitors and staff were consulted via a questionnaire about their opinions of the service. The responses from these were very positive and where actions for improvement were identified these were addressed in the analysis of the results. Examples of this included planting arrangements in the garden borders and improvements in the catering. These were documented as for immediate action and we saw that this had taken place. Results of the survey were discussed at the residents meeting and the results were displayed in the entrance hall.

The registered manager had a comprehensive system of quality assurance in place that included residents meetings, staff meetings, questionnaires and a detailed auditing system. These included audits of accidents and incidents, medicines, infection control and health and safety. Hospital avoidance audits were also completed and we saw detailed information regarding tracking hospital admissions, reasons for these and any identification of alternative actions. The audit showed us that people were only admitted to hospital when needed and that their wishes to receive end of life care at Valerie Manor had been respected. The detail of these audits showed how the registered manager strived for best practice at all times.

The registered manager had led the team in achieving Commend status under the Gold Standard Framework (GSF). The GSF gives training to organisations providing end of life care to ensure better lives for people and recognised standards of care. To be recognised as having commend status, a home must show innovative and good practice across at least 6 of the 20 standards. We saw that staff had achieved this by providing innovative and creative end of life care. They gave examples of people they had delivered care and support to and how people's needs were met, including their spiritual needs, were met

Outstanding ☆

Is the service well-led?

at this time of their life. The end of life care coordinator for Sussex Community NHS trust commended their care delivery and stated that the management team had 'Led from the front to imbed GSF to their team' and 'Their passion for providing excellent end of life care within a nursing home setting is reflected in the high quality of care provided by staff'.

The registered manager had also demonstrated their commitment to excellent care delivery by leading their team to win the award for best care team at The Great British Care Awards 2015. The purpose of the awards are to pay tribute to those individuals who have demonstrated outstanding excellence within their field of work. The judges of the awards said that Valerie manor had a 'Truly compassionate team who embrace the very best in care and support for older people. The team have been enabled by the exceptional management of Valerie Manor to support both one another and the residents in their care'.

The registered manager demonstrated that they were up to date with current practice. They were aware of the new requirements following the implementation of the Care Act 2014, for example they were aware of the requirements under the duty of candour, wherein a registered person must act in an open and transparent way in relation to care and treatment provided. In discussion with the registered manager and leadership team there was a commitment to maintaining responsible, transparent practice and communication with people and their families.

The commitment to the formation of a cohesive team and to rigorous quality assurance alongside participation in accreditation schemes and winning of an industry award demonstrated that the management team continually aimed to keep improving the service they provided. They strived to excel to give care of the highest standard to the people living at Valerie Manor. A person told us "I regard myself as highly privileged to have a place here". A visiting GP highly praised the home and the fact that people were placed at the centre of their care. They praised the skills of the staff and the excellent communication they received regarding peoples clinical needs. They also praised the quality of the management and said "This place is outstanding".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.