Mr & Mrs J R Smith

# The Rock

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Requires Improvement |
| 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 the 23 and 24 August 2016 and was unannounced.

The Rock provides care and accommodation for up to 14 older people. People living at The Rock may also have mental health needs, including people living with Dementia. On the day of the inspection nine people were living in the home.

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

The systems in place for administering medicines did not comply with guidance from the Royal Pharmaceutical Society. Although we saw no evidence of harm to people, the provider had introduced a potential risk by dispensing medicines from their original packaging into a weekly dispenser purchased by the home. This practice is known as secondary dispensing. We discussed this with the provider and senior staff, and they agreed to discuss this issue with the supplying pharmacist to ensure their systems were safe and compliant with good practice. Following the inspection we spoke to the provider and pharmacist to confirm a meeting would be arranged between them to discuss the issues we had raised.

Medicines were stored safely and people received their medicines in a way they chose and preferred. Staff responded promptly to changes in people's health and had good links with health and social care professionals. The food in the home was of a good quality and catered for people's special dietary needs and preferences.

Throughout the inspection we found staff to be compassionate and caring. There was a calm, friendly and homely atmosphere. The interactions between people and staff were positive. People, relative's and other agencies spoke very highly of the care and support provided at The Rock. People told us the staff were always kind and caring and they felt they mattered. A relative said they felt the care provided could not be any better. A person living in the home said, "The staff have been really lovely, I have felt really happy here", and "They are always kind and respectful, I have no complaints about my care". Feedback forms gathered by the provider included very positive comments, including, "I think the staff at The Rock give exemplary care, I cannot thank them enough for their outstanding care', and "I think the level of care is high and personal and always caring". The provider cared about people in the local community and offered day care and respite to support families when it was appropriate and they had rooms available. The registered manager said, " We just want to help people because we care and know it can be difficult for families when there is no other support".

Relatives and other agencies praised the home for their end of life care. Without exception, all expressed their gratitude for the loving care and kindness they and their relative had received during their final days at

The Rock. Feedback we saw, which had been gathered by the service from the local District Nursing team included, 'We don't think you could have cared for […] with more love, care and attention. You all did a beautiful job. […..] always looked so clean, calm, and comfortable and settled".

There was a positive culture within the service. The provider and senior staff provided strong leadership and led by example. There were clear visions, values and enthusiasm about how the service should be run and these were shared and understood by the whole staff team. Individualised care was central to the home's philosophy and staff were clear that spending time with people was as important as attending to daily care needs, such as washing and dressing. We saw staff sitting chatting with people, providing gentle reassurance when required and responding promptly when people became distressed or unwell.

There were sufficient numbers of staff to meet people's needs and to keep them safe. Most of the staff team had worked in the home for many years and knew people well. All the staff we spoke with said they felt this consistency and their knowledge of people helped them provide good personalised care. The provider had effective recruitment and selection procedures in place and carried out all necessary checks when they employed new staff to help ensure they were fit and safe to work with vulnerable people. Staff had opportunities for training and said they were well supported by the management and their colleagues.

People told us they felt safe living in the home. All staff had undertaken training on safeguarding adults from abuse, and said they felt confident any incidents or allegations of abuse or poor practice would be taken seriously and dealt with appropriately.

When possible people and their relatives were involved in planning and reviewing their care. This meant their care was personalised and reflected the person's current wishes and needs. Care and support focussed on each person's individual needs, their likes, dislikes and routines important to them. Staff understood their role with regards to the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards (DoLS). Applications had been made and advice sought when necessary to help safeguard people and protect their human rights. When people were unable to consent to their care or support, discussions took place to help ensure decisions were made in their best interests.

Activities were planned to reflect people's particular needs and interests. People had the opportunity to participate in community events and contact with family and friends was actively supported and encouraged. Relatives and friends said they were welcomed at all times and made to feel important in the home.

The provider promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed so that any adjustments could be made in people's support arrangements.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

People were not fully protected by the safe management and administration of medicines because the home's systems did not comply with guidance from the Royal Pharmaceutical Society in relation to safe and best practice.

People were protected by staff who had a good understanding of how to recognise and report any signs or incidents of abuse.

Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs and keep them safe.

### Is the service effective?

**Good**

The service was effective. People received care and support that met their needs.

People received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and had the opportunity to reflect on their practice.

People's best interests were managed appropriately under the Mental Capacity Act (2005).

People had their health needs met and were supported to maintain a healthy balanced diet.

### Is the service caring?

**Good**

The service was caring.

The service provided good care and support to people with an emphasis on dignity, respect and compassion.

Individualised care was central to the homes philosophy and staff were clear that spending time with people was as important as attending to daily care needs such as washing and dressing.

Staff spent time really getting to know the people they were supporting, including their personal preferences, likes and dislikes.

People were treated with respect by staff who were kind and compassionate. Relatives were encouraged to visit regularly and felt involved and part of the service.

People were provided with compassionate and dignified end of life care. Staff undertook training in end of life care and considered the needs of family and friends during this time.

## Is the service responsive?

Good

The service was responsive. Staff knew how people wanted to be supported. Some of the care records lacked detail, which could result in care being inconsistent particularly as people's needs increased.

Activities were meaningful and were planned in line with people's needs and interests.

Staff understood the importance of companionship and social contact.

Systems were in place to help ensure complaints were taken seriously, explored thoroughly and responded to promptly.

## Is the service well-led?

Good

The service was well-led. There were clear values that included involvement, compassion, dignity and respect.

Staff understood their role and responsibilities and were supported by an open and inclusive management team.

Staff were motivated and inspired to develop and provide a good quality service.

Quality assurance systems drove improvement and helped to raise standards of care.

# The Rock

**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.

The inspection took place on the 23 and 24 August 2016 and was unannounced. One inspector undertook this inspection.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we met and spoke with nine people who lived in the home. One person was also in the home for day care. We spoke to two visitors, one relative and two professionals who were visiting and providing support to people in the service.

We observed the care people received and pathway tracked the care and support of four people. Pathway tracking is where we follow a person's route through the service and capture information about how they receive care and treatment. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who cannot talk to us.

We spoke with the registered manager, who was also the owner and registered provider of the service, two senior members of staff who had responsibility for the day to day running of the home and five care staff. We looked at five records related to people's individual needs. These records included support plans and medicines records. We viewed three staff files, training records, and records associated with the management of the service, including a range of quality audits.

Following the inspection we spoke to a local pharmacist about the management of medicines in the home.

Requires Improvement

# Is the service safe?

## Our findings

Medicines were stored safely. Staff undertook training to administer medicines and this training was kept up to date. People had detailed information in their support plans about their medicines and how they chose and preferred to have them administered. Staff were knowledgeable with regards to people's individual needs relating to their medicines. However, we saw that the home's systems did not comply with guidance from the Royal Pharmaceutical Society as they had introduced an additional area of risk when medicines were administered to people. We saw that medicines were not being dispensed from the original pharmacist supplied packaging to the person, but were being placed in a compliance aid by the home's management. A compliance aid is a system where medicines can be put into a cassette a week in advance. This was then removed and taken to the person when the medicine was needed.

Although we saw no evidence of harm to people, we discussed this with the provider and senior staff and they agreed to discuss this issue with the supplying Pharmacist to ensure their systems were safe and compliant with good practice. Following the inspection we spoke to the provider and pharmacist to confirm a meeting had been arranged between them both to discuss the issues raised.

People told us they felt safe. Comments included, "The Rock is a good place to live, I feel safe, I don't ever have to think about being unsafe". A relative said, "I can't fault them, they care for people and keep them safe".

People were protected from discrimination, abuse and avoidable harm by staff that had the knowledge and skills to keep people safe. Policies and procedures were available for staff to advise them of what to do if they witnessed or suspected any incident of abuse or discriminatory practice. Records evidenced staff had received safeguarding adults training, and safeguarding was discussed as part of daily handovers and management meetings. Staff confirmed they were able to recognise signs of potential abuse, and all said reported signs of potential abuse would be taken seriously.

People were kept safe by sufficient numbers of staff. People, relatives and visiting professionals said there was always enough staff to meet people's needs and to keep them safe. We saw staff interacting with people in an unhurried way and having time to respond to their needs in a timely manner. For example, two staff supported a person to move from a chair to the dining area for lunch. They spent time ensuring the person felt safe and comfortable at all times as they provided support.. Staff took time to stop and speak to people when they passed them in the lounge or when they walked past people's bedrooms. One person was anxious as they had plans in place to leave the home, and another person who was visiting for day care was distressed and needed regular reassurance. The staff spent time sitting and talking with both these people and provided regular cups of tea and gentle words of reassurance. Staff said staffing levels were sufficient to keep people safe.

People were protected by safe recruitment practices. Records evidenced all employees underwent the necessary checks prior to commencing their employment to confirm they were suitable to work with vulnerable people.

People were supported by staff who managed risk effectively. Support plans described potential risks to people and how these could be minimised. For example, risk assessments were in place for people in relation to risks associated with skin care, nutrition and mobility. One person had a plan in place due to known risks associated with urinary tract infections (UTIs). The plan detailed the action needed to minimise the risk such as sufficient fluid intake, the signs of infection and the action they would need to take if an infection occurred. Staff understood the importance of a person's choice, regardless of their age or disability, to take everyday risks. Staff actively supported people's decisions so they had as much control and independence as possible.

People were kept safe by living in a clean and hygienic environment. The home was visibly clean and sanitising gel, gloves and aprons were available, which we saw staff using throughout the inspection. Cleaning rotas were evident and there were regular infection control audits in place. Staff were trained to understand their role in the event of a fire and fire risk assessments and audits of fire equipment were in place and up to date.

Good

# Is the service effective?

## Our findings

People were supported by staff who understood their needs and cared for them effectively. One person said, "The staff are very good, they know how to look after me, I can't say anymore I have no complaints".

Staff undertook a thorough induction programme and on-going training to develop their skills and knowledge. They told us the training and support from their colleagues and management gave them confidence in their role and enabled them to follow best practice, and provide effective care. New staff completed the Care Certificate as part of their induction programme. The Care Certificate has been introduced to train all staff new to care to a nationally agreed level.

In addition to the provider's mandatory training such as health and safety, fire training and food hygiene, staff also had the opportunity to complete training specific to the needs of people they supported. Training material was available for staff to access, including DVDs and reference books. We saw training material posted on the walls within the main office relating to the Health and Social Care Act and the Care Quality Commission's inspection process.

Staff said they felt well supported by their colleagues, senior staff and the registered manager. Comments included, "We are a small staff team and most of us have worked here for many years, we talk all the time, communication and support is good". Staff said they had been providing a number of people with end of life care, which had at times been difficult. They said, "We were well supported and given time to talk and reflect on our practice and changes in the home".

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions or authorisations to deprive a person of their liberty were being met. The 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 as far as possible people make their own decisions and are helped to do so when needed. When a person lacks the mental capacity to make particular decisions, any made on their behalf must be in their best interests and the least restrictive.

People's support plans included information about capacity and when people could make their own choices or if they required support. Records confirmed best interest discussions and meetings had taken place when people lacked the capacity to make a decision. The senior staff had requested support from a best interest assessor for one person in relation to decisions about moving out of the home. The assessment would help establish the person's capacity and consider any support they may need when making this choice. A best interest meeting had also been held for one person in relation to the purchase of a specialist chair. The specialist mental health services had been involved in the meeting and agreed this piece of equipment was the least restrictive way of keeping the person comfortable and safe, whilst also resulting in the need for medicines to reduce anxiety and distress.

People can only be deprived of their liberty in order to receive care and treatment, which is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes and

hospitals are called the deprivation of Liberty Safeguards (DoLS). The registered manager was aware of the process and had made applications under DoLS when they were required. At the time of the inspection applications had been submitted but were still in the process of being processed by the local authority.

People's consent was obtained by staff prior to them undertaking a task, for example we saw staff asking people if they wanted to move from one chair to another and checking they knew what was happening when they supported them. People's files also indicated where people had consented to elements of their care, or where best interest decisions had been made for those who lacked capacity to give their consent. One person's care plan stated their capacity could fluctuate due to dementia and they required clear information and prompting to support them in the decision making process.

People had their nutritional and hydration needs met. We saw people being offered drinks and snacks throughout the day. We observed people eating their midday meal and saw they were offered various meal choices. If a meal was declined staff offered alternatives and encouraged people to eat. Staff said meals were planned as you would in your own home and they had a good awareness of people's likes and dislikes, "We do all homemade cooking, we buy locally and prepare wholesome traditional meals". Meals were attractively presented and there was a relaxed and sociable atmosphere.

People's records contained food and fluid charts, nutrition and weight management records. This meant there was a range of safeguards in place to promote people's dietary support needs. Changes were made to support people's dietary needs when required. For example, one person's eating plan stated they required a pureed diet due to changes in their health and another person had been provided with specialist crockery due to deteriorating eyesight.

People had their healthcare needs met. Healthcare professionals we spoke with were positive about the way the staff supported people's healthcare needs. Records indicated they saw a range of health and social care professions including GPs, Chiropodists, Opticians and Dentists. Staff had a good understanding of people's healthcare needs and were able to respond promptly to any concerns or deterioration in a person's general health or well-being. For example, staff had recognised that swelling on a person's leg could suggest a serious health risk. This awareness meant the person had received prompt medical support and had made a good recovery.

Good

# Is the service caring?

## Our findings

Staff were very clear about the visions and values of the service. The information available about the service to people stated, 'We encourage all residents to participate in all aspects of daily living, supporting them to maintain relationships with family, friends and outside the community, enhancing their lives by encouraging and supporting their abilities. As a small team we are dedicated to treating every resident with respect, dignity and empathy'. We saw these values and vision were understood by staff and reflected in their practice.

People told us staff were always very kind and caring towards them, and when assisting with daily needs people said staff were caring, gentle and considerate. This was also confirmed in our observations throughout the whole inspection. Comments from people included, "The staff have been really lovely, I have felt really happy here", and "They are always kind and respectful, I have no complaints about my care". Feedback forms gathered by the provider included very positive comments, including, "I think the staff at The Rock give exemplary care, I cannot thank them enough for their outstanding care", and "I think the level of care is high and personal and always caring". Three people told us they had been reluctant to move into the home but now they were there they weren't really sure if they would want to leave. One person was leaving the service on the day of the inspection, but felt anxious and thought they may wish to return. The staff ensured the person was happy and prepared to move but also provided them with contact numbers and the information they needed if they chose to return. The person said this made them feel better and they were glad they could make contact if needed.

Visitors told us they were always welcomed into the home, they said, "People are always happy and look well cared for, we are made to feel really welcome and always brought tea and cakes". The staff were positive about visitors and welcomed them with smiles and gratitude. One staff member said " It is so lovely and important for people to have visitors and spend time with their friends".

The registered manager told us they had supported a number of people with end of life care during the previous 12 months and said staff had worked tirelessly to ensure people received the care and support they needed and deserved. Staff said the registered manager and staff team had worked over and above their normal hours to make sure people had a dignified and comfortable end of life. Comments included, " The manager and staff came into work when people needed them to, day, night and weekends, even if they weren't meant to be working, other less important things have had to wait". We saw complimentary letters from family members of people who had passed away. We also read feedback from healthcare professionals regarding the end of life care provided by the service. Without exception, all expressed their gratitude for the loving care and kindness they and their relative had received during their final days at The Rock. Staff had been trained in supporting people with end of life care. A relative said, "They arranged and attended all the hospital appointments and remained a strong advocate for [...] healthcare needs. The care provided to my relative was dignified and gentle. [....] was still enjoying a glass of sherry up until their final week. I truly believe they had the best care they could possibly have had".

Professionals we spoke with also said the staff were particularly skilled and good at providing end of life care

to people. Feedback gathered by the service from the local District Nursing team included, 'We don't think you could have cared for […] with more love, care and attention. You all did a beautiful job. […..] always looked so clean, calm, comfortable and settled". Extracts from thank- you cards sent to the provider included, 'How can I ever thank you enough for looking after my father so well' and 'You cared for my relative so well, with love, efficiency and humour'.

The service had a strong, visible person centred culture. The care plans were centred on people as an individual. Healthcare professionals we spoke with said the staff really spent time getting to know the people they cared for and they believed this was why the home had succeeded with people when other placements had failed. A relative said, "I think the care they provided was the best care my relative could possibly have had. When they first moved in their health and behaviour had deteriorated. One to one staffing was organised and the staff spent time really getting to know them. If [...] didn't want to eat at 12pm they didn't have to, they managed the behaviours well, nothing was a problem. Within a few weeks they were eating and socialising again". They said they couldn't fault the staff and praised the care they had provided at the beginning of the placement through to end of life care.

The provider cared about the local community and tried when possible to provide support to people in the form of day-care or respite. They said, "We know there are local people who need our support, if we are able to, we will help". At the time of the inspection one person was visiting the home for respite and another for day care to support the family while they worked during the day.

We found staff were compassionate and caring. People were treated with dignity and respect and were listened to. Throughout both days we spent time observing people in the lounge and dining areas. We saw people were respected by staff and treated with kindness. We saw and heard staff speaking at all times in a kind and friendly manner. Staff were skilled and responded in a caring way to difficult situations. For example, one person who was visiting the home for day care was showing signs of being distressed and confused with their surroundings. We saw a staff member sat with this person at all times, chatting with them and providing activity such as knitting to distract them and encourage conversation. With the company and comfort of staff the person visibly relaxed and enjoyed their afternoon in the home. We saw doll therapy being used for one person very effectively to keep them calm. Doll therapy is used in some care services to support people living with dementia. The person is provided with a doll to hold, which can ease anxiety and provide them with a purposeful and meaningful activity. The staff said the person had been showing increased signs of distress and anxiety and the comfort of a doll had had a positive outcome for this person. This demonstrated staff cared and showed concern for people's well-being.

We saw staff always sat next to people during conversations or knelt next to them so they were at the same level. One staff member knelt down next to a person and gently woke them for their lunch. They asked the person if they would like an apron and told them they would put it over their head carefully so as not to mess up their "lovely" hair. We saw people were never rushed and staff actively listened to what people were saying. Following the lunchtime meal staff sat around the table with people and had a lively and friendly conversation about the local area, and places people living in the home were familiar with. It was clear from people's laughter and smiles that these interactions were valued and a regular part of life in the home. One person said during the conversation, "It's nice to remember the things we used to do". When people had finished lunch staff spent time checking everyone was comfortable and relaxed. Staff asked people if they were too hot or too cold and brought smiles to people's faces when they brought around a box of chocolates during the middle of the afternoon.

Staff knew the people they supported very well. They were able to tell us about people's life histories, their interests and preferences. Where possible people were supported to maintain their independent living skills.

One person told us they liked to be as independent as possible and this was respected. They said, "I like to meet my friends and I am able to go out most days". We saw this person being supported to get ready for their trip into the local town and the staff waved them off telling them to enjoy their afternoon. Comments from staff included, "We try and encourage people to do as much as possible for themselves. One person isn't too keen on bath time, but we set the scene, run the bath, get everything ready and encourage them to do as much as possible themselves".

We saw the relationships between staff and people receiving support consistently demonstrated dignity and respect at all times. Some people had chosen to share bedrooms and privacy screens had been made available to help ensure people had privacy when being supported with their personal care needs. People and relatives said the staff always cared and treated them in a respectful and dignified manner.

Good

# Is the service responsive?

## Our findings

Care records contained information about people's health and social care needs. Each person had a support plan organised into different areas of care, such as personal care, mobility and communication needs. It was noted that the information for some people did not in all cases reflect the level of care required. For example, one person's plan said they needed full support with personal care, but did not describe in enough detail how this care should be delivered to the person concerned. Some of the plans we looked at did not describe people's needs in relation to leisure and family involvement. Although staff were aware of people's needs in these areas of care the absence of written information could result in care not being consistent or fully reviewed to recognise and act on any changes. This was discussed with the registered manager at the time of the inspection and they said they recognised although staff had a good awareness of people's needs, this needed to be reflected in their written plans. They said they would address this as a matter of priority.

People's feedback about the responsiveness of the service was consistently good. One person said, "They know how to look after me, and do it in the way I like and prefer". Professionals we spoke with said the staff were particularly good at getting to know the whole person and felt this was why placements at The Rock were successful.

A relative said the service responded quickly when their relative's health had deteriorated. They said, "They could have decided they had to be moved, but instead they purchased the necessary equipment and cared for them beautifully in their bedroom".

Senior staff told us they had supported one person who had difficulty finding a placement due to behaviours associated with dementia and distressing memories about the past. They said the person had been particularly distressed when they arrived at the home, but a consistent staff team had been made available to sit with them and provide activity, distraction and reassurance when required. With additional support from the mental health team the person concerned had settled and all the previous behaviours had subsided.

Care records were regularly reviewed and amendments were made to people's support arrangements to reflect any changes in need.  For example, the diet plan for one person stated that due to deterioration in health they required a pureed diet. All the staff were aware of these changes and the menu and mealtime arrangements for this person had been changed. Where possible people and their relatives were involved in their support arrangements. One relative said, "We are kept informed and involved when it is appropriate"

People were supported and encouraged to maintain links with the local community to help ensure they were not socially isolated. One person told us they went out nearly every day to have coffee with friends in the local village. Another person had regular visits from family and would enjoy trips out with them to the local pub.
Activities were organised such as singing sessions and reminiscence groups and people could choose whether or not they wanted to join in. One person said they preferred to spend time in their room and liked

to watch the birds and passing traffic through their large, bright bedroom window. They said they liked to leave their door open so they could see what was going on and the staff would regularly pop in for a chat and to check they were okay. During the afternoon of the inspection staff sat in the lounge area chatting with people about the recent Olympic games and other local news. One staff member sat with a person looking at nature pictures on a hand held computer and magazines were made available to others who wanted them. One person who had been showing signs of distress was given some knitting and this activity along with the interest and involvement of staff helped them relax.

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their relatives and visitors. People said they knew who to speak to if they had a complaint and felt any issues would be taken seriously and addressed promptly. Records showed the service had not received any complaints since the last inspection.

Good

# Is the service well-led?

## Our findings

The registered provider and owner of the home was also the registered manager of the service. They were regularly in the home and were actively involved in all aspects of the service. There were two senior staff members who had responsibility for the day-to-day running of the service. The registered manager and two senior staff were available throughout the inspection. There was a small, consistent staff team, and most had worked in the home for many years.

People, family, friends and professionals described the management of the home to be approachable, open and supportive. A relative said, "There is always a senior member of staff to speak to, all the staff are helpful and supportive, they keep me fully informed, and involved if appropriate". Professionals we spoke with who had involvement with the home said the management and staff had a good, close working relationship with healthcare professionals.

On our arrival at the home we asked for a variety of documents to be made accessible to us during our inspection. These were provided promptly. We found all records looked at were well maintained and organised in a structured way. This made information easy to find. The registered manager did say they were aware of some areas of recording they needed to address and that these had been put on hold during a particularly difficult time when a number of people were being supported with end of life care. The registered manager acknowledged that they needed to send notifications to CQC in relation to deaths in the home and would address this as a matter of priority.

We found the staff team were all very co-operative during the inspection. Staff were clear about their roles, passionate and dedicated to their work. Staff demonstrated a good understanding of the values and ethos of the home and described how they would put these into practice. They said the provider and senior staff led by example and encouraged them to make suggestions about how the service could be improved for people. Staff told us they felt confident in raising any issues and felt assured they would be dealt with professionally and sensitively.

The provider and senior staff worked alongside the care team overseeing the care given and providing support when needed. Comments from staff included, "It has been a difficult year, we have had to care for some very poorly people. The manager and senior staff really stepped up to the mark and worked alongside us making sure that people's needs were met".

Regular discussions and handover meetings took place to help ensure staff had the information they needed and the opportunity to talk and reflect on practice.

The home worked in partnership with key organisations to support care provision. Health and social care professionals who had involvement with the home confirmed to us, communication was good. They told us the service worked in partnership with them, followed advice and provided good support. The two senior staff attended monthly meetings with the local district nurse team and said this gave them the opportunity to discuss any issues and keep up to speed with best practice. They also attended a monthly care home

support group, which included regular speakers about topics such as continence and pressure care.

The service had an up to date whistleblowing policy, which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt safe to raise any concerns and felt confident the management would act on their concerns appropriately.

The provider promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

There was an effective quality assurance system in place to drive continuous improvement across the service. The provider and senior staff completed spot checks on the environment as well as checking with people and their relatives if they were happy or had any concerns. Regular audits were undertaken of people's medicines and personal finances.  A number of environmental checks were completed on a weekly or monthly basis to help ensure the building and equipment was safe and fit for purpose. The provider was in the process of updating some parts of the home. This had included the redecoration of some bedrooms and the installation of a new stair lift.