

Stocks Hall Care Homes Limited

# Stocks Hall Nursing Home - Skelmersdale

## Inspection report

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## 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

This inspection took place on 31 July and 7 August 2018. It was unannounced, which meant no-one knew we were going to inspect the home.

At our last inspection on the 3 February 2016 the location was rated 'good' overall, with all key questions being rated as 'good', except for 'effective', which was rated as, 'requires improvement.' At that time, we identified a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Con-sent had not always been obtained from the relevant person prior to care and treatment being provided. At this inspection we found this regulation to have been met.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of effective to at least good. At this inspection we found consent to care and treatment had been obtained from the relevant people.

At this inspection we found the evidence continued to support the overall rating of 'good' and we found the service was meeting all requirements of the current legislation. Therefore, all key questions were rated as 'good' on this occasion.

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

Stocks Hall is located in a residential area of Skelmersdale. It provides accommodation for up to 60 people who require personal or nursing care, including those who are living with dementia. A range of amenities are within easy reach. The home is set in pleasant, well maintained grounds. Patio areas with garden furniture are available on both floors for those wishing to spend some time outdoors. Ample park-ing spaces are available. At the time of our inspection there were 56 people who lived at Stocks Hall Nursing Home (Stocks Hall).

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

The care files we saw were maintained electronically. The system contained de-tailed and person-centred plans of care, which were well organised. This provided staff with clear guidance about people's needs and how these needs were to be best met. However, some terminology could have been simplified and although the plans of care had been reviewed every month, changes in people's assessed needs had not been consistently reflected within the care planning process. We made a recommendation about this.

There were some gaps in the recording of treatment room and drugs fridge temperatures on the Woodlands unit, but when they were done, the minimum and maximum temperatures were within the manufacturers recommended range. We made a recommendation about this.

New staff were recruited safely and detailed induction programmes were implemented on commencement of employment. Staff were well trained and support mechanisms showed supervision and appraisals were conducted. An appropriate number of staff with relevant skills were appointed to meet people's assessed needs and those we spoke with understood their responsibilities in relation to reporting allegations of abuse.

People who lived at the home and their relatives had no concerns about the safety of people who lived at Stocks Hall. They told us the staff team was kind and caring.

Risks were managed well and we saw evidence of actions taken to mitigate any identified hazards. We found some areas of the management of medicines could have been better. However, actions were taken immediately to address the issues raised which helped to mitigate the areas of risk.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was a comprehensive activities programme in place, which helped people to maintain leisure interests and prevented boredom.

We observed staff members treating people who used the service with dignity and respect throughout our inspection and their privacy was consistently promoted.

Choices of menus had been developed and where possible people were offered a choice of meal. The staff working with those who lived with dementia were fully aware of their likes and dislikes.

Where people required the involvement of health care professional's referrals had been made and appropriate assessments had taken place.

There was evidence of regular audits and monitoring of the service taking place and records we saw confirmed feedback had been obtained from those who lived at Stocks Hall, their relatives and the staff team. In general, we received positive feedback about the leadership and management of the service from those who lived at the home, their relatives and staff members.

## 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 ●

This service was safe.

At the time of this inspection there were sufficient staff deployed to meet the needs of those who lived at Stocks Hall. Necessary checks had been conducted before people were employed to work at the home. Therefore, recruitment practices were thorough enough to ensure only suitable staff were appointed to work with this vulnerable client group.

Robust safeguarding protocols were in place and staff were confident in responding appropriately to any concerns or allegations of abuse. People who lived at the home were protected by the emergency plans implemented at Stocks Hall and medications were, in general being well managed.

The premises were safe and were maintained to a good standard. Assessments were conducted to identify areas of risk. Infection control protocols were being followed, so that a safe environment was provided for those who lived at Stocks Hall.

### Is the service effective?

Good ●

This service was effective.

The staff team were well trained and knowledgeable. They completed an induction programme when they started to work at the home, followed by a range of mandatory training modules.

We established that formal consent had been obtained prior to care and treatment being delivered. Systems were in place for the management of DoLS applications.

The menu offered people a choice of meals and their nutritional requirements were being met. Those who needed assistance with eating and drinking were provided with help in a discreet manner.

The environment was well designed in accordance with the needs of those who lived at the home.

### Is the service caring?

Good ●

This service was caring.

Staff generally interacted well with those who lived at the home. People were provided with the same opportunities, irrespective of age or disability. Their privacy and dignity was consistently promoted.

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

People were treated in a respectful way. They were supported to remain as independent as possible and to maintain a good quality of life. Staff communicated well with those they supported and were mindful of their needs.

### Is the service responsive?

Good ●

This service was responsive.

An assessment of needs was done before a placement was arranged. Plans of care were person centred and generally reflected people's needs well and how these needs were to be best met. Staff anticipated people's needs well.

A good range of interesting activities were provided for those who lived at the home and staff supported people to participate in order to prevent isolation.

There was good use of technology devices for those who wished to use them.

People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

### Is the service well-led?

Good ●

This service was well-led.

People who lived at the home were fully aware of the lines of accountability within Stocks Hall. Staff spoken with felt well supported by the management team and were complimentary about the way in which the home was being run by the long standing manager.

There were systems in place for assessing and monitoring the quality of service provided. People who lived at the home were involved in the day to day operation.

The home worked in partnership with other agencies, such as a wide range of external professionals, who were involved in the care and treatment of the people who lived at Stocks Hall.

# Stocks Hall Nursing Home - Skelmersdale

## **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 was continuing to meet the legal requirements and regulations associated with the Health and Social Care Act 2008. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This unannounced inspection was carried out on 31 July and 7 August 2018 by three Adult Social Care inspectors and a medicines inspector from the Care Quality Commission. An expert by experience was also part of the inspection team. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert-by-experience had a background of dealing with older people living with dementia.

At the time of this inspection there were 56 people who lived at Stocks Hall. A large percentage of them were unable to discuss what life was like at the home. However, we spoke with people and six of their relatives for their views about the services and facilities provided. We received positive comments from everyone.

We also spoke with eight staff members and the registered manager of the home. We used the Short Observational Framework for Inspection (SOFI) during our visit to this location. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We toured the premises, viewing a selection of private accommodation and all communal areas. We case tracked the records of eight people who lived at Stocks Hall. This enabled us to determine if people received the care and support they needed and if any risks to people's health and wellbeing was being appropriately managed.

We also examined the personnel records of four staff members, as well as a variety of policies and

procedures, training records, medication records and quality monitoring systems.

The registered manager had completed and submitted a Provider Information Re-turn (PIR), within the timeframe requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to this inspection we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us since our last inspection and we asked local commissioners for their views about the service provided.

We used a planning tool to record all the information we had gathered and this was used for reference during our inspection.

We also requested feedback from 19 external professionals, such as GPs, community nurses, mental health teams and a practice manager. We received eight responses. Their comments are included in the body of this report.



# Is the service safe?

## Our findings

Comments we received from those who lived at Stocks Hall included, "They [staff] have always been very good and nice to me"; "I feel safe anywhere [in the home]" and "I am pleased I made the decision to come here. My husband couldn't cope [with me] at home."

Relatives we spoke with told us, "When I leave [wife's name], I leave her with every confidence. You could leave your wife and be wondering – I don't"; "He's really happy here. He's never mentioned going home" and "I know he's being looked after. At the moment he has one to one support, which has been brilliant. All staff are the same. They sing from the same hymn sheet. Nice they don't have uniforms. He [relative] seems to have settled well."

During our inspection we toured the premises and found the home to be warm and comfortable. It was safe and well maintained, although some areas were now in need of refreshing. The environment was clean and in general infection control procedures were being followed in day to day practice.

A health and safety handbook was available for staff reference and health and safety policies were embedded in to it. A wide range of risk assessments had been regularly conducted, which helped to promote a safe environment for those who lived at Stocks Hall.

Records showed staff had completed fire awareness training and designated fire wardens had been appointed. Fire procedures and emergency contingency plans were in place. Fire drills were carried out periodically and individual Personal Emergency Evacuation Plans (PEEPs) had been conducted. This helped to ensure people would be evacuated from the building in the safest and most appropriate way, should this be necessary.

Processes were in place to ensure regular internal checks had been conducted, with a record of any faults identified and corrective action taken. Systems and equipment had been serviced in accordance with manufacturer's recommendations. This helped to ensure it was safe for use and fit for purpose.

Detailed safeguarding policies were in place and we found staff had received relevant training in this area. Those spoken with were fully aware of how to make a safeguarding referral and records showed this had been done, as was needed. Disciplinary procedures were followed in the event of staff misconduct. This helped to protect people from harm.

Some people who lived at the home were receiving one to one support from staff members, which promoted their safety and that of others. The registered manager confirmed this was arranged in accordance with individual assessed need.

We saw people being transferred with the use of equipment in a safe and competent manner. Accident reports were electronically maintained and these incorporated good explanations of circumstances and actions taken following incidents. During our inspection we observed an incident in a communal area of the

home, which was managed well.

We did not identify any staff shortages at the time of our inspection. We looked at the personnel records of three staff members. We found new employees had been recruited safely. All relevant checks had been completed before they started to work at the home. This helped to ensure new staff were fit to work with those who lived at Stocks Hall.

We noted some staff members did not always promote recommended infection control practices, such as regular hand washing and good management of clinical waste. The registered manager of the home assured us this would be addressed without delay.

A Medicines Inspector visited the two units at the home and looked at how medicines were managed. We found some issues that the registered manager and staff acted straight away to ensure medicines were safe.

The home had used an electronic system for ordering and recording medicines administration (eMAR) for over 12 months. We observed medicines being administered, staff had all the information they needed and gave medicines safely. Since the last inspection, individualised information had been added to people's files to explain how to give their medicines. Information was clear and detailed and helped to guide staff who were unfamiliar with the people who lived at the home.

We looked at the eMAR for all people who lived at the home and looked at seven records in detail. We found some people did not have a photograph in their record to help staff identify them. Also, some people did not have an allergy status recorded, which meant there was a risk they could be given something they were allergic to. We raised this during the inspection and the registered manager acted promptly to rectify this.

Records were clear and there was evidence that stock checks were being completed. We checked a sample of medicine stocks and these were correct. There were no gaps in records indicating that people were receiving medicines as prescribed. However there had been a delay with one person receiving their three-monthly injection due to a recording issue on their eMAR. We also found that topical preparations did not always have the date of opening on the label so it was not possible to ensure they were still safe to use.

A number of people were prescribed a medicine that must be taken on an empty stomach and not with any other medicines. Records showed that this had not always happened. Another person needed to take a medicine at regular timed intervals and there were occasions when this had been given late. The registered manager told us that this would be investigated.

Treatment rooms were visibly clean and tidy and medicines were stored securely. There were some gaps in the recording of room and fridge temperatures on the Woodlands unit, but when they were done, the minimum and maximum temperatures were within the manufacturers recommended range. We recommend that action is taken to ensure regular temperature monitoring is done.

Training records demonstrated that all appropriate staff had undergone medicines administration training, however there was no evidence that annual competencies had been undertaken following national guidance. The registered manager assured us that this would be addressed.

## Is the service effective?

### Our findings

Relatives we spoke with said they felt their loved ones received effective care and support. One remarked, "If anything is wrong they tell me. There's a doctor here every Wednesday." Another commented, "They [staff] keep us updated on a regular basis. Even if he is not taking his tablets in the morning, they tell us. We have no complaints." And a third told us of a planned meeting she had been invited to, so that her relative's dietary needs could be discussed with the staff from the home, GP and dietician."

We were told by one relative, "All the staff seem to know all the residents. Everyone seems to be catered for whatever their needs. [Relative] has Parkinson's and dementia. They take it in their stride and ensure a good quality of life."

At the last inspection on 3 February 2016 we identified a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time, we found consent had not always been obtained from the relevant person prior to care and treatment being provided. During this inspection we found improvements had been made. Records showed that consent to care and treatment had been obtained from the relevant people.

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 make 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 to see if the provider was working within the principles of MCA.

We saw some very good examples of decision specific capacity assessments being conducted with the involvement of family members. Best interest decisions had been recorded and any restrictive practices were documented in plans of care, which had been agreed by the individual or their significant other. This process was confirmed by the registered manager of the home.

We looked at the personnel records of four members of staff. We found new employees were provided with a good range of information when they started to work at the home. Staff were initially appointed on a six-month probationary period and had been provided with detailed induction programmes. We observed one new member of staff being inducted on the first day of our inspection. Records showed staff competency checks had been periodically conducted for some areas of care, such as medication administration and infection control.

Supervision sessions and annual appraisals had been conducted. The registered manager told us that plans were in place for a more structured approach to be implemented, which would further develop support

mechanisms for the staff team. Records we saw showed disciplinary policies were being followed in day to day practice. This helped to ensure any incidents of staff misconduct were being managed appropriately.

Records and certificates of training showed a wide range of learning modules were provided for the staff team and competency assessments were evident in some areas of care. Staff had completed reflective practice records, which showed what they had learned from training modules undertaken.

We observed the lunch time service on both units of the home. We felt general interaction with people during this period could have been better. We saw a member of staff assisting one person with their meal. The care worker was seen blowing on a spoon full of food before giving it to the individual, in order to cool it down and therefore prevent burning. However, this was not appropriate and was addressed immediately by the registered manager.

The daily menu offered a choice of two meal options and we saw one person being shown the two plated meals available. This enabled them to make a choice and was considered to be good practice. However, the chef told us that alternatives to the menu were available, should someone not like the options on offer. We were told that all hot food was homemade and we saw meals to be well balanced and nutritious. The menu showed a variety of snacks were available throughout the day and we noted hot and cold beverages to be offered regularly.

## Is the service caring?

### Our findings

People we spoke with told us they were happy living at the home. We asked people about the attitude of the staff team. We were told, "It's friendly here and caring. They [staff] look after you properly, like a mother would" and "They [staff] do look after me. I would recommend them to anyone. They're very good, because they insist on things being done properly."

Comments we received from relatives included, "They're [staff] very kind to me as well as [name]. I come to visit regularly and they always ask if I want dinner" "They're all lovely [staff]. I can't fault any of them day or night"; "They [staff] seem cheerful, chirpy and sometimes banter with residents. There is always a good atmosphere. I don't see the staff behaving any differently today [due to the inspection], than they normally do" and "He [relative] seems extremely happy and well cared for. The provisions are first class. Nothing is too much trouble." Another relative told us that the staff were kind, adding, "Everyone I speak to says so. I don't think there's a better care home in the area."

Staff members had lovely attitudes towards those who lived at Stocks Hall. We overheard a staff member ask one person, in a caring manner, "Are you cold? Would you like me to get your cardigan? Which one would you like?" And another said, whilst helping someone to mobilise, "Let's give you a minute, while you get your bearings."

During our inspection we observed staff approach people and speak with them in a kind and caring manner. They were attentive to people's requests for help. We saw people enjoying some appropriate 'banter' with staff members.

On the first day of our inspection a church service was being held in one of the communal areas of the home. We overheard a staff member say to one person, who was in a wheelchair, "We will take you to church now. Would you like that?" This individual readily agreed. It was evidently what she wanted to do.

Staff we spoke with knew those in their care well and they demonstrated compassion and respect when discussing people's needs. Staff clearly had positive relationships with those who lived at the home. We observed a member of staff comforting one person who had become upset. This was done in a very sensitive manner.

We saw staff knocking on bedroom doors and waiting to be invited in before entering. Personal care was delivered in a respectful and discreet manner, which allowed people to maintain their privacy and dignity. A mobile phone was available for the use of those who lived at Stocks Hall. This enabled them to have private conversations with family and friends, should they wish to do so.

Records showed the training programme for staff incorporated learning around privacy, dignity and confidentiality. Plans of care provided the staff team with clear guidance around promoting these important elements of care.

Evidence was available to demonstrate people would be supported to access an advocate, should they wish to utilise this service. The records of one person showed their advocate was involved in care planning reviews every month. An advocate is an independent person, whose role is to support people to make decisions in their best interests.

Family members we spoke with confirmed they were consulted and involved in the care and support of their loved ones. We saw staff supporting people to make their own decisions by offering them choices and independence was clearly supported, as far as was possible. People were encouraged and supported to access community services, should they wish to do so.

## Is the service responsive?

### Our findings

People we spoke with told us they received the care and support they needed. One person commented, "The staff here are very good. They are good at reassurance. Sometimes I am uncertain about things, but they always reassure me."

Relatives commented on how accepting the home had been about the needs of their family member and the improvements they had noted as result of the care provided. One relative stated, "We were very impressed with their acceptance of [name]. When he came here his mood changed. He was 100% better. They [staff] have done a marvellous job settling him emotionally. To us that's more important than other things." Another commented, "This home is one of the best."

We looked at the care records of eight people who lived at the home. We found these to be well written and, in general person centred. They highlighted people's assessed needs and how these needs were to be best met. However, although care plans had been reviewed every month, some did not reflect all changes in needs and some terminology could have been simplified, so as to be understood by all.

It is recommended that simplified language is used and any changes in people's assessed needs are clearly recorded within the care plans, at the time the changes have been recognised.

The home had developed good relationships with community professionals. Records showed a wide range of health and social care professionals were involved in the care and support of those who lived at Stocks Hall. We established a GP conducted a 'round' each week, so that any health care needs could be addressed promptly. This helped people to maintain a good level of well-being.

The home had been accredited with the 'Six steps to end of life care' training. This helped to ensure those who were at the end of their lives and their families would receive compassionate and sensitive support at this difficult time.

We received extremely positive feedback from one GP practice. Their written comments read, 'Stocks Hall is our 'flagship' nursing home in terms of the developments in the care of the very frail elderly vulnerable population they care for and we jointly serve. Their involvement in and development of the ward round system with our team has been exemplary.'

One community professional wrote on their feedback, 'The staff at Stocks Hall are very supportive. They make all information available to me, which is stored electronically. All care plans I have viewed have been reviewed and up to date and all professional intervention has been recorded in full. Staff have always made themselves available if additional information has been required. The Home Manager [registered] is very supportive.'

At the time of our inspection there were two activity co-ordinators appointed, who were responsible for planning and organising leisure activities in the home and also within the wider community. On the morning

of our first inspection day we observed people enjoying a balloon activity and relaxation exercises. In the afternoon five husky dogs visited with their owners, to the delight of many of those who lived at Stocks Hall. We were told this group were regular visitors to the home. We had very positive feedback about the leisure activities provided in the home and also within the wider community.

An outdoor garden had been created on the balcony of the first floor. This enabled those who lived with dementia to participate in gardening activities. Regular trips out were evident and we overheard a staff member discussing a recent excursion with one person who lived at the home. We were told of a forthcoming bowling outing; which people were looking forward to. Evidence was available to demonstrate that bigger events were also arranged from time to time, such as a summer fayre, sports day, Halloween party and remembrance afternoon tea.

The use of technology had been embedded into the operation of the home. An electronic system was in place for care planning, risk assessing, service maintenance and policies and procedures. Those who lived at the home had internet access, should they wish to use this facility and electronic devices were available for their use. We saw people used video calling to chat with family and friends and some of those who lived at Stocks Hall had their own electronic equipment and mobile phones.

Complaints were being well managed. A written policy was in place, which outlined the procedure for making complaints. This was supported by an easy to follow flow chart and incorporated specific timeframes for responses with contact details of relevant authorities, should people wish to make a complaint to an external organisation. A good system had been implemented for the recording of complaints received and written responses to complainants was evident.

We noted a good number of compliments had been made by families, which provided the home with many positive comments. One relative we spoke with commented, "It is excellent here. There is nowhere that could be any better. The staff are lovely. They really look after [name]. I cannot fault it at all. It is such a caring place."



## Is the service well-led?

### Our findings

People we spoke with provided positive responses about the management of the home. Comments we received included, "I think it's fantastic here. I like the manager"; "She's [manager] alright. I met her when we came in. What I've seen of her, she's OK"; "Very supportive and easy to talk to [registered manager]. If any questions, answers are always there. Care is first class, from manager to carers" and "The manager is very good. You can go to her with anything. At the Summer Fair she was on the tombola! The manager and the team made transition bearable for my relative and myself."

Staff members we spoke with were very complimentary about senior staff working on the floor. One commented, "The nurses are very approachable and helpful, as are the unit managers. The senior staff could be more hands on though. If we are short staffed we have to manage. Agency staff are sometimes used. Some are very good. We get the same ones coming. If they are good, we ask for them again."

The registered manager had been in post for 15 years and she was on duty during both days of our inspection. She was co-operative throughout the inspection process. One of the directors of the company also attended the home whilst we were there.

It is a requirement by law for the inspection rating to be displayed and we noted this to be in a prominent position within the reception area of the home.

Following the last inspection, the registered manager sent us an action plan, which outlined how the breach of regulation 11 would be addressed. This demonstrated an open and transparent approach and it was evident the provider and registered manager wanted to work with us to improve the service.

There were a wide range of policies and procedures in place at the home, which had been periodically reviewed and updated. These provided the staff team with current legislation and good practice guidelines.

The statement of purpose and service users' guide were readily available within Stocks Hall and these incorporated clear visions and values of the organisation and the home itself.

A wide range of audits were regularly conducted by a company representative and the registered manager of the home. These were designed to reflect the Care Quality Commission's five key questions and included equipment, the environment, infection control, record keeping and discussions with staff and people who lived at the home. Although a wide range of internal checks had been conducted, these could have been further improved, had all been dated and actions taken recorded.

The organisation had been accredited with an external quality award, which demonstrated periodic assessments by a professional auditor. The home was involved in completing CQUIN (Commissioning for Quality and Innovation) information four times a year for the local Clinical Commissioning Group (CCG). This scheme is a framework, which supports improvements in the quality of services and the creation of new and improved patterns of care.

A wide range of meetings had taken place at regular intervals and a variety of surveys had been conducted. This enabled those who lived at the home, their friends and family and staff members to offer feedback about the quality of service provided. Responses to surveys had been reproduced in graph format for easy reference.

Lessons learned had been recorded and action plans developed following any accidents and incidents. This helped the service to move forward to make any improvements needed.

Staff were able to use the eMAR system to look at medicines usage and had produced their first report in July. The information had been analysed and actions had been planned to improve. For example, staff had looked at how often 'when required' medicines were given. Decisions to increase or cease these medicines was then discussed with the GP at their weekly visit, demonstrating good person-centred care.

One member of staff told us, "I really love my job. I am proud of my team. The company are forward thinking and they really care about the people we are looking after and they are open to change."

Records showed that risks to staff were recognised by the management team. For example, specific risk assessments were conducted for pregnancy. One long standing member of staff told us, "Most of the staff are here because they want to be. We are supported by the managers of the home".

One community professional wrote on their feedback, "I always found the manager to be open and responsive to the queries that I had." Another wrote, 'The home engages really well. They meet requirements and generally manage complex residents well. I have called upon the manager on a few occasions to support other homes and advise around challenging behaviour.'