

Cornwall Care Limited

Mountford

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

Summary of findings

Overall summary

About the service

Mountford is a residential care home providing personal and nursing care to 36 people, some of whom are living with dementia. At the time of the inspection 33 people were receiving support.

People's experience of using this service and what we found

Some people were not able to tell us verbally about their experience of living at Mountford. Therefore, we observed the interactions between people and the staff supporting them.

People's needs were met in an individual and personalised way by staff who were exceptionally kind, caring and responsive to their changing needs. People felt listened to and knew how to raise concerns. The service was highly responsive and innovative in looking at ways of meeting people's social needs.

The service had continued to develop an exceptional response to people entering the end of their life. Peoples needs had been significantly considered.

Enough staff who had been recruited safely were available to meet people's needs and we observed staff respecting people's privacy and protecting their dignity.

People were safeguarded from the risk of abuse. People received safe care and treatment in line with national guidance from nurses and care staff who had the knowledge and skills they needed.

There were enough nurses and care staff on duty and safe recruitment practices were in place.

People were supported to take medicines safely and lessons had been learned when things had gone wrong.

Good standards of hygiene were maintained and people had been helped to quickly receive medical attention when necessary.

People enjoyed the meals and their dietary needs had been catered for. This information was detailed in people's care plans. Staff followed guidance provided to manage people's nutrition and pressure care.

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

Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

Effective governance systems were in place, ensuring people received consistent care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (Published 5 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well led.

Details are in our safe findings below.

Good ●

Mountford

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service, four visitors, six staff members, the registered manager and

deputy manager. We spoke with a visiting professional. We reviewed the care records of three people, medicine records, records of accidents, incidents, compliments and complaints. We reviewed staff recruitment, training and support information as well as audits and quality assurance reports. 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 could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm.
- People told us they felt safe and able to raise any concerns they might have.
- Staff were aware of how to identify, report and escalate any safeguarding concerns.
- The registered manager had taken action to help ensure people were protected from the risk of abuse or neglect when concerns had been raised.
- A system was in place to record and monitor incidents and this was overseen by the registered manager and senior management to ensure appropriate actions had been taken to support people safely.

Assessing risk, safety monitoring and management

- Care records contained individual risk assessments for falls, nutrition monitoring, skin integrity and a general risk assessment. The general risk assessment looked at risks regarding harm to people and others and risk of discrimination.
- The environment and equipment were safe and well maintained. The provider had checks and audits in place to protect people from the risks of unsafe and unsuitable premises. For example, water temperatures and testing of portable electrical appliances. Staff reported maintenance issues they identified which were reviewed by the maintenance department for the organisation and action taken.
- External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment and lift maintenance. This helped to make sure the equipment was safe for staff and people to use.
- The registered manager or deputy manager assessed people prior to them moving to the service to ensure they could safely meet the person's individual needs.

Staffing and recruitment

- Staff were recruited safely using a robust process that included interviews, police record checks, employment history and references to check whether potential staff were safe to work with people.
- There was a skill mix of staff throughout the service. In addition to nurses and care staff there were housekeeping staff as well as chefs and kitchen support staff.
- People we spoke with, including staff, relatives and those living at the service felt there were enough staff on duty to meet people's needs. During our inspection we saw that staff were responsive to requests for assistance and recognised when people needed support.

Using medicines safely

- People received the medicines as prescribed and on time.
- Medicine administration was safe, and medicines were stored appropriately. The temperature of medicines storage areas were checked daily and maintained at safe levels; creams, eye drops and liquid medicines had the date they were opened recorded on them.
- Medication Administration Record (MAR) sheets contained information about people's allergies, the medicines they were prescribed, including photos of the tablets and well as a photo of the person. Stock received into the service was recorded to enable clear monitoring.
- Protocols were in place for 'as required' medicines to ensure staff had access to guidance about the administration and monitoring of these medicines.

Preventing and controlling infection

- Measures were in place for the safe management to prevent and control infection. Nurses and care staff were correctly following guidance about how to maintain good standards of hygiene.
- Housekeeping staff recorded cleaning undertaken and used designated mops and buckets for different areas. This ensured there was no cross contamination.
- The laundry rooms were well managed and soiled laundry was segregated and laundered separately at high temperatures. This was in accordance with the Department of Health guidance.
- Staff had the required protective equipment available, such as gloves and aprons when providing personal care. This helped to protect people from the spread of infections.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. The service was able to demonstrate where it had analysed incidents such as falls and worked out how to better prevent them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to moving into the service, the registered manager or deputy manager undertook a pre-admission assessment involving the person and any other relevant people. This ensured they could meet the person's needs.
- Care plans showed people's needs had been assessed and planned for. Guidance and direction were provided for staff on how to meet those needs.
- Care records were kept electronically in addition to care plans and risk assessments. When they were being updated they were printed out and kept in a paper record in files in the nursing office so were always readily available for staff to refer to.

Staff support: induction, training, skills and experience

- People were supported by a well-trained staff team who had the knowledge and skills to deliver care to meet people's individual needs.
- New staff members completed the organisations induction programme when they started working at the service. New staff completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- Staff received regular supervision with the registered manager. Staff said they were well supported in their roles.
- Clinical staff had access to professional development in order to retain their registration.

Supporting people to eat and drink enough to maintain a balanced diet

- People were complimentary about the food. Comments included, "Home cooked and just as I like it" and "[Peron's name] can be picky about food, but they always come up with the goods."
- People were supported to eat and drink enough. Catering staff prepared a range of meals that gave people the opportunity to have a balanced diet.
- People had choice about where they wanted to eat their meals. Either in the dining room or the privacy of their rooms. Those who needed support to eat and drink enough were assisted by care staff.
- People's weight was regularly monitored so significant changes could be noted and referred to healthcare professionals for advice. Where necessary nurses and care staff also recorded how much some people ate and drank. This was to monitor that enough nutrition and hydration was being taken.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by a team of staff who worked well together and had communication systems to

support this.

- Handovers took place between shifts to ensure communication about people's needs and any changes took place.
- Systems were in place to ensure information about people's needs was shared if they were transferred between services.

Adapting service, design, decoration to meet people's needs

- The accommodation was designed and adapted to meet people's needs and expectations. There was a range of mobility aids to support people to move around the service.
- People could decorate and personalise their bedrooms. We saw that people had personalised their rooms with things that meant something to them. Staff actively encouraged people to make Mountford their home by surrounding themselves with things that were personal to them.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access other health professionals as this was needed. People's records confirmed the involvement of GP's, opticians, dentists and other specialist services such as tissue viability nurses, older person mental health teams and speech and language therapy.
- We looked into whether people were having their oral healthcare needs met. Each person's oral health needs had been identified in their care plans. People had access to dental care and dental check-ups. Staff understood the importance of good oral healthcare.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- It was evident when talking to people and their relatives that they were involved in decisions and that the principles of the MCA were applied day to day.
- When people lacked mental capacity, the organisation had procedures in place to ensure that decisions were made in each person's best interests. This included consulting with relatives and healthcare professionals when a significant decision needed to be made about the care provided.
- Some people had given their relatives the power to make decisions on their behalf when they were no longer able to do so for themselves. This included making important decisions about whether a person should be resuscitated. There were suitable records to describe these arrangements and care staff knew about the decisions that had been made.
- Applications had been made to obtain authorisations when people lacked mental capacity and were being deprived of their liberty. There were arrangements to ensure that any conditions placed on authorisations were implemented. These measures helped to ensure that people only received care that respected their legal rights

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- At the previous inspection this domain was rated as Outstanding. This was based on the evidence that the service provided Outstanding care and support for people entering the end of their lives. This has now been reported on in the Responsive domain of this report.
- People and their relatives were consistently positive about the caring attitude of staff. One person said, "So kind. The whole place is just like a family," "Great quality of life. It has been the best place for [Person's name] and "Feel totally safe and respected by the staff team."
- People's diverse religious and spiritual needs were recorded when they moved to the service and staff supported them, when needed, to meet those needs. For example, spiritual and cultural care plans recorded people's chosen faiths.
- Staff knew and respected people they cared for. We observed staff spending time with people talking with them and general banter. One relative said, "Wonderful staff team. I am made to feel more than welcome anytime I visit. They are doing a great job with [Person's name]."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in all aspects of their care and felt in control of their lives. Where appropriate relatives and representatives were involved in decision making. One relative said, "I am very much involved in [Person's name] care plan and reviews. If the GP has been we get updated any changes they let me know."
- The service's electronic care planning system meant relatives who lived away were able to access their loved one's care planning information. This meant they could see what care was being delivered. One relative told us this had given them a lot of comfort when there were times when they could not visit the service.
- People were fully involved in day-to-day decisions about their care from what they wanted to eat and wear, the activities they wanted to do and when to receive their personal care. We observed many instances of staff asking people about their welfare.

Respecting and promoting people's privacy, dignity and independence

- People's independence was encouraged and supported by staff as much as possible. For example, care plans and risk assessments ensured that staff understood what independence meant to people and what people would need to maintain this. One person told us, "The staff encourage me to use my walking frame because it's important to me to keep going and that's the way I can still do things for myself."
- Each person had a room where they were able to spend time in private if they wished to. People's privacy and independence were respected by staff. People told us they valued their independence and liked to do

things for themselves as far as they were able. One person said, "I have my own routine and the staff understand that. I like my privacy" and "I like to come and go as I please. I like coming into the hub for a chat but like my own room as well."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

- At the previous inspection we found the service had an outstanding system to support people and their families at the end of their life. At this inspection we found the service had further developed their systems through review and reflection to continue to provide exceptional care and support.
- The service was a known provider for end of life care. Its focus was to provide continuous practical support, advice and emotional care to people their loved ones. Without exception comments were extremely positive about their experiences. A professional told us, "They [managers and staff] go above and beyond to make sure residents and their families get the best care at the end of their lives," and "If I were in need of a place for family it would be here." Two people told us the support their relatives had during the end of their life was, "Well beyond what I expected," "I am sad coming back but I also know everyone working in this home is totally committed at going over and above. We could not have experienced such a service at a time when we didn't know which way to turn." "It's inspired me to come back as a volunteer. I want to return something. I feel it's right for me."
- The service continuously reflected practice to improve its standards for end of life care. For example, staff completed an after-death evaluation to see if there were any gaps or lessons that could be learnt. The service had now created a small pastoral area for clients and families, to support various religious needs and included written literature. The service had introduced a comfort trolley. It enabled families to make their own drinks and have snacks by the room when they wanted to rather, than having to take time to leave the room. A visitor told us this had been extremely helpful at a time when they felt most vulnerable.
- People's needs and wishes at end of life were assessed and recorded in extreme detail. For example, using the Gold Standard Framework [GSF] a tool to record support people with life limiting conditions, to set out their choices and to plan ahead to live life as well as possible to the end. The service had completed records to support what they do and how they have developed as proof of evidence for accreditation.
- The service actively worked with people to find out what their final wishes were and make these happen. There were numerous examples of visits taking place. For example, to a local beach and a bird sanctuary. Where families had become close friends, staff recognised the importance of them being together and arranged a lunch at a local café. It demonstrated the total commitment by staff to ensure peoples dignity was respected and upheld. Another person had always loved donkeys. Staff supported them to adopt a donkey. This had given the person a lot of satisfaction as they approached the end of their life.
- All staff had received end of life care training to support them in following best practice guidance. The service had excellent links with other health services including, GP's and palliative services to ensure the best support in their final days. There were many testimonials to how well the service had provided end of life care. One family wrote to say how important it had been for the person to remain with people they knew

well. They said, "[Person's name] had excellent care here in their last days. We as a family can't thank them enough." There were numerous cards thanking the managers and staff for the exceptional level of end of life care. Including, "The very last times were comfortable and [person] loved you all. When we visited [Person] always talked highly of the staff. It meant so much to us." A professional told us, "If needed, this is where I would want my loved ones to be cared for at the end of their lives."

- Two people had formed a strong bond and the registered manager commented that they were inseparable and went everywhere together. One of them became unwell and needed palliative care. The home worked with the person and both families to make sure that the other person was supported to say their goodbyes.
- Staff told us nobody left the home following the end of their life without saying goodbye. There were examples of people leaving with their favourite music playing. One person using the service had requested a close friend who died had music they had shared an interest in played. A staff member told us, "It's all done in a very dignified and respectful way."
- The gardens had a number of remembrance plaques to remember people by. Staff told us families found this comforting and often called in following the death of their loved one. It demonstrated the strong bonds and connections made between staff and relatives.
- The service had a bereavement councillor who visited, supported and trained staff around bereavement.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were fully involved in choosing what activities were provided and what they wanted to do. The service was innovative and creative in exploring and delivering meaningful activities for people receiving care and support. For example, some people had attended an ice-skating session. The activity coordinator told us, "We knew we could do it in wheelchairs and it gave those people the feeling they were skating. Some had never experienced anything like it and the smiles on their faces was just amazing."
- Comments were consistently positive. People told us, "[Staff name] is excellent in getting everyone involved. Knows everyone can do different things and appreciates that but makes sure she is giving everyone something to do that they can manage," "The innovation is wonderful. A group went ice skating in ordinary wheelchairs. Couldn't believe [Persons' name] had done that" and "[Staff name] puts up google maps and pictures where they were born. Loved it. Brilliant use of technology."
- Since our last inspection, the management team had set up an 'Intergenerational Programme.' This involved two different age-groups of children attending Mountford once a week from a local nursery. They were supported to interact with people and provided lots of hugs and handholding. This was highly responsive to people's need to have a productive and engaging life. It gave them a sense of family and further support for their social requirements. The registered manager said, "It's just been an amazing experience for everyone. Some of the children were a little shy at first but now they come running in. It's just a joy to see." A relative told us, "Seeing the smiles on those children's faces and everybody here makes you want to cry. I have never seen anything like it. Excellent."
- Some people were not well enough to leave their rooms due to health conditions. The service had purchased a piece of interactive technology which was mobile and enabled people to listen to music, play games, listen to stories and take part in therapeutic activities to help stimulate them. Without exception people told us how valuable this was to them.
- The service endeavoured to support people in retaining their hobby and independence. For example, providing a greenhouse for a person who enjoyed gardening before they lived in residential care. Another person enjoyed growing flowers in another greenhouse. Staff supported them to continue with this therapeutic pastime.
- In the main communal hub there was a daily brainteaser quiz question. We observed most people engaging in solving the question. It generated a lot of conversations and laughter between staff, people

using the service and visitors. One person said, "It's been a brilliant idea and really gets everyone's brain working." Two other people told us how much they looked forward to the questions every day.

- Using the interactive technology staff had recently formed a choir. They used this equipment to perform songs. On the day of the inspection members of the staff team at all levels and roles engaged in a singing session. It was greatly received by people who joined in. For those who had limited capacity or communication were seen to be animated and engaged by the music. A staff member told us. "It's been amazing just how engaging residents are. Even those who tend to sit quietly."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care delivery was focused on maximising the best start to people accessing Mountford. Personalised records showed the assessments and reviews were inclusive. This was because the service engaged with the person, families, advocates and professionals to identify the best outcomes for people. A visiting professional told us, "They [staff] are extremely responsive and have the resident's best interest at heart."
- Staff used information to develop detailed care plans in line with best interests and risk management. It was evident they worked with people and relatives to obtain as much information as possible. A relative said, "I have been involved all the way. They [managers and staff] keep me in the loop all the time." Staff continually updated care plans. Wherever possible this mitigated the risk of unplanned hospital admissions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff sought ways to communicate with people and to reduce barriers when their protected characteristics made this necessary.
- Care records had communication profiles that showed how staff should support people to communicate.
- Throughout the inspection we observed, staff communicating with people in a way that demonstrated a commitment to understanding their wishes. Especially if the person was not able to communicate well.
- Staff ensure hearing aid batteries were regularly replaced and people had glasses available to them and clean to support their vision.
- The provider used assistive technology around the home so that people could ask questions, request music and general have some fun.

Improving care quality in response to complaints or concerns

- The service held an organisational complaints policy and procedure. This was accessible to people living at the service.
- The registered manager held a record of any concerns raised, the action taken and the resolution.
- People and relatives said that they felt able to speak to the management team at any time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback in relation to how the service was run, and our own observations supported this. A relative told us, "The managers are just there for you. Always coming and asking if everything is alright and do we need anything. We couldn't wish for anything else."
- People, relatives and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities. The registered manager and staff told us that the care of people living at the service was the most important aspect of their work and they strived to ensure that people received high quality care. Our own observations supported this, and a relative told us, "They [managers and staff] are just amazing. I have been so impressed" and "Brilliant at what they do from the managers down. All know people by their name and all go out of their way for people."
- A regional manager carried out monthly audit visits to ensure the service was operating as it should and in line with organisational policies and procedures. They also used the visit to engage with staff, people and visitors to gain feedback and views.
- Nurses and care staff had been invited to attend regular staff meetings to further develop their ability to work together as a team.
- There was an effective incident reporting system that flagged which serious untoward incidents required escalation and external reporting, for example, to the Care Quality Commission (CQC), safeguarding teams or the police.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- CQC were notified of all significant events.
- The previous performance rating was displayed in the home's entrance hallway making it available to all visitors and people. This information was also included on the home's website with a link to the full report.

Managers and staff being clear about their roles, and understanding quality performance, risks and

regulatory requirements

- The services governance and recording systems were effective. The registered manager, deputy manager and staff team were enthusiastic and passionate about providing good quality care.
- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The provider had a defined organisational management structure and there was regular oversight and input from them.
- Audits were taking place including infection control, care plans, health and safety and medicines administration. These audits had supported improvements to the service.
- The ratings and report from our previous inspection were displayed in the entrance.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were encouraged to air their views and concerns, which were listened to and acted on to help improve and shape the service and culture. People consistently told us communication with the registered and deputy manager was good.
- Regular staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff said they felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- The service valued the staff team by encouraging them to be involved in the content of the pre-inspection questionnaire. A record required to be completed by the service to inform the commission of its operations and how it meets regulations. The registered manager told us, "The staff are the people who know most about how this home operates so it made sense to have them contribute to this important document. It demonstrated how the management team value the knowledge of the staff team."

Continuous learning and improving care; Working in partnership with others

- The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.
- Staff commented that they all worked together and approached concerns as a team. A member of staff told us, "We are an amazing team and when we come across things we share it to get a collective answer".
- The service work in partnership with local GPs to facilitate improvement projects and prevent admissions to hospital. They also work in close association with the community nurse team and the palliative service to work collectively in supporting people's end of life needs.