PureCare Care Homes Limited

Rock House

Inspection report

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Ratings

Overall rating for this service	Good

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 21 November 2017. The inspection was unannounced.

We last inspected the service on 08 March 2017; we only inspected the safe domain as this was a focused inspection. The service had a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Recruitment practices were not always safe. The provider and registered manager were served a warning notice and were asked to meet Regulation 19 by 15 May 2017. The registered manager submitted an action plan to state that Regulation 19 had been met by this date.

Rock House 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. Rock house was not registered to provide nursing care. People who required nursing received this from visiting healthcare professionals.

Rock House accommodates up to 15 people who are experiencing mental health difficulties. There were 14 people living at the service when we inspected. One person visited the service during the inspection for a trial stay to identify if they were suitable for release from hospital.

There was a registered manager in place. 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.

People gave us good feedback about the care and support they received whilst living at Rock House. They told us staff were responsive to their needs.

The service had been well maintained. However windows around the service were in a state of disrepair. Some frames were rotten all the way through. The provider had not taken timely action to address this. We made a recommendation about this.

Effective recruitment procedures were in place to check that potential staff employed were of good character and had the skills and experience needed to carry out their roles.

The service design and layout met people's needs. The service was clean and tidy and effective systems were in place to minimise and control the spread of infection.

Effective systems were in place to enable the provider to assess, monitor and improve the quality and safety of the service. Records were accurate, complete and securely stored.

People's care plans clearly detailed their care and support needs. People were fully involved with the care

planning process including identifying triggers, signs and actions to address their mental health needs.

Appropriate numbers of staff had been deployed to meet people's needs. Staff had attended training relevant to people's needs and they had received effective supervision from the management team.

Risk assessments were in place to mitigate the risk of harm to people and staff. Medicines had been well-managed.

People were encouraged and supported to engage with activities that met their needs. People accessed their local community independently and with the staff.

People had choices of food at each meal time. People purchased their own food and were given a weekly allowance for this. Some people prepared and cooked their meals independently and some people had support to keep them safe. People were supported and encouraged to have a varied and healthy diet.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager had systems in place to track and monitor applications and authorisations.

Staff knew and understood how to protect people from abuse and harm and keep them safe.

People were supported and helped to maintain their health and to access health services when they needed them.

Maintenance of the premises had been routinely undertaken and records about it were complete. Fire safety tests had been carried out and fire equipment safety-checked.

Staff were cheerful, kind and patient in their approach and had a good rapport with people. The atmosphere in the service was calm and relaxed. Staff treated people with dignity and respect.

People were supported to maintain their relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time.

People and their relatives had opportunities to provide feedback about the service they received. Compliments had been received from relatives through the completion of surveys and through cards and letters.

People and their relatives knew who to talk to if they were unhappy about the service. Complaints had been dealt with effectively.

People told us that the service was well run. Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to.

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 consistently safe.

The service was well maintained, however a number of windows were in a state of disrepair. The provider had not taken timely action to address this.

Potential risks to people and staff were identified and action taken to minimise their impact.

Medicines were managed safely. People received their prescribed medicines at the right times.

Lessons had been learnt and practice had improved when incidents had occurred.

Staff knew how to recognise any potential abuse and so help keep people safe.

There were enough staff available to meet people's needs. The provider had followed safe recruitment practices.

The service was clean and practices were in place to minimise the spread of any infection.

Is the service effective?

Good

The service was effective.

Staff had received training relevant to their roles. Staff had received supervision and good support from the management team.

People had choices of food at each meal time which met their likes, needs and expectations. People were supported to be as independent as possible with preparing and cooking their meals.

Staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were supported to make choices about all elements of their lives.

Staff had a good understanding of the Mental Health Act 1983.

Staff supported people effectively in understanding and complying with any conditions of Community Treatment Orders which enabled them to live at the service.

People received medical assistance from healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were involved with their care. Peoples care and treatment was person centred.

People were able to contact their relatives and friends when they wanted to and were supported to maintain contact with their relatives. Relatives and friends were able to visit at any time.

Is the service responsive?

Good

The service was responsive.

Care plans were in place. Care and support received by people was person centred and met each person's needs. People were fully involved in their care. They were supported to be as independent as possible.

People we spoke with knew how to complain. Complaints information was on display in the service.

Activities were taking place to ensure people could keep active and stimulated when they wanted to be, both in the service and the local community.

Is the service well-led?

Good

The service was well led.

Audits were completed regularly and these were effective in identifying shortfalls and improvements in the service. Records were stored correctly to maintain confidentiality.

The registered manager had reported incidents to CQC. The provider had displayed the rating from the last inspection in the service.

Staff were aware of the whistleblowing procedures and were

confident that poor practice would be reported appropriately.

People and staff felt the management team was approachable and would listen to any concerns. Staff felt well supported by the management team.

Rock House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 November 2017. The inspection was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using similar services.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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. We also reviewed the information we held about the service including previous inspection reports. We looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information of concern provided to us by whistle blowers.

We spent time speaking with six people who lived at Rock House. We observed care and support in communal areas.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners. We spoke with six staff; including support workers, senior support workers, shift managers, the manager and the registered manager. The manager operationally managed the service on a day to day basis. The registered manager provided support and assistance to the manager and was responsible for developments within the organisation as well as providing support to the provider's other services.

We looked at three people's personal records, care plans and medicines charts, risk assessments, staff rotas, staff schedules, three staff recruitment records, meeting minutes, policies and procedures.

We asked the registered manager to send us additional information after the inspection. We asked for

copies of the training matrix and information about staff rewards. These were received in a timely manner.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in March 2017, we identified a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to properly and consistently operate a robust recruitment procedure.

At this inspection we found that recruitment practice had improved. All of the staff recruitment records contained photographs of staff. Any gaps in people's employment had been discussed at the interview stage if they had not been recorded on their application form. Other checks on potential employees included obtaining a person's work and character references, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People told us they felt safe living at the service. Comments included, "I feel safe, always"; "I've always felt safe here"; "I feel mostly safe" and "I don't feel at risk and I don't believe I'm a risk to anyone else".

There were suitable numbers of staff on shift to meet people's needs. Staffing rotas showed that there were support workers, senior support workers and a shift manager on each day. The manager and the registered manager were also present in the service Monday to Friday to support the staff. When there was sickness or annual leave, staff were offered overtime to cover the shifts so that people were supported by staff that knew them well.

Staff understood the different kinds of abuse to look out for to make sure people were protected from harm. Staff knew who to report any concerns to and had access to the whistleblowing policy. Staff told us they were confident that any concerns would be dealt with appropriately. Staff had access to the providers safeguarding policy and a copy of the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse.

Each person's care plan contained information about their support needs and the associated risks to their safety. This included the risk absconding, violence and aggression, accessing the community, using sharps such as razors and kitchen knives, having pets, contact with cleaning chemicals, medicines and self-injurious behaviour. Guidance was in place about any action staff needed to take to make sure people were protected from harm. Risk assessments clearly showed where people had been involved in discussing solutions. One person told us, "They manage risk well here". Another person said, "Staff monitor me for my moods". Another person told us "As a self-harmer they manage risk with respect to sharps and possible cutting tools. They also put me on one to one [monitoring] sometimes". During the inspection staff reported to the shift manager that they were concerned about one person's mental health. They discussed this with the management team and it was agreed to increase the monitoring of this person. Monitoring was increased to 15 minute checks for the remainder of the day to ensure the person was safe.

For people who had a community treatment order in place to enable them to live in the service following

their discharge from hospital, systems were in place to enable them to stay safe. We observed the manager and staff checking that a person was being compliant with their community treatment order by taking and testing a sample of their urine to check for signs of drugs or alcohol. They involved the person fully in analysing the results and explained the consequences should it come out with a positive reading. This enabled the person to make informed decisions and take informed actions when going out in to the community.

All risk assessments were regularly reviewed to ensure actions to minimise risks were still effective and appropriate. Sixteen out of 20 staff had received training in fire safety and each person had a personal emergency evacuation plan (PEEP). Staff knew how to safely evacuate people from the service. PEEPs set out the specific requirements that each person had, such as staff support or specialist equipment, to ensure they could be evacuated safely in the event of a fire. Visual checks and servicing was regularly undertaken of fire-fighting equipment to ensure it was fit for purpose.

Fire drills had been carried out to ensure people and staff knew what to do in the event of a fire. Weekly fire alarm testing had also taken place; the last test had taken place on 20 November 2017. Checks had been completed by qualified professionals in relation to legionella testing, asbestos, electrical appliances and supply, gas appliances and fire equipment to ensure equipment and fittings were working as they should be. However, maintenance records showed that a number of windows required replacing as they were rotten. This had frequently been flagged up in maintenance checks throughout the year. We saw a number of window frames during the inspection which were rotten and crumbling. One staff member told us, "There are window frames around the house that are rotten right through. In several places you can put your finger through the frame". The provider had identified in June 2016 that they would have a phased approach to replacing windows over a 12 to 18 month period. After the inspection (in January 2018) the provider told us that half of the windows still require replacing. The provider had not taken timely action to address this.

We recommend that the provider reviews the safety and security of the home in relation to the windows.

The service looked and smelt clean and fresh. Staff carried out cleaning tasks and some people who were able to carried out cleaning tasks in their own rooms. Most staff had received infection control training. There were suitable supplies of personal protective equipment available and these were used appropriately by staff. There were clear procedures in place to deal with soiled laundry, which all staff knew about. Washing machines washed soiled clothing at the required temperature to ensure it was clean and hygienic. We observed staff carrying out their daily tasks which included wiping door handles, keys, light switches, hand rails and other items which were regularly touched (such as computer keyboards and mice) with antibacterial cleaner.

Medicines were managed safely. Staff were suitably trained to ensure people received their prescribed medicines. Medicines were stored safely. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. People were protected from the risks associated with the management of medicines. People were given their medicines in private to ensure confidentiality and ensure appropriate administration. The medicines were given at the appropriate times and people were fully aware of what they were taking and why they were taking their medicines. Staff discreetly observed people taking their medicines to ensure that they had taken them. Temperatures of medicines storage areas were recorded consistently and when temperatures exceeded the maximum temperature, cooling fans were used to cool the rooms down.

The manager reviewed all accidents and incidents to check that appropriate action had been taken. Records showed that accidents and incidents had been appropriately reported to people's care managers

and healthcare professionals involved in their care. The registered manager and manager shared how the service had learnt lessons when incidents had happened. They shared how they had introduced a number of methods of keeping people safe if people's mental health was deteriorating and they were in danger of harming themselves. These methods included room searches for items that could cause harm. People were involved in agreeing these methods when they were well and clear records were made to evidence they had suggested things the service could do to keep them safe.

Good

Is the service effective?

Our findings

People told us they received effective support from staff. People shared how they were involved in decisions about their lives. Staff consistently prompting and encouraging people to be independent and make decisions. One person was due to have a medical appointment with a healthcare professional. Staff encouraged and prompted the person at frequent intervals to get ready and prepare for the appointment. The person refused to engage and told staff that they would not attend. This decision was respected and staff communicated this with the healthcare professionals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Training records showed that just under half of the staff had received training in MCA 2005 and DoLS. Staff we spoke with understood their responsibilities under the act. When people declined care and support they were not forced to do anything against their wishes. The registered manager informed us that one person was subject to an order depriving them of their liberty. There was clear records detailing how this was DoLS authorisation was monitored. We observed that people could freely go out when they wanted to.

Some people were subject to Community Treatment Orders (CTO). A CTO allows a person who has been detained in hospital (under the Mental Health Act 1983) for treatment to leave hospital and get treatment in the community. Staff supported people to comply with and meet the terms of their CTO. Staff also reminded and supported people to understand the terms of their CTO.

New staff completed an induction which included reading the service's policies and shadowing an experienced staff member to gain more understanding and knowledge about their role. Staff then started to work through the Care Certificate. The Care Certificate includes assessments of course work and observations to ensure staff meet the necessary standards to work safely unsupervised. Staff were supported to gain qualifications and carry out training to help them develop. Five staff had completed work related qualifications and six staff were in the process of completing a work related qualification.

Training records showed that most staff had completed training in Mental Health, 15 staff had completed basic health and safety training, 14 staff had completed first aid training, medicines training, basic food

hygiene and 14 staff had also completed safeguarding training. Thirteen staff had received training about diabetes. Most staff had been given additional training to help them understand people's conditions such as training in schizophrenia and personality disorders.

Staff had received regular supervision. New staff received supervisions within four weeks of starting their roles to check how they were coping with their roles, induction and training and to discuss any additional needs. Staff told us they received supervision every six weeks with their manager. They felt they were listened to. For example, several staff detailed how they had requested additional training and this had been put in place.

People's nutrition and hydration needs had been met and effective monitoring was in place to sustain good health. People were supported by staff to purchase, prepare and cook their own meals. People choose what they wanted to eat, when they wanted to eat it. Several people needed support to ensure that they ate a balanced low sugar diet. Staff supported people with this to ensure that they maintained good health. A record was made of what people had cooked and eaten on a daily basis. In one person's records staff had recorded the amount of fluid the person had in a 24 hour period. This ensured that the person didn't become unwell. There were clear care plans and risk assessments in place relating to this restriction. People's weights were monitored and recorded regularly. People gave us positive feedback about the support they get to manage their nutrition. Comments included, "[We] get £45 per week budget and I cook around four days a week. There is also one activity day and another take-away day. Sunday is communal meal. We can have hot and cold drinks all day"; "I have to be careful about what I eat because a lot of food makes me ill. But asides from that I have no special cultural or religious needs"; "It is my decision to eat mostly chicken, fish and veg. They do encourage you to eat veg"; "Staff would like to see everyone have a balanced and nutritional diet"; "I cook every day except Sunday which is when we have a group meal. I go out for breakfast every morning"; "I try and cook for myself and eat healthily". One person told us, "The food [they serve here] is a fairly balanced and nutritional diet". The registered manager told us that the service had developed a communal breakfast scheme two mornings a week. This was being trialled to encourage people to get up out of bed earlier and engage with others.

People's physical and mental health needs were well met. There was good communication and liaison with healthcare professionals. During the inspection a healthcare professional visited the service to meet with a person. There were clear lines of communication between staff and the professional. People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff had sought medical advice from the GP when required. Staff had contacted the GP, 111, mental health team, district nurse, ambulance service, hospital and relatives when necessary. People had seen an optician on a regular basis to check the health of their eyes. People had access to dental care and chiropody. People told us their health needs were well met. Comments included, "Our health is monitored all the time"; "Staff monitor us regularly or as needed" and "Weight and blood-pressure is checked, monthly, at Canada House". One person told us "They try to meet my physical health needs but not all my mental health needs". We discussed this person with the manager and checked the person's records and saw that the service had been actively supporting the person to manage their mental health.

The design and layout of the building met people's needs. People knew where their rooms were and where to find communal areas such as the kitchen, lounge and toilets.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring towards them. We observed that staff were friendly, chatty, calm and relaxed. Comments included, "We are all treated with kindness, compassion, dignity and respect"; "Staff are good in this way"; "Staff do listen and are genuinely interested in my well-being. Staff do recognise it when I'm having an off day"; "We are always treated with kindness, compassion, dignity and respect. At least I am"; "Staff treat me with kindness and compassion. They are always polite"; "They listen to me and are genuinely interested in me" and "They've been good, especially when it came to my teeth. Staff respond compassionately and quickly to any discomfort".

People told us they were treated with dignity and respect. Their privacy was maintained. We observed staff knocking on people's doors and waiting for a response before entering. People said, "Privacy and dignity are paramount. They're really important"; "Privacy and dignity are always upheld. If I wanted somebody of the same sex [to provide support] they would provide them"; "Privacy and dignity always respected".

People were given information about advocates and other services to support them with making choices and understanding their care and treatment needs. Mental health advocacy services were displayed on notice boards in the corridor on the ground floor. People told us, "They do what they can [to give information and support about advocacy services and external agencies]"; "I think I know how to access the advocate" and "Staff do what they can. I used an advocate to get a solicitor who helped me with getting Community Leave".

People told us staff took time to get to know them, understand them and their likes, dislikes and wishes. People detailed that staff were quick to observe changes and any declines in their mental or physical health. Comments included, "I feel that staff are sufficiently observant"; "Proactive staff will pick up on any distresses and talk to me"; "When they know you, they'll also know your needs" and "Staff will ask me if I'm okay". Several people told us that staff were proactive at interacting with them and staff were also reactive to situations when they needed to be.

People told us they felt listened to. One person told us, "Staff will take the time out to listen to us and hear what we've got to say". Another person said, "Staff do listen to me and they do hear what I have to say".

Staff were clear that they respected people's privacy by holding confidential discussions in private. One staff member said they supported people to go to their rooms to listen and discuss confidential matters with them to ensure no one else. People told us, "I've had no issues with confidentiality" and "The staff are professionals and I would think that they would protect my confidentiality".

People told us their relatives and friends were able to visit at any time and friends visiting during the inspection. People said, "[The Staff] help me to maintain my family links"; "My mum comes up twice a week, and my mate comes up twice a week. They're both made to feel at home"; "Staff realise that family and friends are important to treatment and recovery" and "As far as is possible [relatives and friends are welcomed]".

People had opportunities to feedback about the service they received. People were given annual surveys to complete and regular meetings were scheduled to take place. Meeting records showed that people were not attending these. The registered manager had reviewed this and arranged monthly meetings between people and their key worker in order to gain feedback. Survey results showed that 14 people responded. People were mostly satisfied. One person had commented that staff did well at 'supporting me, listening, kind caring approach'.

People told us that they were the decision makers in their own lives. People chose what they wanted to do to keep themselves active, what to eat, drink and wear. We observed this in practice. People were supported to be as independent as possible. People said, "I am somewhat independent"; "I'm independent in most ways but I do sometimes get help to cook. [The Staff] also go with me food shopping. Also, if I'm going to a new place the staff may go with me to begin with, and this can also act as a one to one"; "I am pretty independent. I sometimes suffer from fits which curtails my movements"; "I am independent. Except I cannot hoover my room because of my bad back" and "I would like to be independent but that won't happen whilst I'm on meds for depression. I feel down all the time".

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person told us, "Staff are friendly they pick you up when you are down, they are really nice and can't do enough for you". Other people commented, "Staff can be very helpful" and "Staff will try to help you out as much as they can". We observed staff responding clearly to people's needs. For example, one person approached a staff member and asked them questions about health and safety matters and who was on shift this afternoon. The staff member gave the person plenty of time to get their words out and did not try to rush them.

Care and support plans were in place to clearly detail people's support needs. These were personalised, each person had been involved with developing their care and support plan and had written a 'My road to recovery' plan which detailed what triggered a relapse in their mental health, what self-help measures they use to manage this, what other people and staff can do to help and what are the early warning signs. These 'My road to recovery' plans were created with people as part of the admission process to enable staff to understand each person's needs. The plans were regularly reviewed. One person's plan showed this had been reviewed a number of times in a short period as they had identified with staff what additional support they needed when they began to show warning signs that their mental health was declining. One staff member told us that people were fully involved in their care planning. They said, "Care plans give good information. Most of the time we talk with the person [to gain information about their likes dislikes and what care and support they want]".

Most people living at the service were independent in managing their own personal care needs. Some people required additional help in these areas when they were unwell. Staff were on hand to prompt and encourage people to carry out daily tasks.

The registered manager had identified that they needed to develop advanced care planning to include discussions around people's wishes and preferences when they were older. They had already identified that this was a tricky and sensitive subject which needed to be handled with care particularly due to the nature of the service. They had identified one person who would benefit from the discussions.

The service has worked hard to develop activities since we last inspected the service. Structured activities had been planned such as arts and crafts, table tennis, bingo, disco, walking, cards nights, quizzes and film nights and a variety of people had attended these. These structured activities had not been planned for a while within the service however the registered manager had plans to reintroduce these. We asked people about the activities. People said, "There are community links there for us to use"; "Staff would help with education and training in the community but they don't interest me. But I will be doing football"; "I go shopping a lot and I like to cook for myself" and "Staff will try to help you out as much as they can". Staff told us that people chose to engage with activities if they wished. One staff member said, "There are some residents that don't want to join in, they want to stay in bed". People were engaged with completing their own chores, food shopping, cooking, discussions with their housemates. People were free to come and go and visited the local community to take a walk, purchase items from the shop, attend appointments and carry out voluntary work. Photographs were on display evidencing that events had taken place. There was a

Christmas party scheduled for 15 December 2017. People were supported to go on holiday if they wished.

People knew how to complain. Complaints information was displayed in the corridor. Complaints records showed that complaints had been dealt with effectively and following the complaints policy. People told us, "Never had the need [to complain]"; "We are treated compassionately, and staff are basically good to us"; "I would just go to the office and make a complaint"; "I complained about another service user who threatened to 'kick my head in'. The staff dealt with this quickly" and "I think I know how to make a complaint, if I wanted to. Never had to before".

Good

Is the service well-led?

Our findings

People knew the management team well. The manager and the registered manager spent time chatting with people and provided advice and guidance during the inspection. They clearly knew people well. They shared information with staff about people's health and wellbeing.

People clearly knew the registered manager and the manager. Both the registered manager and manager had a presence in the service on a daily basis.

Audits and checks were carried out by the management team. This included audits of health and safety as well as accidents and incidents. Monthly checks were carried out by staff with lead roles in relation to health and safety, fire, maintenance and infection control. Where issues had been picked up within the audits, timely action had been taken to address this. For example, one health and safety audit picked up that there had been missed checks on the tumble drier to ensure the filter was clear. This was addressed with staff in staff meetings. The manager also completed a monthly report about each person living at the service; this was sent to the registered manager and the person's care manager to ensure they were aware of the person's health and wellbeing.

The manager and registered manager frequently meet and provide information to each other. They keep abreast of changes in legislation and good practice through attending workshops, utilising the internet including the CQC website. The registered manager and the provider had attended a provider forum in the local area to enable them to know what is happening locally and to network with other providers.

The registered manager detailed how the manager carried out frequent monitoring of practice and fed this back to staff during supervision which enabled staff to reflect on practice and learn. The management team shared how proud of the staff they were. The registered manager shared that "Staff are patient and understanding and are compassionate". The provider had introduced an employee bonus scheme to recognise staff that went over and above their job role to provide excellent support. Staff members could be nominated by senior staff for this. The provider's monthly newsletter congratulated staff who had been awarded a bonus for excelling in their contribution to the service. The newsletter also provided information for people and staff about news and events and provided information about new people moving into the service.

Records were stored securely. People's care files containing personal information about them were stored in locked filing cabinets. Staff files and other records were securely locked in cabinets within the manager's office to ensure that they were only accessible to those authorised to view them.

The provider's website stated that their aims were 'To offer the highest quality of support provided by a high quality team of staff, who themselves are valued, empowered and well trained. To assist people to exercise their rights. To value people as individuals and welcome the fact that we are all different. We focus our support on being person-centred, open, honest and structured. To listen and work together with people with mental health issues, their relatives, friends and care agencies. To take a holistic and therapeutic

approach in supporting people's needs, encouraging people to access the local community to fulfil their needs and widen their social networks'. We observed that people were supported by the service to achieve all of these aims. People were happy with the care they received and staff were happy in their job roles. There was a relaxed atmosphere at Rock House. Each staff member we spoke with told us how much they enjoyed working at the service and providing care and support to the people living there.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team. The registered manager was committed to reviewing care documentation and policies to ensure that the service continued to meet future people's equality, diversity and human rights.

Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they had confidence in the registered manager taking appropriate action such as informing the local authority and CQC. Effective procedures were in place to keep people safe from abuse and mistreatment. The provider's whistleblowing procedure listed the details of who staff should call if they wanted to report poor practice.

Staff told us they had plenty of support from the management team. One staff member said, "I get 100% good support [from the management team]. I can go to [Registered manager] or [manager] at any time. We have daily hand over meetings and monthly staff meetings". Another staff member told us, "I feel well supported by the management team. I rarely see [provider] but I do feel comfortable talking to him". They also confirmed they the staff meetings were held monthly.

Relatives and health and social care professionals had been sent surveys to gain their feedback about the service their family member or person they worked with received. The registered manager explained that they were still waiting for responses from some of these. Seven health and social professionals had responded with positive feedback about the service provided to people. We looked at two completed surveys that had been completed by relatives and found they contained positive feedback. Comments included, 'Rock House is well staffed with kind, cheerful people'. We viewed a thank you card from a relative on display in the office. This read, 'Thank you and your staff for looking after [family member] so well'. A letter from a relative within the service's compliments records detailed 'You have always treated [family member] with respect and kindness, even in difficult times and for that we are truly grateful'.

People were given the opportunity to provide feedback about the service through completion of surveys and through regular meetings with staff. These meetings were called collator meetings, people had these on a monthly basis and their feedback was recorded and acted on.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, Deprivation of Liberty Safeguards (DoLS) authorisations and deaths. The registered manager and the provider had notified CQC about important events such as police incidents, serious injuries and DoLS authorisations that had occurred since the last inspection.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the service and on their website.