Sycamore Cottage Rest Home Limited

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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 16 and 17 January 2019 and was unannounced.

Sycamore Cottage Rest Home Limited (Sycamore Cottage) is a 'care home'. People in care homes receive accommodation and nursing or personal care, as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Sycamore Cottage provides care for up to 20 older people living with differing stages of dementia. There were 11 people living at the home on the first day of our inspection, with one person receiving treatment in hospital. On the second day another person was supported to move into the home. Accommodation was provided over two floors of a converted residential dwelling, with a stair lift that provided access to the second floor.

At our inspection in November 2017 we found that the provider had acted on the risks and shortfalls that had been previously identified, to ensure people were safe. Whilst we recognised that improvements had been made to the service's systems and processes for maintaining standards and improving the service; many of the changes were still a work in progress and had not yet been sustained. At this inspection the provider demonstrated that the required improvements had been sustained and had become embedded in practice.

The home was consistently well-managed by the home manager who provided clear and direct leadership. Staff consistently told us the management team had created a supportive environment where their opinions and views were discussed and taken seriously, which made them feel their contributions were valued.

Quality assurance systems monitored the quality of service being delivered, which were effectively operated by the management team, to drive continual improvement in the service.

People experienced care that made them feel safe and were protected from avoidable harm and discrimination. When concerns had been raised, thorough investigations were carried out, in partnership with local safeguarding bodies.

Risks were assessed, monitored and managed effectively. Staff were aware of people's individual risks and how to support them to remain safe.

There were sufficient staff to respond quickly and provide safe and effective care to people. The home manager operated a robust recruitment process, based on relevant pre-employment checks, which assessed the suitability of candidates to support older people and those living with dementia.

The provider proactively reviewed all accidents and incidents and acted to reduce the risk of a future

recurrence.

People's dignity and human rights were protected, whilst keeping them and others safe. Staff supported people who experienced behaviour which may challenge others sensitively, in accordance with their positive behaviour support plans.

People received their prescribed medicines safely, from staff who had their competency to administer medicines assessed annually. People's medicines plans were reviewed regularly to ensure they still required the medicines they were prescribed.

High standards of cleanliness and hygiene were maintained throughout the home, which reduced the risk of infection. Staff followed the required standards of food safety and hygiene, when preparing, serving and handling food.

The operations manager and home manager ensured staff had an effective induction, ongoing training and support to maintain necessary skills and knowledge to support people effectively.

People were supported to eat and drink enough to protect them from the risk of malnutrition and dehydration. Risks to people with more complex nutritional needs were promptly referred to relevant dietetic specialists.

Each person had an individual health action plan which detailed the completion of important monthly health checks. People were promptly referred to external services when required, which maintained their health.

The home had not been originally designed to promote the independence and safety of people who live with dementia. However, the operations manager had developed a strategy to deliver environmental improvements to signage, decoration and lighting. At the time of inspection, improvements to signage had been made to enable people to find their own rooms more easily.

The management team had ensured people's ability to make decisions was assessed in line with the Mental Capacity Act 2005 (MCA). People's human rights were protected by staff who demonstrated a clear understanding of consent, mental capacity and Deprivation of Liberty Safeguards legislation and guidance.

Staff consistently treated people with compassion, kindness and respect. Staff spoke about people with pride and fondness, recognising people's daily achievements, which demonstrated how they valued them as individuals. Relatives consistently reported that staff interaction with their loved ones had a positive impact on their well-being and happiness. People were supported to follow their interests and hobbies which enriched their lives.

People's choices and independence were promoted by staff supporting and encouraging them to do things themselves. Staff supported people to develop friendships within the home and maintain close links with their loved ones. This protected them from the risk of social isolation and loneliness.

People actively contributed to their care planning. Care plans were personalised and contained information such as the person's life history, preferences and interests. People living with dementia had assessments relating to memory, mood, interactions and behavioural tendencies.

There were regular opportunities for people and staff to feedback any concerns at review meetings, staff

meetings and supervision meetings. People and their relatives knew how to complain. The registered manager used concerns and complaints to drive improvement within the home.

People were supported with care and compassion at the end of their life to have a comfortable, dignified and pain-free death. Staff were thoughtful and consistently treated relatives with kindness, which made them feel involved, listened to, and informed, in the last days of their loved one's life.

The home manager collaborated effectively with key organisations and agencies to support care provision, service development and joined-up care, for example; local GPs and community mental health and nursing teams.

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

The service was safe.

People experienced care that met their needs and made them feel safe.

Risks to people were assessed, monitored and managed so they were supported to stay safe and protected from avoidable harm.

The home manager made sure there were sufficient numbers of suitable staff to support people to stay safe and meet their needs.

People received their medicines safely, as prescribed, administered by staff who had completed the required training and had their competency to do so regularly assessed.

Is the service effective?

Good

The service was effective.

Consent to people's care and treatment was sought in line with legislation and guidance.

People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff followed guidance from relevant professionals.

People were supported to live healthier lives, have access to healthcare services and receive ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People experienced caring relationships with staff who treated them with kindness and compassion.

Staff consistently treated people with dignity and respect.

People were supported to express their views and be actively involved in making as many decisions as possible about their

care and support.

Is the service responsive?

Good

The service was responsive.

People, their families and staff were involved in developing their care, support and treatment plans.

People knew how to complain and had access to provider's complaints procedure in a format which met their needs.

People were supported at the end of their life to experience a comfortable, dignified and pain-free death.

Is the service well-led?

Good

The service was well-led.

The home was consistently well-managed and well-led by the home manager, who provided clear and direct leadership to their staff.

The home manager inspired staff to develop and improve the quality of care they provided to people.

The management team operated effective quality assurance systems to monitor the quality of service being delivered,

Sycamore Cottage Rest Home Limited

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate.

This unannounced, comprehensive inspection of Sycamore Cottage was carried out by one inspector on 16 and 17 January 2019.

Before the inspection, the provider completed 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 the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service, including previous inspection reports and notifications. A notification is information about important events, which the service is required to send us by law. We also reviewed information contained on the provider's website.

During our inspection we spoke with eight people living at the home, some of whom had limited verbal communication and nine relatives. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the home. We pathway tracked the care of four people.

We observed care and support being delivered in communal areas of the home. We spoke with the home manager, the operations manager, 12 staff from all departments, including night staff and one agency care assistant. We also spoke an external trainer who was delivering training at the time of our inspection.

We looked at care plans and associated records for eight people using the service, staff duty records, eight staff recruitment, supervision and training files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

The service was last inspected on 2 and 3 November 2017 when it was found to Require Improvement.

Good

Is the service safe?

Our findings

At our inspection in November 2017 we found the provider had taken the required action, to ensure people experienced safe care and were protected from the risks of potential abuse by staff who knew what actions to take if they felt people were at risk. However, the provider needed to demonstrate that the improvements were sustainable and had become embedded. At this inspection we found the required improvements had become embedded and had been sustained.

People experienced care that met their needs and made them feel safe. One person told us, "The girls [staff] are so kind and gentle. They take great care of me and are so careful and patient when they're helping me." A relative told us, "I don't think [their loved one] could be in a safer, more caring place."

People were protected from avoidable harm by staff who had completed the required training and understood their role and responsibilities to safeguard people from abuse. When concerns had been raised, the management team carried out thorough investigations, in partnership with local safeguarding bodies.

Where people were assessed to be at risk, these were managed safely. For example, people had management plans to protect them from the risks of falling, malnutrition and developing pressure areas.

People were protected from environmental risks within the home. Equipment and utilities were maintained in accordance with manufacturers' guidance to ensure they were safe to use. Fire equipment, such as extinguishers and alarms, and moving and handling equipment was serviced under contract and tested regularly to ensure it was in good working order.

Risks to people associated with their behaviours were managed safely. During our inspection we observed timely and sensitive interventions by staff, supporting people who experienced behaviour which may challenge others. This ensured that people's dignity and human rights were protected, whilst keeping them and others safe.

Staff understood the provider's safety systems, policies and procedures, for example; fire safety and emergency evacuation procedures.

There were sufficient numbers of staff deployed to meet people's needs safely. One person told us, "The girls [staff] always come when I need them." A relative told us, "The carers [staff] are very good at responding to emergencies but always tell people where they are going and come back to see them when the emergency is over."

The home manager regularly reviewed staffing levels and adapted them to meet people's changing needs and dependency. Rotas demonstrated that staff had the right skills to make sure people experienced safe care. Staff told us that staffing levels enabled them to respond quickly and provide safe and effective care to people, which we observed in practice.

The provider assessed staff suitability for their role. The provider completed relevant pre- employment checks about prospective staff as part of their recruitment, which we reviewed in their records. Prospective staff underwent a practical work-related interview which was evaluated, before being appointed.

The provider reviewed all incidents to reduce the risk of a future recurrence. There was a culture in the home where learning from mistakes, incidents and accidents was encouraged. For example, lessons learned from the analysis of falls and medicine errors had led to a significant reduction in both.

People's medicines were managed safely. People received their medicines from staff who had their competency to administer medicines assessed by the operations manager. This ensured their practice was safe, in line with guidance issued by the National Institute for Health and Care Excellence. Staff supported people to take their medicines in a safe and respectful way. For example, people were consistently asked if they were ready for their medicines and were given time to take them, without being rushed.

Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection. All staff clearly understood the provider's policies and procedures on infection control, which were up to date and based on relevant national guidance.

We observed the cook following the required standards of food safety and hygiene, when preparing, serving and handling food.

Good

Is the service effective?

Our findings

People, relatives and professionals said staff understood people's needs and knew how they wished to be supported. One person told us, "They [staff] know if I'm unwell and get the doctor to come and see me whenever I need them." A relative told us, "The carers [staff] are well trained and quickly refer [loved one] if specialist help is needed, and they always let us know straight away."

People's needs were assessed regularly, reviewed and updated. People had detailed care plans, including positive behaviour and communication support plans, which promoted their independence. These had been developed with people and their families, where appropriate, and based on recognised best practice. When people's needs changed, their care plans were amended accordingly to ensure people received the care they required.

People experienced care in accordance with their assessed needs and guidance within their care plans, which we observed during the inspection. Staff consistently used nationally recognised tools to assess risks to people and then effectively managed them. For example, appropriate interventions and equipment were in place to support people at risk of developing pressure areas and malnutrition.

The provider had enabled staff to develop, retain and update the skills and knowledge required to support people effectively. Staff had received a thorough induction that provided them with the necessary skills and confidence to carry out their role effectively. The provider had reviewed the induction programme to link it to the Care Certificate. The Care Certificate sets out national outcomes, competences and standards of care that care workers are expected to achieve. The provider's required training, such as moving and handling, infection control, safeguarding adults, fire safety and first aid was refreshed regularly, which records confirmed.

Staff praised the quality of the face to face training they received, which was delivered by the same external trainer who completed competency assessments to ensure training was effectively implemented in practice.

The provider had enabled further staff training to meet the specific needs of the people they supported, for example those who lived with dementia. During our inspection staff received training in relation to basic observations which enabled them to know why, when and how observations should be conducted. Staff could tell us the normal range for each individual, how to record their observations, as well as the required action to be taken if they were outside the normal range.

Supervision and appraisal were used to develop and motivate staff, review their practice and focus on professional development. Records confirmed that staff had one-to-one regular meetings with their designated line manager. Staff told us they received effective supervision, appraisal, training and support to carry out their roles and responsibilities. Staff valued the supervision process which gave them opportunity to communicate any problems and suggest ways in which the service could improve.

Important information about people's changing needs was shared between staff and acted upon. During handover meetings, staff discussed people's needs and raised questions to check their own understanding. The staff operated an effective system to ensure all appointments and information in relation to people's care and treatment was shared efficiently, for example; updating the results of medical examinations and changes to people's prescribed medicines.

Staff protected people from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions by consistently following guidance from relevant dietetic professionals. People and relatives consistently told us they enjoyed food that was nutritious and appetising. Mealtimes were unhurried and arranged to suit individual needs and preferences. Staff understood the different strategies to encourage and support people to eat a healthy diet and the importance of remaining well hydrated.

Each person had an individual health action plan which detailed the completion of important monthly health checks. The home manager promptly referred people to services such as GPs, community nurses, dieticians, opticians and dentists, which maintained their health. The registered manager had developed effective partnerships with relevant professionals. Professionals told us that timely referrals had been made to make sure that people's changing needs were met and consistently reported that staff effectively implemented their guidance.

The home had not been originally designed to promote the independence and safety of people who live with dementia. However, the operations manager had implemented a strategy which had delivered environmental improvements to signage, decoration and lighting to provide more support to people who may be experiencing confusion or disorientation. People were involved in decisions about the decoration of their rooms, which met their personal and cultural needs and preferences.

The registered manager had ensured people's ability to make decisions was assessed in line with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making specific 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 people lack mental capacity to make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager effectively operated a process of mental capacity assessment and best interest decisions. Staff supported people to make as many decisions as possible. We observed staff seeking consent from people using simple questions and giving them time to respond. People's human rights were protected by staff who demonstrated a clear understanding of consent, mental capacity and Deprivation of Liberty Safeguards legislation and guidance.

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 are called the Deprivation of Liberty Safeguards. 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 were being met. We found the provider was following the necessary requirements.

Good

Is the service caring?

Our findings

People experienced positive, caring relationships with staff who consistently treated them with kindness and compassion. One person told, "They [staff] are so kind to me. They always ask me if I am happy and always cheer me up." Relatives told us their family members were happy and settled at the home. One relative told us, "They [staff] are so caring here, you can feel the love and see it in everything they [staff] do."

People, relatives and staff spoke fondly about the warm, family atmosphere they experienced whilst living, visiting and working at the home. Staff were highly motivated and demonstrated a real passion to support people living in the home. For example, one staff member said, "I love the people here and can't wait to come into work." We observed staff come into work fifteen minutes early, so they could say hello and have a quick chat with people before they started their shift. One person told us, "It makes my day when [named staff member] comes in to say hello before they start work."

Relatives consistently reported that staff interaction with their loved ones had had a positive impact on their well-being and happiness. Staff had the time, information and support they needed to provide care and support in a compassionate and person-centred way.

We observed staff care for individuals and each other in a way that demonstrated a real empathy. For example, during our inspection one staff member had to leave urgently to support a loved one with a medical emergency. Within ten minutes, a senior staff member came in on their day off to assume their colleague's responsibilities. They told us, "That's what it's like here. We all care for one another."

The core staff team were well established, which meant people experienced good continuity and consistency of care. Staff knew about their people's life histories and used this information to engage people in conversation or reminisce about the past.

When people were confused, we observed staff spoke caringly about their loved ones and important events from their lives to reassure them. One person told us, "They [staff] are lovely, so kind and caring. They make me feel very special." A relative told us, "They are wonderful, especially when [their loved one] is worried, they will just sit with her stroking her hand until she feels better."

Staff supported people, where needed, to maintain their relationships with family and friends. For example, staff helped people to send birthday cards to their loved ones. Relatives consistently said staff were very good at keeping them up to date about their loved one's progress and significant events.

The home manager and staff were particularly sensitive to times when people need kind and caring support. For example, we observed the home manager and staff provide compassionate reassurance to a person who was moving into the home during our inspection. Family members told us the support from the home manager and staff throughout the whole process had been amazing. One relative told us, "They [home manager and staff] have been exceptionally supportive, they have softened the whole process and made the transition very personal. It is definitely a home from home."

People, their relatives, care managers and commissioners of people's care consistently told us the registered manager and staff ensured individuals were enabled to have as much choice and control as possible. Staff promoted people's independence by supporting them to do things themselves. Staff sensitively encouraged people and gently reminded them when they forgot to do things, such as cleaning their teeth or wearing appropriate clothing.

When supporting people to move, staff were patient and unhurried, encouraging people to take their time and not to rush. When people required to be supported to move in communal areas using safety equipment, staff maintained and promoted people's dignity.

People's privacy was respected. We observed staff discreetly support people to rearrange their dress, to maintain their personal dignity when required. Staff always knocked and asked for permission before entering people's rooms. Staff gave examples of how they supported people in a dignified way with their personal care, for example; by ensuring doors were closed and curtains were drawn.

People told us that staff treated them with dignity and respect, which we observed when staff supported people in their day to day lives. When required, staff spoke slowly and clearly, allowing people time to understand what was happening and to make decisions. Staff knew how to comfort people in a way they preferred, for example, by holding their hands or putting an arm around their shoulder.

People and where appropriate their relatives, were involved in their care planning, which considered their wishes, needs and preferences. Relatives consistently told us that the registered manager and staff made them feel their feelings and opinion mattered.

The provider demonstrated a clear understanding through the planning and delivery of care about the requirements to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of their protected characteristics including age and disability. Staff had all received training in equality and diversity and there were policies in place to help ensure staff were considering people's individualised needs in the delivery of care.

Information about people was treated confidentially and the provider kept and stored records in accordance with the Data Protection Act.

Good

Is the service responsive?

Our findings

People told us they experienced care that was flexible and responsive to their individual needs and preferences and were fully involved in the planning of their care and support. The registered manager and staff ensured individuals were enabled to have as much choice and control as possible.

People actively contributed to the planning of their care. Families told us the staff worked closely with them, to ensure they were fully involved in people's care. People received care and support that reflected their wishes, from staff who understood how to promote their independence and maximise the opportunity to do things of their choice.

Peoples needs and preferences were identified in their care plans which were personalised to contain information such as the person's life history, family connections, preferences around their personal care routines, likes and dislikes, hobbies and interests. Care plans contained details of any spiritual or cultural needs people had and how staff needed to meet them. Other needs identified included nutrition and hydration, dressing, mobility, communication, tissue viability, oral care and end of life wishes.

People living with dementia had assessments relating to memory, mood, interactions and behavioural tendencies. Where people had a specific medical need, then individual care plans were completed. For example, plans in relation to people's skin care.

People received care in a personalised way according to their individual needs. Staff told us care plans contained detailed guidance that clearly identified how people's assessed needs were to be met. Plans had been reviewed and updated regularly to meet and respond to people's changing needs and wishes. People's daily records of care were up to date and showed care was being provided to meet people's needs, in accordance with their care plans.

Staff could describe the care and support required by each person. For example; staff knew which people needed support to be re-positioned regularly and those who needed encouragement to eat.

Staff understood the needs of each person and delivered care and support in a way that met these needs and promoted equality. Staff identified, recorded and shared relevant information about the communication needs of people living with a disability or sensory loss. For example, one person had a plan to provide guidance about how staff should support them with their hearing impairment.

People's changing care needs were identified promptly and were referred to relevant professionals when required, for example; when people had developed infections. Where aspects of people's health were being monitored, records demonstrated that staff responded quickly when required. We observed changes to people's care were discussed at shift handovers to ensure staff were responding to people's current care and support needs.

People and relatives reported they enjoyed the range of activities provided at the home, by staff who were

always enthusiastic. A family member told us the staff consistently sought feedback from them to identify new ideas for activities their loved one would enjoy. Where people chose not to participate in group activities staff ensured they received individual one to one sessions, to ensure they did not become socially isolated.

There were regular opportunities for people and staff to feedback any concerns at review meetings, staff meetings and supervision meetings. Records showed these were open discussions. The provider completed regular satisfaction surveys and held monthly meetings attended by people and their families. Feedback was consistently positive, with many complimentary comments about the support provided, the staff and the overall service.

People and their relatives knew how to make a complaint if they needed to. People and relatives told us if they had a complaint they would raise it with the home manager and were confident action would be taken to address their concerns. Where complaints highlighted areas of required learning and improvement the registered manager had taken positive action, for example; ensuring staff underwent further training when poor infection control practice had been identified.

Relatives told us that people were supported at the end of their life to have a comfortable, dignified and pain-free death. Families praised the home manager and staff for the kind and compassionate care provided to their loved ones. A relative also praised staff for the support and kindness provided to their family members, which made them feel involved, listened to, and informed in the last days of their loved one's life.

Staff were aware of national good practice guidance and professional guidelines for end of life care and provided care in line with this consistently. Advanced care plans were developed with people and their families. These ensured people's end of life choices and preferences were known and documented, for example; the person's preferred place of death. Relatives told us that staff were empathetic with family and friends and consistently discussed advanced decisions with them, where appropriate, in a compassionate and sensitive manner.

Good

Is the service well-led?

Our findings

The registered manager had left the home in August 2018 and Sycamore Cottage did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At this inspection there was a new home manager, who had been appointed in November 2018. The home manager had commenced the process to become the registered manager with the CQC. Since our last inspection the provider had also appointed an operations manager to support the home manager. The operations manager had been managing the home since the departure of the registered manager and prior to the appointment of the home manager.

As a required condition of the provider's registration, the operations manager and home manager continued to report their progress to CQC in respect of the completion of their action plan and monthly audits of the service; which demonstrated the required improvements had been made and were being sustained.

At our last inspection in November 2017, we recognised that improvements were being made to the home's systems and processes for maintaining standards and improving the service. At that time many of the changes were still a work in progress and had not yet been sustained in the longer term, to be fully embedded in practice. At this inspection the home manager and staff demonstrated that the required improvements had become embedded in practice.

The home was consistently well-managed and well-led by the home manager who was a good role model, led by example and provided clear and direct leadership to their staff.

People, relatives, staff and professionals praised the commitment and dedication of the home manager to provide the best possible support for people. Comments made by relatives included, "She is a breath of fresh air. You can see her only thought is to make sure people get the best possible care." Another relative said, "She is just naturally caring but is also well organised, so if she says something will be done, it will be."

Staff consistently told us the home manager had inspired them to develop and improve the quality of care they provided to people. One staff member told us, "She is very caring and supportive to everyone. She has that ability to build a rapport with anyone and knows how to make people laugh and feel good." Another staff member told us the home manager was, "The best thing to happen to the home. Even when you have done something wrong she tells you like a mother hen, not a head teacher."

Staff overwhelmingly praised the influence of the home manager, who had built on the improvements under the previous registered manager and had developed a strong team spirit, within the core staff group.

The operations manager and home manager had created an open, inclusive, person-centred culture, which achieved good outcomes for people. Staff told us they were encouraged to be caring and responsive, placing people at the heart of the service. We observed staff demonstrating these values during their day to day support of people, which promoted their dignity, independence and choice.

People, relatives and professionals told us the registered manager and staff had created a real family atmosphere in the home, where people and staff cared for one another. People, relatives and staff told us the home manager made them feel respected, valued and well supported.

The home manager readily recognised good work and staff achievements. Staff felt comfortable to suggest new ideas to the management team and were then encouraged to implement them. For example, two members of staff had requested the opportunity to develop their skills and had been appointed as the home 'End of Life Champions'.

Whenever accidents or near misses happened the home manager completed reflective sessions with staff to enable learning from these incidents to take place. For example, the open and transparent referral by staff of an incident, identified the need for staff to be more vigilant to ensure people with a sensory impairment always had access to their personal supportive equipment.

The home manager operated effective quality assurance systems to monitor the quality of service being delivered, including a series of audits including care files, medicines management, health and safety, fire safety management and maintenance.

The staff had established effective partnerships with professional services that reflected people's needs and preferences. The service worked effectively in partnership with key organisations to support joined-up care. For example, the manager engaged in regular integrated care team meetings with the community matron, specialist nurses, and end of life care specialists.