Rock of Ages Care Limited

Rock of Ages Care

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

About the service
Rock of Ages is a care agency providing personal care to people in their own homes. Some people receiving the care may have a long-term health condition or be living with dementia. At the time of our inspection there were 43 people receiving the regulated activity of personal care.

People's experience of using this service and what we found
People told us they were happy with the care they received from the agency. They said staff were kind and caring and treated them with respect.

People said they felt safe in the hands of the carers. Staff knew them and they understood the type of care they required. People said they received the medicines they required and people's medicines records had improved since our last inspection.

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.

People's care plans included sufficient detail to help staff provide appropriate care. Staff said they never went to someone without knowing about them first and any changes to a person's needs were updated in their care plans.

Staff said they had sufficient time with people and if they were running late, they would inform the office. People told us staff arrived when they were expecting them and stayed the time agreed.

People said staff wore appropriate personal protective equipment (PPE) and staff confirmed they had access to PPE when they needed it. We saw the registered manager led by example, wearing their mask throughout our visit to the office.

People were supported with their food and drink and told us staff always ensured they made their own choices in this respect. People were encouraged in their independence and staff supported people to go out if they could.

The agency was not providing care to anyone with an autistic person or anyone with a learning disability. However, we expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximises people's choice, control and Independence;
People were encouraged to be independent and make choices around their care.
Right care: Care is person-centred and promotes people's dignity, privacy and human rights; People were treated as an individual by staff and were provided with respect.
Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives;

Management and carers demonstrated a good ethos, one that was centred on the people they provided care to.

People told us they felt the agency was well managed and if they had any concerns or complaints they knew who to raise these with and they were responded to.

Staff were happy working for the agency. They told us they felt supported and listened to and they had the opportunity to express their views in staff meetings.

Learning took place from accidents, incidents and safeguarding concerns. Where important information needed sharing with staff, the registered manager held emergency meetings.

Since our last inspection, the registered manager had recruited additional office staff to help strengthened the governance arrangements within the agency.

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

Rating at last inspection and update
The last rating for this service was Requires Improvement (report published 24 October 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At this inspection we also found the provider had acted on the recommendation we had made to them around staffing.

Why we inspected
This inspection was prompted in part due to concerns received about people receiving safe and appropriate care. It was also prompted in part to follow up on action we told the provider to take at the last inspection.

We found no evidence during this inspection that people were at risk of harm. Please see the Safe key question of this full report.

The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rock of Ages Care on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Rock of Ages Care

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 Health and Social Care Act 2008.

Inspection team
The inspection site visit was carried out by two inspectors and telephone calls were made to people and relatives by an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 April 2022 and ended on 22 April 2022. We visited the service's office on 19 April 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. GAP
We used all this information to plan our inspection.

During the inspection
As part of the inspection we spoke with the registered manager during out site visit. Our Expert by Experience spoke with three people who received care from the agency and five relatives.

We reviewed a range of documentation at our office visit. This included seven care plans, four staff files, medicines records, accident and incidents records, complaints and auditing documentation.

After the inspection
Following our site visit we had contact with 11 staff members to obtain their views about working for the care agency. We also received documentation and evidence from the registered manager that we had requested. This included training records, minutes of staff meetings, survey results, compliments, daily logs and auditing information.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found people's medicines were not always managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- At our last inspection people's medicine records had not been completed properly and there was a lack of effective auditing of medicines. We found none of these concerns at this inspection.
- People had a medicine management record (MAR) which recorded information about their prescribed medicines or creams, the dosage and when they should be given. We reviewed people's MARs and found no gaps which told us people had received their medicines as required.
- People told us staff gave them their medicines as they expected. One person said, "They put cream on my legs every morning – no issues." A second person told us, "They do my eye drops."
- Medicines risk assessments were in place and where people had 'as required' medicines, these were accompanied with protocols which included information on the medicine a person could have.
- Where people were not supported with their medicines, there was a list of the medicines they took, explaining their purpose and when they were needed, should their circumstances change.
- Management carried out competency assessments on staff to ensure they were following best practice in relation to medicines. One staff member told us, "I remember that my medication competency was checked when I first started work. The second time was when I completed a year."

Staffing and recruitment

At our last inspection we made a recommendation to the registered provider in relation to their staffing levels. We found at this inspection staffing numbers had increased and there was an on-going recruitment drive by management.

- People were provided with care by a sufficient number of staff and people and relative's said they saw the same staff members.
- One person told us, "(I have) the same 'crew' for three days, then they switch." A relative said, "This is what I like about Rock of Ages. There's a team of six to eight and we like that whoever we get in the morning, we get all day. They get to know us and we get to know them." A second relative said, "That's the best thing. We have three people that we have all the time."
- People told us staff arrived on time and stayed the time expected of them. One person told us, "They come on time, yes." A relative said, "We know roughly when they are coming and it seems to work."

● The registered manager told us they kept staff to specific areas. This helped cut down on travel time and helped ensure staff got to know people as they had regular care calls.
● Staff told us they felt they had sufficient time with people. One staff member said, "We have enough time and we report to the office if a particular person requires more time. The care coordinator will arrange a cover or change the rota so we are not running late." A second told us, "I do have sufficient time and I stay the allocated time."
● Staff were recruited through a robust process. This included completing an application form, providing evidence of their identity and right to work in the UK and providing references. All staff underwent a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse
● We had received some information from the local authority prior to our inspection in relation to potential safeguarding concerns. This included allegations of people not receiving appropriate care. We read the outcome of the registered manager's investigations into these concerns, which were thorough, responded to the requests for information received and action taken to prevent reoccurrence.
● The agency had worked closely with the local authority in relation to allegations of abuse and had also notified CQC of these concerns.
● People and relative's told us they felt safe with staff. One person told us, "(I feel safe with staff as) it's in their whole demeanour." A relative said, "They are very friendly." A second relative told us, "They are very gentle with him." A third said, "They treat him like a person."
● People told us where they required two staff to provide their care, two staff members always attended their care call. People also told us they had not experienced any missed calls.
● Everyone we spoke with felt confident that information held about them was kept confidential. We read in people's care plans, where key safe codes were required, staff had to request these from management.
● Staff were able to tell us how they would report potential concerns. One staff member said, "If I suspect anyone may be a suspect of abuse, I will ask the individual first of all what happened, record all the information and report to the office immediately."

Assessing risk, safety monitoring and management
● People were helped to stay safe because information was provided to care staff on any risks relating to them and how to respond to these risks. This included where people had long term health conditions such as diabetes or Parkinson's.
● People and relative's felt staff understood risks. One relative told us, "They (staff) have to be gentle because his right arm and legs are not working and they are always careful."
● People had risk assessments in place when they were at risk of falls. These included ensuring a person's bed was at its lowest level to reduce the risk of harm if they rolled out of bed, or a person always wore their personal alarm to be able to get help should they fall.
● Where one person required a hoist for moving, there was guidance for staff around when this should be used. A staff member told us, "I have service user who is at high risk of falling. I always make sure that I remind them that they should be careful when they walk. I always make sure that I supervise their mobility."

Preventing and controlling infection
● People told us staff wore personal protective equipment (PPE) when attending their care calls. One person said, "They put it on when they arrive."
● COVID risk assessments were present in people's care plans and spot checks were carried out on staff to help ensure they were wearing appropriate PPE in line with national guidance.

● Staff told us they had access to plenty of PPE. One staff member said, "We always have a good supply of PPE. Not only during the pandemic, but even now."

Learning lessons when things go wrong

● Accidents and incidents were monitored by management. We reviewed the documentation and saw incidents were detailed to include the date they occurred, the name of the person and action taken

● Emergency meetings were held with staff to share information relating to accidents, incidents or safeguarding concerns. These were used as reminders of processes and systems and the expectation of staff.

Good

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's outcomes were consistently good.

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

- Each person had a funding authority assessment in place prior to the person commencing with a care package from the agency. These were detailed and provided the basis of the person's care plan. The registered manager told us, "I will not take people on if we do not have staff to cover the calls."
- People told us they were involved in developing their care plan before commencing with the package of care from the agency. One person told us, "We had a discussion before we started (the care package)."
- There were details for staff on various health conditions, including NICE guidance and support techniques, to help them deliver appropriate care.

Staff support: induction, training, skills and experience

- People and their family members told us they felt staff were sufficiently trained. One person told us, "The ones I have seem to be (well trained)." A relative said, "They are quite good. They know what they are doing."
- Prior to staff commencing in their role, they carried out shadow shifts with more experienced staff. In the event of staff requiring additional support, supervisions were completed more often. Staff told us, "I have completed all the necessary training which has helped me to perform my duty well." A second staff member said, "We have a training period before we actually start work. We have to complete the care course and pass the exam. We get full training in the field, shadowed by other experienced carers and our competency is checked."
- Regular spot checks were carried out on staff which helped ensure they were following good practices. The registered manager told us, "We have also introduced three-monthly quizzes where we ask questions about some pressing issues such as safeguarding, medication and so on. We will be looking at MCA next."
- Staff had the opportunity to meet with their line manager regularly to discuss their role, any concerns or training requirements and annual appraisals were completed.

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

- People were provided with adequate food and drink by staff. People said they were supported with their food and drink and that staff always left them a drink within their reach. One person told us, "They (staff) do my breakfast and I manage the rest." A second person said, "If I ask them, they will do it." A relative told us, "They make him a sandwich at various points (in the day)."
- People said staff asked them for their choices in food and drink. One person told us, "Yes, it's always my choice."
- Information about people's dietary requirements were included in their care plans. This included one person who was on a low potassium diet. Staff were reminded to avoid foods such as bananas and a second person who could not eat certain foods for religious reasons.

● People who were at risk of choking had detail around how their food and drink should be prepared. Such as putting thickener in their drinks, or providing soft meals.
● Staff were aware of people's dietary needs. A staff member told us, "I know of one person who is at risk of infections and he needs to drink water, so I always ensure that he drinks enough water in my presence. I refill the glass back so that he can see it and drink it when he is by himself." A second staff member said, "[Person's name] is having problems. We need to make sure her meals are as soft as possible and we supervise her while she is eating."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People said they arranged their own health appointments, however they told us staff would support them to see a health care professional if they required it. One person said, "I get reports and the carers would intervene if needed."
● People had appropriate care plans in place around their health conditions, such as people who had diabetes. Their care plans detailed information around the effects on the person should their blood sugars become too high or too low, and what action staff should take.
● People's care plans included good information on who was responsible for individual tasks. For example, where the district nurse might be providing clinical input, but the care worker the day to day care. This helped ensure the service knew who was responsible for what part of a person's care. A staff member told us, "One person had a pressure area which the nurses were looking after. I was very careful and would always report any change in the skin to the office immediately so they could action it."

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 MCA 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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● People's capacity had been assessed prior to them commencing with their care. In the event they lacked capacity, the appropriate discussion and completion of documentation took place to evidence the care input was in the person's best interests.
● People confirmed staff asked for their consent before providing any care. One person told us, "Yes, they do." A relative said, "Yes, they ask him."
● People and their family member's also confirmed their consent was sought prior to their care commencing. We saw evidence of this in people's care plans, where people had signed their consent to care.
● Staff understood the MCA. One staff member told us, "We should always support a person to make their own decisions if they can."

Good

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has 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 our last inspection we found staff were not caring as people were not always well treated by them. We received much more positive feedback at this inspection.
- People and their relative's told us staff were kind. One person told us, "(It's the) way they carry out their tasks. They talk; we have a laugh." A second person said, "They are generally nice." A relative said, "They really make him laugh and they always include him in conversations." A second relative told us, "Very, very kind. When they talk to him, they tell him what they are doing." A third relative said, "They always talk and ask him if he is comfortable."
- Relative's said staff respected people's diversity. One relative told us, "(Staff) are very kind. They are so calm. They speak to him in Swahili and he loves that." A second relative said, "They try and speak in Spanish with him."
- The agency had received several compliments in relation to the care they provided. This included, 'thank you for going to extreme lengths to see my Mum has everything she needs', 'thank you to all the carers who have helped me since I have come out of hospital' and, 'fantastic job of the care workers – they know what they are doing'.

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

- We heard staff took their time with people and encouraged them to make their own decisions around their care. One person told us, "I make most of my own decisions." A relative told us, "They never rush him." A second relative said, "They ask him if he wants to sit in the chair and if he wants to wear socks or needs a blanket."
- Staff told us they supported people in making their own decisions. One staff member said, "I always encourage my clients to make their own decisions."

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated a respectful approach towards people. Everyone we spoke with told us staff treated them with respect and dignity, with one person telling us, "Absolutely." Relative's reiterated this, telling us, "I have never seen a rude carer" and, "Yes, 100% (respectful)."
- We read feedback from one relative to the agency which stated, 'My mother was asked what she would like for dinner and instead of just making a meal, the carer encouraged [person's name] to go to the kitchen with the carer and prepare (the meal) together'.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; end of life care and support

- People told us they had a care plan and they, or their relative, had been involved with this. One relative said, "Yes, that was done at the very beginning." A second relative told us, "I was involved, very much so."
- People's care plans were reviewed to help keep them current and to help ensure they contained relevant information. Relative's said, "Probably every six months (it's reviewed)" and, "Yes, (it's been reviewed) a couple of times."
- People said staff had got to know them. One person told us, "We do talk." A relative said, "They have gotten to know him very well." A second relative told us, "They have become like part of the family."
- Care documentation covered all aspects of a person's care. One person had suffered with depression in the past and staff were prompted to encourage the person to do as much as they could for themselves. Where people had long-term health conditions, care plans included national guidance and information about the condition. For example, with one person who suffered from osteoporosis.
- People's care plans were specific to the person's likes, dislikes and wishes. One person did not like their laundry mixed and there was clear information that staff should not mix coloured and white washing.
- Staff told us people's care plans contained good detail and they were never asked to go to someone for the first time without information being provided to them. One staff member said, "Care plans cover all the information we need including their food, medication, moving and handling and the office staff call us personally in order to explain about the (care) package and how it should be carried out."
- The agency was not currently providing end of life care to anyone, however, we noticed end of life care plans in people's folders. These were used to capture people's wishes when they reached this stage of their life when they were ready to discuss this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Where people required a different form of communication staff tried to achieve this. One relative told us, "They (staff) communicate with him and some (staff) try to speak in Spanish."
- People had a communication care plan in their folder which recorded whether they required glasses or hearing aids and any individual requirements to help them to communicate with staff. One person was hard of hearing and staff were reminded to, 'project their voice by speaking loudly and clearly'.

● Staff told us they had developed their own ways of communicating with people. One staff member said, "[Person's name] has had a stroke that has led to his speech not being so good. I try to encourage him with positive words or affirmation, even though sometimes he struggles a bit."
● We also noted a 'living with dementia' care plan in one person's care folder which outlined some of the effects of living with dementia had on the person and how to respond to these. Such as, 'remind me when I become forgetful and reassure me when I am confused'.

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
● Although people only received a regulated activity of personal care from the agency, we were told that staff did encourage them to go out. One person said, "I'm gradually going out into the community." A relative told us, "He goes out for a walk twice a day."
● People's care plans contained information about their life history, likes and dislikes. This helped staff get to know people and gave a starting point for conversations. This included information such as one person's favourite football team, or which television programmes a person liked to watch.

Improving care quality in response to complaints or concerns
● People said any concerns or complaints were taken seriously and that they knew who to speak to if they wished to complain. One person told us, "I would call the manager and yes, it would be taken seriously." A relative said, "The manager explained it to me (the complaints procedure."
● There was a complaints procedure in place and any complaints received recorded how it had been addressed and the response provided to the complainant. Detailed information was collated in relation to any complaints, showing a clear audit trail and outcome.

Good

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our inspection we found systems were not being effectively operated to improve the quality and safety of the care provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Since our last inspection, in response to what we found, the registered manager had recruited an additional office staff member whose primary objective was to audit documentation. They also updated the quality monitoring spreadsheet held by the registered manager. This helped ensure the service being provided to people was of a good quality.
- We saw evidence of regular audits taking place. This included medicines, care plans and call logs. Where the auditor had found gaps in people's medicine records, follow up information or explanations were provided, for example, the gaps due to a care package starting mid-month.
- The governance systems and processes developed by management since our last inspection were detailed and robust, with each audit process including when shortfalls were identified, who was responsible for taking action and what the deadline for this action was. Once shortfalls were addressed, the action was signed off and closed. For example, where some information in a person's care plan required updating.
- Daily logs were randomly checked each month and any identified actions highlighted and addressed. The registered manager kept a monitoring chart to show which people's logs were checked. This helped ensure that over a period of three months each person had had a review of their documentation.
- The registered manager was looking at ways to improve their monitoring. They told us they were investigating an alternative call monitoring system. They said their current system allowed a staff member to sign into their next call even if they had not logged out from their previous visit. The introduction of a new system would help ensure that information about care calls was in real time and as such more accurate.

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

- Management was known to people and their relatives. One person told us, "The manager comes to see me from time to time." A second person said, "I have his email and phone number." A relative said, "He has come to do a couple of assessments and he has called a few times."
- We received positive feedback about the agency and the impact its care had on people. A person told us,

"They always help me and they are so nice." A second person said, "I am satisfied with the service. They are very good and reliable." One relative told us, "I am really, really impressed." A second relative said, "They are lovely people and it's the people that make the difference."

● Care plans had a good level of person-centred detail and positive objectives had been identified with achievable outcomes for people. For example, to help them maintain their independence.

● The registered manager encouraged a positive approach amongst the staff team, inviting them to report compliments they had received from people during their day. They told us, "We have encouraged our care workers to share with us such compliments so that we can document them. We write them on a small piece of paper and paste them on our notice board in the office."

● Staff were also able to nominate a colleague for an, 'extra mile' award, recording where they felt their colleague had demonstrated the right ethos and culture within their work.

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 agency had a clear complaints procedure and where complaints, accidents or incidents occurred, there was evidence of the registered manager following duty of candour.

● The registered manager investigated any concerns raised about the agency or its staff to help ensure people received a good level of care, and to help ensure situations did not reoccur.

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

● People were asked for their feedback about the care they received and they were aware that spot checks on staff took place. One person told us, "Yes, they do (spot checks)." A relative said, "The supervisor came to ask questions." Spot checks were useful for management as they gave them the opportunity to watch staff at work and check they were following good practice and working as expected.

● There was evidence in people's care plans of regular phone calls or visits to ensure people remained happy with the care they were receiving. Three-monthly review visits took place and people reported, 'very happy with the service' and, 'the care workers are really supportive and always ask if I am okay'.

● Annual surveys were carried out to give people the opportunity to give their review of Rock of Ages. The 2021 survey showed that the majority of respondents were very happy with the care they received.

● Staff had the opportunity to meet with each other. One staff member told us, "I have attended two meetings and they are very helpful." A second staff member said, "I love having a voice. My manager listens to my ideas and the whole team works together to make it happen." A third staff member said, "We have regular team meetings. If there is a serious issue, we normally have an emergency team meeting too."

● Staff were happy working for the agency. One staff member said, "Rock of Ages is a wonderful company. I'm very happy that I'm a part of this company. Management are really helpful and look after our well-being." A second staff member told us, "I am extremely happy working for Rock of Ages because everyone shares the same vision."

Working in partnership with others

● The registered manager and staff worked with other agencies and made referrals to external health care professionals when appropriate. Evidence of a referral being made to the district nursing team was in one person's care plan.

● They also worked with people's GPs, paramedics, social workers, occupational therapists and local pharmacies.