HC-One Limited

Rose Court Nursing and Residential Home

Inspection report

44-48 Water Street
Radcliffe
Greater Manchester
M26 4DF

Tel: 01617249040
Website: www.hc-one.co.uk/homes/rose-court/

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05 July 2017

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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?	Outstanding

Summary of findings

Overall summary

This inspection took place on the 19, 20 June and 5 July 2017 and was unannounced on the first day.

Rose Court Nursing and Residential Home is situated in a residential area of Radcliffe near Bury Greater Manchester. The home is purpose built and provides care and accommodation for up to 109 people. People are cared for with a wide range of needs, from residential care to nursing. The home is set on three levels. There are lounges, dining areas and bedrooms on all three floors. All bedrooms are single accommodation. There were 86 people living at the home at the time of our inspection.

At the last inspection in June 2015 the service was rated Good. At this inspection we found the service remained Good, with an outstanding rating in the Well-Led section of the report.

Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

We found staff had been recruited safely and the service had sufficient staffing levels in place to provide the support people required. We saw staff could undertake tasks supporting people without feeling rushed.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

We looked around the building and found it had been maintained to a good standard, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required. We saw care workers assisting people with mobility problems. They were kind and patient and assisted people safely.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required to administer medicines to people safely. Medicines were safely kept with appropriate arrangements for storing in place.

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

Staff we spoke with and records seen confirmed training had been provided to enable them to safely support people who lived at the home. We found staff were knowledgeable about the support needs of people in their care.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration.

People had access to healthcare professionals and their healthcare needs were being met.

People who lived at the home told us they were happy with their care being provided and liked the staff who looked after them. We observed staff providing support to people throughout our inspection visit. We saw they were kind and patient and showed affection towards the people in their care.

We saw people who lived at the home were clean and well dressed. They looked relaxed and comfortable in the care of staff supporting them.

Systems were in place to help ensure people received the care they wanted when they were nearing the end of their life.

Staff knew people they supported and provided a personalised service. Care plans were organised and had identified the care and support people required. We found they were informative about care people had received.

People who lived at the home and their visitors told us they enjoyed a wide variety of activities which were organised for their entertainment and to promote their wellbeing.

The service had a complaints procedure which was displayed in the entrance hall. Records of all complaints, concerns and compliments made were kept at the service.

There was a strong commitment to continually strive to improve the service. The registered manager was proactively involved in looking at new initiatives, such as the Teaching Care Home Project and a new system to help the management of liquid medicines.

The registered provider and registered manager used a variety of methods to assess and monitor the health and safety and quality of the service provided to people living in the home.

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 remains Good

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Outstanding ☆

The service was rerated outstanding.

The service was managed by a registered manager who was consistently looking for ways to improve the service. They were supported by a deputy manager who was developing their skills as a manager and working in partnership with the local end of life care facilitator.

The registered manager had introduced ways of improving person centred care for people.

Managers strived for excellence though consultation, research and reflective practice and worked with other organisations to improve care outcomes.

Rose Court Nursing and Residential Home

Detailed findings

Background to this inspection

We carried out this comprehensive 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 visit took place on 19 and 20 June and 5 July 2017 and the first day was unannounced. The inspection team consisted of three adult social care inspectors. Two inspectors each day on the first two days and one inspector on the third day of the inspection.

Before our inspection we reviewed the information we held about the service including the previous inspection report and notifications the provider had sent to us. We contacted the local authority safeguarding and commissioning teams to obtain their views about the service. This helped us to gain a balanced overview of what people experienced accessing the service. No concerns were raised with us about Rose Court.

We had also requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We received a detailed PIR from the registered manager.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with a range of people about the service. They included six people who lived at the home, eleven visitors, the registered manager, the deputy manager, two senior care staff and seven care staff including a member of the night staff. We also spoke with the activities organiser, the chef, two maintenance people and

a housekeeper.

We looked at the care records of eight people, recruitment records for three staff, staffing levels, staff team training and supervision records, arrangements for meal provision, records relating to the management of the home and the medicines systems on two units. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Rose Court. Visitors said, "I know each time I leave here [Person's name] is in safe hands," "It's a professional service and I no longer need to worry. I can rest in peace knowing [relative] is well looked after" and "I have never missed a day and I want to be with [relative]. Its got to be worth a million pounds the peace of mind I have."

The service had procedures in place to help minimise the potential risk of abuse or unsafe care. Records seen confirmed staff had received safeguarding vulnerable adults training. Staff we spoke with understood what types of abuse and examples of poor care people might experience and understood their responsibility to report any concerns they may observe. They were confident that if they raised any concerns with managers of the service they would be taken seriously and dealt with promptly. One staff member told us, "I am 100% it would be taken seriously".

We saw that the provider ran a whistleblowing service and the contact telephone number was displayed on staff noticeboards. A whistle blower is someone who reports an incident of wrong doing at the home that affects others. This was for staff who did not feel comfortable about making a report directly to management. The service was operated by a confidential external agent on a Freephone number.

We found staff had been recruited safely. The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. The staff rotas we saw supported this. During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who lived at the home. Lounge areas were seen to be always supervised.

People told us they received the support they needed when they needed it. Visitors told us, "It tends to be the same staff when you come" and "There always seems to be plenty of staff around. Generally things are quiet settled and staff work well together." Staff told us they had sufficient staff to provide people with the support they needed. Staff told us, "It is always calm," "There is a stable core staff team." and "Good levels of staffing. We have delegated roles and share things out."

We found people's care records contained risk assessments. We saw these records identified the risks to people's health and wellbeing and gave direction to staff on how to reduce or eliminate those risks. We found these included falls, choking, bathing, nutrition and hydration, moving and handling, mobility and medicines.

There were aids and adaptations available for people to use throughout the building, which included handrails and also coloured toilet seats that made them easier for people to see. Wheel chair footplates were seen to always be used to protect people's feet from injury. There was a lift that serviced all floors and all rooms could be accessed by wheelchair users. Each room had a nurse call system to enable people to request support if needed. Where people were unable to request assistance pressure mats were in place to alert staff that the person had moved. Lighting was sufficiently bright and positioned to facilitate reading and other activities. Adjustable beds were provided for people who needed them.

Hoists were in place, which were capable of meeting the assessed needs of people who lived at the home. We spoke with the deputy manager who was one of the two identified moving and handling people facilitators. We saw information that showed that the homes weighing equipment was tested in accordance with the UK weighing federations code of practice. This helped to make sure that people's weight gain or loss could be monitored and accurately recorded.

We talked to maintenance staff about what other checks they carried out in relation to the health and safety of the home. We saw that valid certificates were in place for gas safety, portable electrical appliances, quarterly checks of the fire alarm system and Legionella test. The maintenance team also carried out monthly visual checks of profiling beds, wheel chairs and other equipment. This helped to make sure that any environmental and equipment risks to people were minimised.

We checked to see if people received their medicines as prescribed on two units at the home. The registered manager told us that the home did not do medicines rounds but worked with people's individual day-to-day living patterns and behaviours of people living with dementia. This meant that people were being supported to take their medicines in a person centred way.

We observed members of staff administering medicines and saw they used safe procedures. Senior care staff and nurses were responsible for the administration of medicines. We were told that all staff who supported people to take their medicines had been trained to do so and had their competency checked to ensure they continued to safely administer medicines. We saw information that showed that the provider's staff training medicines modules had recently been reviewed by the Royal Pharmaceutical Society for reaccreditation. The provider had been re-accredited and a number of minor adjustments were to be made to the training to help ensure continuous improvement.

We looked at medicines administration records (MAR.)There was a photographic record of each person to help prevent errors and information about any allergies on the front sheet. We saw they also contained information about how the person liked to take their medicines. One person's said their tablets were to be given; 'one at a time with a drink.' All the MAR we reviewed had been completed accurately. There were no unexplained gaps or omissions, which helped to demonstrate that people received their medicines as prescribed by their doctor.

Medicines were stored in locked trollies in locked treatment rooms. The treatment rooms had recently been refurbished and air conditioning had been included to keep room temperatures below 25 degrees. We saw medicines trollies were clean, tidy, and not overstocked. There were sufficient supplies of medicines. Any medicines that required returning to the pharmacy were done so in a tamper proof box before it was returned to the pharmacy.

Dressings and food supplements were stored in separate cupboards. The temperature of the medicines room was checked daily as was the medicines fridge to ensure medicines were stored to manufacturer's guidelines.

There were controlled drug cupboards and registers. These medicines are liable to abuse and for these reasons there are legislative controls for some drugs and these are set out in the Misuse of Drugs Act 1971 and related regulations. These controls require services to make entries of any controlled drugs stored and administered in a separate register as well as on the MAR sheets. We saw that the service was following these regulations. We checked the drugs against the number recorded in the register and found they were accurate. Two staff signed to show the controlled drug had been administered and the number remaining was checked after they were used.

Staff responsible for medicines audited the system when they started each shift. There were also regular audits including a full monthly check. This helped spot any errors or mistakes. Staff retained patient information leaflets for medicines and a copy of the British National Formulary to check for information such as side effects.

There were clear instructions for 'when required' medicines. The instructions gave staff details which included the name and strength of the medicine, the dose to be given, the maximum dose in a 24 hour period, the route it should be given and what it was for. This helped prevent errors. It also gave staff information on how they would know the person required the medicines.

The registered manager had developed a liquid medicines monitoring system, which enable staff to quickly audit liquid medicines after each administration to ensure compliance with the prescription and take immediate action if anomalies were identified. This method is a new initiative recently publicised in the nursing press.

People told us the home was always clean. One person who used the service said, "It's always clean, my room is always clean." A visitor said, "Superb. Cannot fault it. The cleaning and laundry staff are all so polite. It's kept clean and tidy. If I was dissatisfied, I would have gone elsewhere.

We looked around parts of the home and found it was clean, tidy and maintained. The service employed designated staff for the cleaning of the premises who worked to cleaning schedules. Infection control audits were in place and the registered manager carried out a daily walk round of the building to check in part that cleaning had been completed. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff undertaking their duties. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties.

Good

Is the service effective?

Our findings

People received effective care because an established and trained staff team who had a good understanding of their needs supported them. We saw people visiting the home were made welcome by staff and where appropriate updated about their relative's welfare. People told us they liked living at the home. One person said, "It's lovely. It's better than outside" and "It couldn't be better" Visitors told us, "They look after my [relative] well" and "I totally trust the staff they know what they are doing."

We checked to see that staff were appropriately trained and supported and they had the skills, knowledge and experience required to support people with their care. Staff we spoke with told us they had an induction when they started working at the home. They told us it had helped them understand what was expected of them. Staff we spoke with told us during their induction they were linked with a mentor. This was another member of staff who was an experienced care worker who could advise them about people's care if they needed help. One staff member told us, "My mentor has made sure everything is okay and has checked if anything is bothering me."

Staff told us the training they received was good. They said, "Training is good. If we think of something they will let us go on it" and "Anything they throw at me I do. I am learning things. I want to learn and it is encouraged." New care workers said, "I have received lots of training and support and I am really enjoying the work. I am working through the Touch training programme on line and have received some practical sessions. I am also doing my NVQ 2 in health and social care" and "I am happy working at the home, there is great team work and good communication."

We saw a copy of the staff team training record. This showed that 80% of the staff team had completed all the staff training. Training included, care planning, dignity: The one, who matters, emergency procedures, falls awareness, food safety, health and safety, infection control, medicines, nutrition and hydration, safeguarding, safer people handling, understanding the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and equality and diversity. We saw that 55% of staff were waiting to undertake classroom based basic life support training and this was impacting on the overall percentage. We were informed following our inspection that the training had been booked to take place in house on 22 August and 7 September 2017. The registered manager told us that this should bring the service back to 90% compliance overall.

Staff had also undertaken the Open Hearts and Mind dementia course which covered, a person centred approach to dementia, creating therapeutic relationships and understanding and resolving behaviours. Records showed that 75% of staff held either a Health and Social Care Level 2 or 3 standards. This meant that staff had the opportunity to develop their skills and practice.

We were made aware of the nursing assistant training course. Two staff participating in this additional training told us that they were pleased that they had the opportunity to make a career progression. They also said that the role would help support the nurses and that they would be able to attend to people quicker than waiting for a district nurse to come.

Staff told us they felt supported and received regular supervisions. One staff member said, "Yes I am definitely supported. If I have any issues I go and ask [registered manager] or [deputy manager].

Records showed that most staff supervision was up to date. Records clearly identified were supervision was overdue and we saw the registered manager had taken action to address this. In addition, staff received staff counselling sessions for support the dates of which were recorded. We were informed by the registered manager that colleague meetings had taken place on five occasions since January 2017 as well as reflection meetings and activity meetings.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

We checked the conditions on five authorisations to deprive a person of their liberty and found they were being met. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom. Staff we spoke with understood the MCA and their responsibilities with regard to DoLS. They were able to tell us who was subject to a DoLS. A relative said, "I am aware that there is a DoLS in place. I was fully informed and consulted with. Since moving into the home [relatives], health needs have been addressed and behaviours have been stabilised. This has been helped with the agreement to give medicines covertly."

We discussed with the registered manager the need to further develop the mental capacity assessment document to clearly demonstrate how the decision to reach the least restrictive option or intervention possible was reached. We saw communication from the providers learning and development team that confirmed that they were aware of this. Documentation at the service was amended during our visit.

We talked with some visitors about their relatives and friends who because of their health conditions could present behaviours, which could be challenging. They told us, "I don't know how they do it. It's amazing. They sit with [relative] until they calm down" They have helped us to understand how to support our relative, for example, staggered visits and not creating a drama out of the behaviour. "We have learnt a lot from staff" and "They are able to distract [Person's name] with listening to the radio quietly and special chocolate."

People told us they enjoyed the food. People said, "The food is very nice"," They food is really nice. If we ask them to change something they will" and "The food is good." A visitor said, "The food is amazing. It's like the Hilton." Where people wanted alternatives to what was offered we saw that this was available for them in the kitchen. For example, one person liked boil in the bag fish that they used to have at home. We saw that one person enjoyed having a beer with his meal.

We observed the lunchtime meal. The support we saw provided was organised and well managed. Staff were kind and patient and did not rush people with their meals. People were seen to be encouraged by staff to eat and drink as much as possible. Alternatives were offered if people were seen not to be eating much.

A variety of alternative meals were available and people with special dietary needs had these met. These included people who had their diabetes controlled through their diet and people who required a soft diet as they experienced swallowing difficulties. We saw that were people need additional support from staff to eat

their meals staff sat with them and took time to complete the meal. To promote people's independence some people used special equipment such as plate guards and two handled cups to they could eat their meals themselves. We saw a range of snacks and drinks were offered to people between meals.

On the first and second day of our inspection, it was exceptionally hot. We saw that staff worked hard to keep rooms as cool as possible using air conditioning, fans and offering them regular cold drinks to keep people hydrated. We saw that there was a copy of the Public Health England 'Beat the Heat. Keep residents safe and well.' This gave staff information about the dangers of hot weather and the need to keep people safe.

Care records we looked at showed that people were assessed for the risk of poor nutrition and hydration. Malnutrition Universal Screening Tool (MUST) monitoring sheets were in place for the people at risk of malnutrition and were reviewed monthly and up to date. The MUST is an assessment tool, used to calculate whether people are at risk of malnutrition. We saw that where required, records were kept of people's weights, personal bathing, people's food and drink intake and positional changes to prevent pressure sores.

Relatives told us they were kept informed about the person's health. "The doctor is a gent and comes to see [relative]." Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. The service also had a visiting dentist, chiropodist and optician.

Good

Is the service caring?

Our findings

People who used the service said, "We are quite happy here. I wouldn't want to go anywhere different"; "It's a good place. I couldn't wish for better." Visitors we spoke with said, "It's brilliant. The [staff] are so lovely with all the residents", "They [staff] go above and beyond", "They [staff] know [relative] well" and "People need love. That's what they get here." One visitor said," [Staff member's name] should get a medal."

We observed good interaction with people by staff. Staff were aware of people's needs, they were polite, sensitive and compassionate and offered reassurance when needed.

Visitors said, "Staff are polite and friendly and I am always made to feel welcome. It's a caring environment. Staff interact with everyone and are aware of their needs"; "All the staff including admin staff have been extremely helpful. Staff are supportive to me as well as [relative] All the staff are kind and considerate. I can't fault them I have confidence that when I leave her she is safe and being cared for properly" and "I know all the staff. They are smashing. I respect it is not an easy job. But its 100% and that says a lot."

Staff we spoke with knew people well and told us they liked getting to know people. Staff told us, "It's about knowing about the person and their family. I look forward to coming to work" and "They are like our family. You treat people how you would want to be treated."

During our inspection, we saw that people who used the service were well presented. Some of the residents wore jewellery and make up. A visitor we spoke with said, "My [relative] always looks immaculate." A staff member we spoke with told us they made sure people had the chance to wear their make up if they wished. They said, "Everyone likes to look good. I wouldn't come to the home without mine on [make up]. The home also had a hairdressing salon, which had a window overlooking the café to make it look like a shop in the community.

We saw that there were two cats living at the home. We were told that one belonged to the home and the other had accompanied its owner when they started to live at the home. There was also a dog that belonged to the registered manager. We saw people stroking the cats and dog and talking to them, people clearly enjoyed having the animals around the home. The person who had brought their cat to live at the home said, "They look after her [the cat]" One staff member told us, "Everyone loves the dog. It brings out a different side to them [people who used the service]." We saw that there was information titled '12 reasons why animals can benefit the elderly and those living with dementia'. Benefits included better mood, less stress, more affection and love, more active and a greater sense of comfort and security.

Care records we saw included information for staff on how to promote peoples independence. One records said, '[Person's name] can do a lot for herself with staff prompts' and Night clothes should be laid out ready for [person's name] to independently change'. A visitor said, "It's an amazing place. It is like a family. Nothing is too much bother for [staff]. [Name of person] is very independent and can go outside. They know her likes and dislikes and think about people as individuals. She is always nicely dressed and has her nails and hair done in the salon. It's been a life changing move here."

A visitor told us about how the service had tried three different specialist chairs to ensure the person was comfortable. They said that now the person could sit up properly it had helped them to be able to communicate better with other people. "[Person's name] is a person again. [Staff] communicate and know [person] well. [Person] had no voice before." The visitor also gave examples of how staff had given them ideas to help the person comfort and promote their independence, for example, buying nighties with buttons down the front and looser more comfortable clothes.

We were shown the relatives room which had a bedroom with washing facilities and a lounge area. This was a room that could be used by relatives or friends if they needed to stay over and wanted to be close to their relative. We were told this might be because someone is poorly or because the relative lives a long distance away. There were also kitchen areas where visitors could make themselves a drink.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they were nearing the end of life. This allowed people to remain comfortable in their familiar, homely surroundings, supported by staff who knew them well.

The care records we looked at contained information about how the person would like to be cared for at the end of their life. We saw this included whom they would like to be contacted, whether or not they wanted a religious person present. One plan we saw said when they became very ill they would like to be in their bedroom and would like soft lighting and their favourite music on. The plans we looked at also gave information about the person's wishes when they passed away, including what sort of funeral service they wanted.

The deputy manager was the chairperson for the local Six Steps meetings, which were held every three months for the fifteen local homes in the area. The Six Steps is a programme of aims to improve people's quality of care as they approach the end of their life. The deputy manager had also given a talk on end of life at an event held at the Midland Hotel to consultants, doctors and other care home providers. The deputy manager was supported by a senior care worker at the home to ensure that end of life was appropriately managed. They worked in partnership with local doctors.

We saw that the service was holding an End of Life Planning meeting entitled, 'It is never too early to plan!' session to be held on the evening of 8 August 2017. This was an end of life discussion group to be held on the café and was open to people who used the service and their relatives and friends, with refreshments and relevant leaflets to be made available. The deputy manager told us about a website they used that helped to plan end of life care for a wide range of religions and faiths.

We saw that a new end of life 'butterfly' motif was being used and displayed on the top corner of a person's bedroom door who had reached the end of their life. This was in place to make people, staff and visitors aware in order to show extra compassion and ensure a quieter atmosphere. People who used the service were also supported when a person died particularly when they had been a close friend.

We saw information about a new scheme the service was involved in to help improve oral health care, which was being run in conjunction with the Six Steps end of life programme. The programme facilitators were dental health specialist. This training was being undertaken to help staff to provide mouth care to the highest possible standard. We saw on records that 51 staff at the service had received this training. This meant that the service could help support people effectively as they neared the end of their life.

We saw that a person who used the service had entered a collage picture they had made for a 'Dying Matters' event at the local hospice called 'What Heaven Looks Like'. The service had also held a balloon

release in memory of people who had died or been injured at the Manchester Arena incident that had affected people living and working at the service.

A member of the local church was visiting the home during our inspection. There was a prayer room available for people to use if they wanted to.

Good

Is the service responsive?

Our findings

Visitors told us about the admission of their relative and friend from other services and the lengths that staff had gone to help ensure that the move went as smoothly as possible. "They were brilliant. [Relative] did not want to come into the home. Staff took it nice and slowly. It took four hours but there was no drama", The [maintenance person] came in the mini bus to help us move and [maintenance person] still makes time for a chat now and again which makes her day." Another relative told us that they had looked at lots of other homes before choosing Rose Court. "We felt comfortable here. It is one of the best decisions we made."

We looked at eight care records. Each of the care records we looked at contained an assessment of the person's support needs. We saw this was completed before the person started to live at the home. This ensured that the service knew people's needs and preferences and that the service and staff could provide the support people needed. We saw these assessments were detailed and contained information about; heath needs, communication, challenging behaviour, breathing, continence, person cleansing and dressing, mobility, falls, nutrition, hobbies and wishes for the person's end of life care.

We saw these assessments were used to develop person centred support plans and risk assessments to guide staff on how people need to be supported. Statements we saw in these records included, '…likes two pillows','…likes to wear shorts; not too long', '…prefers to have a bath before bed and wears pyjamas not nighties', and 'likes female staff to attend to her personal care' and 'likes night light on as [person] becomes scared in the dark'.

Each of the care records we looked at also contained an individual profile. This contained person centred information about the person's likes and dislikes and preferences. It also contained information about the person life history. Records we saw stated, "I am friendly" and "I like to have my hair done each week." This information helps to ensure that people's personal preferences are met.

There had been a decline in the health of one person and their care plan needed to be changed to an end of life care plan. This was addressed during our inspection.

We attended the morning handover between day and night staff on the ground floor. The needs and requirements of people who lived on the ground floor were discussed and what action was needed to support them going forward. Such meetings help to ensure staff are aware of the current care and support needs of people and any actions required in response to change in needs e.g. doctors appointments required, referrals that need to be followed up.

We looked at the building and found it was appropriate for the care and support provided. Accommodation is provided on three floors. There is a central garden area with level access, two garden areas on the second floor and a garden room on the top floor. There were lots of seating and tables and umbrellas to shade people on sunny days. There were raised flowerbeds so that people with mobility difficulties could join in gardening if they wished. The garden also had a water feature, which helped to create a calm space for people to relax in. People we spoke with told us they enjoyed going into the garden.

Visitors said, "It looks like a hotel. It's beautiful. We looked on the Internet before we came" and "It feels right here. You have got the café, which is great you can have a cup of tea. It's like a retreat."

We saw that there was clear signage throughout the home to help people identify different rooms such as toilets and bathrooms. We saw that there were quiet 'break out' areas for people to relax in, for example, on the top floor where people lived with dementia there was a nursery with empathy dolls and a 1950's lounge. There was also a pub and a 1950's style kitchen. Holding empathy dolls provides comfort to some people who live with dementia if they become anxious and may bring back memories that give them a sense of well being. A 1950's style environment maybe familiar to them and give a sense of security. We saw that the nursery and breakout areas were well used by people.

On people's bedroom doors there were pictures and memory boxes of things that were important to them. This was to personalise the rooms but also helped people find their bedrooms. Bedrooms we looked in were clean, well decorated and personalised with peoples own possessions, pictures and photographs. One person told us, "I have moved down here. It's quieter and I like it better. I have my own key but staff have a key as well so they can check on me through the night. I have my telly on when I want. The staff are nice."

We looked at what arrangements were in place for people to participate in activities both inside and outside the home. Activities included, shopping, bingo, chippy tea pie supper followed by cake, balloon tennis, a sensory session, board games, review of the morning papers, an afternoon film in the services cinema room and a trip out to the World of Glass. We also saw that main events were advertised in the entrance hall and dates for your diary were also in the monthly newsletter. For example May events in the Newsletter included, PAT dogs, Cats in PJ's, a panto, Ranger Bob bring in animals, trip to a local dementia café, Dame theatre, singing for the brain, a tapas outing, a train trip, a coffee afternoon with the Mayor, drinks from around the world and a trip to Chester Zoo.

One person who used the service said, "We go out. I have been to Dunelm and to the garden centre" and "We go for rides out", "We had bingo yesterday", "I like the activities especially music and bells, arts and crafts and singers" and "We are always having parties."

Visitors said, "The activities are excellent. Especially Chinese New Year. [Person's name] does not like to leave their room but they like nature and have held an owl! They also like the cats. The garden is fabulous. We have seen people in hats drinking a shandy" and "We have cream teas in the garden. The garden is beautiful and you can hear the birds. We go to the café when it is raining. Because the home has Wi-Fi we can face time [person's] relative abroad which puts their mind at rest to see she is okay."

Staff said, "The activities are great. I will come in on my days off to do them. We have been to an aquarium and for meals out", "The best part is the café it gets used all the time" and "People are offered a walk to the shop or down by the canal. People are always asked to join any activities down stairs and to access the main garden area."

The service runs a seven day a week activities programme. We talked with the activities co-ordinator. They told us there were no resource issues and that the registered manager would fund any activities that would benefit the people who used the service. The activities co-ordinator said that they needed to think creatively as, "One shoe doesn't fit all."

Trips undertaken in May and June included, Chester Zoo, Blackpool, Blue Planet, Police Museum, Ribble Train and fruit picking. All people were asked if they wanted to attend these trips where able and if not it was discussed with staff whether it was suitable for them. We also saw that some people had created posters to

celebrate dementia awareness week in May 2017.

People who used the service had regular interaction with young people through 'The Challenge' as part of the National Citizen Service. The challenges included a drama session, beauty session and a photograph session. We saw that some people had taken part in a photograph competition. The pictures had then been altered using various photographic techniques. We also saw that last year a calendar had been produced from photographs of a makeup event, where people who used the service had gone into a local college. Feedback from young people said they had learnt more about dementia, ensuring they asked permission to carry out tasks and how to communicate. Contact between older and younger people reduces the sense of isolation and promotes a sense of wellbeing.

Photographs and information about activities were put onto the services Twitter account at #teamrosecourt. This meant that relatives and friends could see what activities people were involved in. This information was shared with National Activity Providers Association (NAPA) and information was often retweeted to others. The service had received feedback from America and it generated other ideas on activities for people to become involved in. People also had access to WiFi, multimedia and were also able to use computer tablets and MP3 players. This helped to keep people aware in changes in technology for activities and also to keep in contact with friends and relatives online.

We saw that it was a person's birthday and the kitchen had made birthday cakes for the person to celebrate with others. There was also a sweet trolley that people could access and choose from.

The home was an active member of the National Activity Provider's Association (NAPA) that supports staff teams to enable people to participate in meaningful activities. The activities co-ordinator was undertaking the NAPA Level 3 course in equality, diversity and inclusion. The service was also in the process of developing a six rights to activities for people who use the service. This included ensuring the right activity, for the right resident, with the right documentation and right support for the right reason. We were told that there was a whole home approach to support for activities, which could involve staff from any part of the service. There was also a staff activities page on Facebook that enabled staff to share ideas.

We looked at the arrangements in place for making a complaint about the service. Visitors we spoke with said, "I have never had any cause to complain"; "They never stop me phoning. They always let me know what's going on. They don't hide anything" and "They keep me well informed. Even if they have made a mistake which is reassuring. If I had any concerns I could tell anyone and I am confident they would listen and sort it out." We saw on the PIR information that the registered manager informed us about a complaint that had been made and the investigation highlighted areas to address around communication. Action was taken and an apology was made to the complainant. We also spoke with two relatives about the complaints they had made and what action had been taken to resolve the matter. One relative said, "[Deputy manager] is switched on and deals it."

The service had a complaints procedure, which was on display in the entrance hall. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. We saw records showed that 10 complaints had been made in the past year which related to use of equipment, communication, nutrition and hydration, staff attitude and falls management.

We saw that the service also kept a record of compliments. We saw that 50 compliments had been recorded in the last year.

There was also 'You Said – We Did' information for people to see where requests for improvements had been made and what action the home had taken to resolve them. This was done through a resident's survey every three months, which asked for feedback about food, laundry, housekeeping, maintenance, activities, outside health services, and the care provided.

We saw in June 2017 people were asked what they would like to see for the chef's dish of the day. Feedback from people was salmon, bacon and broccoli cheese. A person said that they would like their gel nails doing more often. The poster showed what action had been taken to address this. Comments included, "Very happy. No matter how busy the staff are they are always cheery and kind." In addition to the open door policy, there was the facility to give feedback electronically in the café area.

Outstanding ☆

Is the service well-led?

Our findings

The service had 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. The registered manager was a registered nurse with over 30 years' experience in both the NHS and private healthcare provision. The registered manager had managed the home for 10 years. The registered manager had a "can do" approach to managing the service and that everyone regardless of their health needs should be included.

A deputy manager supported the registered manager. The deputy manager was being supported to develop as a manager and had won a leadership award at a recent HC-One conference against 230 other homes. The nomination was made by the registered manager who described the deputy manager as, "consistently motivates the team, is positive in approach and demonstrates excellent management skills in supporting others to do well." The deputy manager was also the chair of the local Six Steps partnership group.

The deputy manager was also the chair of the local Six Forum chair. The forum is held every 4 months. Following our inspection, we received feedback from the local End of Life Care Facilitator about the deputy manager. They commented, "[The deputy manager] is an inspiring and motivational member of Rose Court who always wants to be involved in projects that will benefit the residents and staff of Rose Court. I cannot speak more highly of her and her involvement in improving end of life care for the elderly."

People we spoke with told us they thought the home was well-led and that unit managers and seniors as well as the registered manager were readily available and approachable at all times. We saw the registered manager carrying out a daily walk round, speaking to people who used the service, relatives and staff and checking if there were any concerns. In addition, the registered manager had an open door session until late one evening a week to deal with any concerns either residents or their relatives might have. This was advertised in the entrance hall.

People who used the service told us they liked the registered manager. They said, "If I have any problems I just need to see [the registered manager]. She will sort it out straight away"; "The one in charge [registered manager] is lovely, very nice."

Visitors we spoke with said, "You can have a chat with [registered manager] whenever you want. "We feel lucky [relative] is here", "I can't praise this home enough. They have been excellent" and "I have sat outside with the staff talking. They love it here."

Staff said of the registered manager, "She's lovely", "She's very supportive if you need her", "She comes up with new ideas", "She makes us look at person centred care, and she says 'why can't we or they'. She has empowered us staff", "She's so brilliant. Very easy to approach", "I get on well with her. I find her approachable" and "Fantastic manager. [Registered manager} is supportive and responsive, always present on the units or available in the office and good at resolving issues.

We found the service had clear lines of responsibility and accountability with a structured management team in place. The management team were experienced, knowledgeable and familiar with the needs of the people they supported.

Staff we spoke with said about working for the service, "It's brilliant", "I love it. The managers are supportive"; "We are a good team. There is no divide" Others said, "We work together as a team and talk things through" and "We learn from things. We are open and honest." We saw that the provider asked for staff member's opinion on what they thought about working for HC-One. Staff were able to complete a survey online between 26 June – 16 July 2017.

Discussion with members of the management team confirmed they were clear about their role and between them provided a well-run and consistent service.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included adult care services, the clinical commissioning group (CCG) healthcare professionals including doctors, psychiatrist's and district nurses.

Prior to our visit, we contacted the local authority commissioner and safeguarding teams and the clinical commissioning group (CCG). The CCG commented they had no concerns, "In fact quite the opposite at the moment. Rose Court is engaging with a student nurse scheme in conjunction with a university, which is really exciting and [registered manager] has recently been published in the nursing press around her work looking at liquid medication."

We saw that the registered manager, a registered nurse and a nursing assistant had had articles published in the Nursing Times. Articles related to sharing best practice within the care home sector, empowering your team and stop, look and listen and acknowledge good practice.

The registered manager was always looking for ways to improve the service and care outcomes for people through consultation, research and reflective practice. The home was one of five homes nationally to be picked to be involved in the Teaching Care Home Project funded by England Care and the Department of Health. Also involved in the partnership were Manchester Metropolitan University, The Foundation of Nursing Studies and the International Longevity Centre UK. Person centred care was seen as a key pillar of a Teaching Care Home. The projects aim was to improve the image, recognising the importance of care home nursing and the need to develop a skilled workforce.

We saw that the home's involvement in this project was in relation to reflective practice across all staff. This meant ensuring that there was time, support and structures in place to encourage staff to reflect on their everyday practice to help develop their skills and confidence.

We saw copies of the reflection records, which asked the staff, what went well today, what did you plan that did not go as well as expected and what do you plan to change or pass on. Areas covered included dealing with a relative's medicines enquiry, mealtime experiences, dealing with behaviours that can be challenging, people's health, enjoying good weather and sitting in the garden and also activities. This helps encourage staff to think about how they support people and ways the persons experience of support could be improved. It also helps staff to verbalise what they do so they can speak to others about their role.

The intention is that now the pilot has been completed the service will become a Teaching Care Home and support other care homes to develop to support others and expand the concept.

The service was also involved in the Foundation of Nursing Studies (FONS) Creating caring cultures scheme by developing opportunities to learn. This was to help staff develop a deeper understanding of themselves and their practice by facilitating a change in culture. Examples given were enabling team working and staff wellbeing, exploring values and beliefs to create a shared purpose, identifying any gaps in what we say and what we do, shared decision making, a commitment to learning from practice and celebrating success. This helps to promote a caring culture and strong value base at the service.

The registered manager had given a presentation and talks at the Royal College of Nursing (RCN) Foundation and Fringe event. The registered manager attends to help improve understanding of care home provision and developing a skilled nursing workforce within care homes. Positive feedback had been received from the RCN thanking the registered manager. They commented, "We were delighted with the huge interest. Your contribution was excellent and led to a very stimulating discussion and some very positive feedback afterwards."

This demonstrated that the managers strived for excellence though consultation, research and reflective practice and worked with other organisations to improve care outcomes.

We also saw ways that the registered manager had introduced ways of improving person centred care for people. This included not having medication administration rounds and not having medicines trolleys on the units. A residents day starts when the person gets up. Also breakfast starts when the resident wakes. The registered manager commented, "A resident does not have to fit into the homes systems and routines we attempt to work around the person's needs."

Before our inspection, we received a detailed provider information return (PIR); this is a form that asks the provider to give us some kept information about the service, what the service does well and what improvements they plan to make.

The service had procedures in place to monitor the quality of the service provided. Regular audits had been completed. We saw a copy of the Key Clinical Indicators Home Summary for May 2017. Audits were carried out by the registered manager, which were then compiled into a monthly manager's summary. Areas covered in the summary included people's weight, infections, hospital admissions and the reason for them, use of bed rails and falls. This information was converted into resident trends and identified those people who were high risk and required close monitoring. This helped to ensure people were living in a safe environment.

We saw a copy of the last area director home visit report undertaken with the deputy manager. The summary of the report states that there were no issues noted with the provision of care and interactions between staff and residents were positive. We saw a copy of the home's HC one internal inspection carried out by a senior service quality inspector in March 2017. They had rated the service as amber. The service was unhappy with this outcome and there was a revisit undertaken of the internal inspection on 31 July 2017. This visit was scheduled to take place during the CQC inspection and was put back. The service was reassessed internally as green.

The registered manager completed a walk round and there was also a resident of the day system in place. In rotation a person living at the home is chosen as the resident of the day. On that day the identified resident is visited by all members of the management team and asked their views and opinions about the service they receive, for example, the head chef about food. This information helped the registered manager to make improvements to people's experience of the service.

We saw that the service had conducted a relative feedback survey in June 2017 to which 24 relatives had responded. 50% of responds thought the overall impression of the home was excellent with a further 42% as good.

We saw evidence from the care homes independent online survey that showed eighteen responses from relatives of people who used the service in the previous year to this inspection. Responses gave the service a rating of 4.7 to 5 out of 5. Twelve people rated the home 5 out of 5. All said they would by extremely likely to recommend Rose Court Care Home. Comments included, "I find the care at Rose Court to be consistently excellent. The staff are very friendly and really care for the residents. The place is clean and tidy and unlike some other homes the needs of the residents come first. Also there are activities to keep people active such as days out and entertainers coming in the house. The medical side is also good. Overall can't be faulted" and "I find he home excellent and wouldn't want to transfer [relative] to another care home. [Relative] gets on well with staff and management they treat [relative] with kindness and dignity. I know [relative] likes them all. I couldn't treat [relative] better myself."

Before our inspection, we checked our records to see if any accidents or incidents that CQC must by informed about had been sent to us. This meant that we were able to see if appropriate action had been taken by the management to ensure that people were kept safe. We saw that the registered manager reported all incidents to us no matter how small they might be and gave us information about what action they had taken to resolve or respond to an issue.

The home's statement of purpose and a service user guide were on display in the reception area with the home's complaints policy and procedure as well as information about safeguarding and whistle blowing.

The service had on display in the reception area of the home their last CQC rating, where people visiting the home could see it. This has been a legal requirement since 01 April 2015.