

Rosedene Residential Care Limited

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Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service:

Rosedene Residential Care is a residential care home that accommodates up to 21 older people. At the time of the inspection 19 people were living at the service.

People's experience of using this service:

- The service continued to be exceptionally caring. Staff had worked continuously to further develop the service and the effective area was now outstanding. As a result, it provided an exceptional service which benefited people and their loved ones.
- People living at Rosedene continued to receive an outstanding service. They lived fulfilled lives and were supported by staff who valued them as individuals and went the extra mile to make sure they were as happy and healthy as possible.
- Staff recognised that people were the experts in their own care and involved them in everything that happened at the service. Everyone had opportunities to be involved in the day to day running of the service, such as completing domestic tasks and felt valued for their contribution.
- People were supported to continue to take risks and planned this with staff to be as independent as possible while remaining safe. Everyone said they felt safe at the service and their privacy was maintained.
- People and their loved ones were treated with genuine kindness, dignity and compassion. They treated staff in the same way and showed a keen interest in important things which happened in their lives.
- There was family atmosphere where everyone was welcomed and valued for their knowledge, skills and experiences.
- 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 supported this practice.
- People's needs were assessed in innovative ways to ensure staff had all the information they needed to support people to plan their care effectively.
- People continued to have control over their medicines and received them when they were needed.
- The service worked in partnership with health and social care professionals to maintain and improve people's physical and mental health and wellbeing.
- People and their loved ones had discussed their preferences around end of life care.
- People were valued members of their local community and enjoyed frequent trips out. They were involved in everything from the weekly food shop to theatre and boat trips.
- People made decisions with staff about design, refurbishment and redecoration of the building and grounds to make sure it truly met their individual needs. Environmental risks continued to be effectively managed.
- There were enough skilled staff available to spend time with people and meet their individual needs. People told us they were never rushed and staff responded promptly to requests for assistance.
- Staff received consistent and effective support from the management team. They were motivated and worked as a team to provide personalised care.

- People knew how to make a complaint and told us they worked with staff to address any concerns they had.
- People were asked for their views about the service and any suggestions daily and these were used to develop the service.
- The management team worked hard to keep up to date with good practice and challenge their own practice to continuously improve the service.

Rating at last inspection:

Outstanding (last report published 20 August 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Outstanding.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was exceptionally effective

Details are in our Effective findings below.

Outstanding ☆

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Rosedene Residential Care Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by one inspector.

Service and service type:

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

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

Notice of inspection:

The inspection was unannounced.

What we did:

Before, during and after the inspection we reviewed information we had received about the service since the last inspection. This included:

- Details about incidents the provider must notify us about, such as deaths.
- We sought feedback from the local authority commissioners, mental health staff and a clinical nurse specialist for older people.

- Providers are required to send us key information about their service annually, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at the information the provider sent us in January 2019.
- We spent time observing staff with people in communal areas during the inspection.
- We spoke with six people and their loved ones, the manager, deputy manager and three staff.
- We looked at one person's care records,
- We looked at medicines records.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe at Rosedene.
- Staff knew how to identify if people were at risk of abuse and the action required to keep them safe from harm.
- People were supported to understand when they may be at risk, for example from financial abuse, and how to protect themselves.
- Everyone held a key to their room and a lockable space. People were confident that things which were important to them were safe.

Assessing risk, safety monitoring and management

- People and staff assessed risks together and agreed ways to keep people as safe as possible while they continued to be independent.
- Being able to take planned risks, with staff support when necessary, gave people control over their life and increased their well-being.
- Risks of people falling had been identified and people had agreed strategies to keep them safe. People were happy with the action taken to keep them safe and did not feel restricted.
- People used special cushions and mattresses to reduce the risk of developing pressure ulcers. No one had skin damage at the time of our inspection.
- People used a call bell system to summon staff support when they needed it and told us staff responded quickly during the day and at night, and provided the support they wanted.
- People and staff knew how to evacuate in the event of an emergency. One person told us if the fire alarm sounded, "I stand by my bedroom door and someone will come to help me". Plans were in place and practiced regularly during the day and night.
- Regular checks were completed on all areas of the building and equipment and action was taken promptly to address any shortfalls found.

Staffing and recruitment

- People told us there were enough staff to meet their needs and they didn't have to wait for support. They told us staff attended promptly when they asked for support at all times of the day and night.
- People were not rushed and had time to do things at their own pace. One person told us they enjoyed having a long bath and staff assisted them to get out when the water when, the water starts to get cold".
- Staffing numbers were based on people's needs and wishes. Shortly before our inspection the number of staff deployed between 7 and 8 AM had increased to reflect people's wishes to get up at this time.
- Staff were flexible and worked together to cover any leave and sickness.
- There was a stable staff team with low staff turnover which resulted in people receiving consistent care

from staff they knew well. Most staff had worked at the service for over ten year including other registered manager and deputy manager. Staff turnover was very low.

- Staff were recruited safely and checks were completed to make sure they had the character, skills and knowledge required to fulfil their role. People were involved in recruiting new staff and their views were considered as part of the selection process.

Using medicines safely

- People received their medicines when they needed them. Safe systems were in operation to order, receive, store, administer, record and dispose of people's medicines.
- People's ability to administer their own medicine was assessed and they were supported to manage their own medicines when they wanted to. Staff were flexible to people's requests for support each day.
- People's medicines were reviewed regularly and they had been supported to reduce their medicine as their doctor advised. Reducing their medicine had helped some people feel more awake during the day.
- Staff were competent to administer insulin and people no longer had to wait for the community nurse to visit. People were reassured by receiving their insulin at the same time each day from staff they knew well.

Preventing and controlling infection

- The service was clean and free from offensive odours. The staff were proud of the homely and clean environment they maintained and people told us it was always like this.
- Staff had completed training in infection control and food hygiene and followed safe practices.
- The management team had completed training become a level 2 infection prevention lead and the house keeper had completed level 2 training in infection control. All other staff had completed infection control and food hygiene training.
- People and staff preparing food followed safe food hygiene processes. The service had been awarded the highest food hygiene rating by the local authority shortly before our inspection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify any patterns and trends.
- Action was taken to learn from accidents, for example, one person's relative confirmed staff had supported their loved one to use a different walking aid following a fall and the person had not fallen again. Accidents and incidents were rare.

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

Outstanding: □ People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- □ Staff used innovative ways to assess people's needs and wishes to ensure they obtained quality information. Staff played quiz games with people each month, and asked them questions about their lives, experiences, preferences and wishes. This information was used to make sure staff always had up to date information about people's preferences and could identify any changes in their memory.
- □ The impact of assessments on people's mood had been considered. When assessments had a negative impact on people's mood, staff worked with professionals to obtain the information they required without impacting on the person. One person's needs had been assessed in their favourite coffee shop. Staff sat and chatted to the person while the assessor sat a little way away and listened. The person had a positive experience of visiting their favourite coffee shop and the professional obtained the information they required to assess the person's needs and plan their care.
- □ Recognised assessments such as nutritional and skin health assessments continued to be completed and reviewed regularly to identify any changes in people's needs.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- □ The provider continued to apply for DoLS when there was a risk that people were deprived of their liberty. No one had a condition on their DoLS. People were not restricted and were free to move around the service and garden as they wished.
- □ People were encouraged and supported to go out as often as they wanted. Some people loved going out often while others were reluctant to leave their bedroom. Staff respected people's choices and balanced these against the benefits to people's mental health of spending time with other people. They used discrete encouragement and seized opportunities with people, even for short moments, to engage with people. Staff told us they had observed people's mood improve from short spells with others and supported people back

to their room when they were ready.

- People were supported to make complex decisions by staff who knew them well, with others involved in their care such as doctors. One person had recently decided to undergo a small procedure. They had initially told their doctor they did not want to procedure as they believed it would be a major operation. Staff explained to the procedure to them, in front of their doctor, who confirmed the information was correct and the person changed their mind. Having the procedure will help the person remain healthy.
- When people lacked the capacity to make decisions people who knew them well, including their loved ones and staff, made decisions in their best interests.
- Staff followed the principles of the MCA and people made day to day decisions including what they had to eat and drink, where they spent their time and who with. Staff gave people any support they needed, such as showing them items or pictures to help them understand the choices.

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

- Staff continued to support people to remain active. People took part in gentle exercise doing as much as they were able. People told us they enjoyed this and it helped them to remain flexible and mobile.
- One person told us they had not been able to walk when they moved into the service. They had been support and encouraged by staff to regain their strength and were now walking again. Being able to move around without support had improved the person's confidence as well as making them more independent and reducing their risk of developing skin damage and other health related problems.
- People were also supported to maintain their mental wellbeing and had recently started to do yoga and deep breathing. Everyone told us they enjoyed this. One person living with an ongoing mental health condition had stabilised with the support of staff and no longer required support from mental health staff.
- People continued to be supported to attend GP, hospital and other health check-ups. Staff encouraged and supported people to be actively involved in appointments, sharing their symptoms and views. They also made sure people understood what healthcare professionals were telling them about their care and treatment. Appointments were always followed by a trip to a café of the person's choice to maximise their involvement in the community and end the trip with a positive experience.
- People enjoyed alternative therapies including weekly reflexology treatments. People told us they found the therapy very relaxing. Staff had noticed that following the treatments swelling in people's legs had reduced.
- Staff used the 'red bag' scheme, introduced by the local CCG to ensure hospital staff had quick access to important information about people, their needs and any aids they used such as hearing aids or glasses.

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

- Everyone we spoke with told us they enjoyed the food at the service. Their comments included, "I can have whatever I like" and "The food is excellent". One person told us they had enjoyed 'a nice piece of liver' and was pleased they were offered a second helping.
- People continued to choose what went on the menu and meals were planned to meet everyone's needs and preferences.
- People went to the supermarket each week with staff to do the weekly shop. This gave them the opportunity to chat to people outside of the home, look at the selection of foods available and chat about their experiences and changes they had seen such as the increase in the price of food.
- People continued to be involved in preparing food, including the tradition of everyone making the Christmas cake together.
- People were offered the opportunity to try foods from other cultures at monthly 'world food' days. People chose the country, sometimes this was a place people had been or would like to visit and staff prepared foods from that country which everyone tried. People's favourites, such as lychees were added to the menus.

- □ Staff recognised when people were at risk of losing weight and referred them to the dietician. People at risk were offered foods fortified with extra calories and their weight had stabilised or increased. People with small appetites were offered meals and snacks that they particularly liked and this had increased the amount they ate.

Staff support: induction, training, skills and experience

- □ People told us staff had the skills and knowledge they needed to provide their care in the way they wanted. Our observations confirmed this.
- □ New staff worked alongside experienced staff to get to know people, their needs and care preferences. All the staff completed regular training updates to keep their knowledge and skills up to date. Training included the opportunity to practice skills and gave staff an insight into how people may feel when receiving care.
- □ Staff received supervision and appraisals to discuss their practice and development. One staff member told us they worked with vulnerable people for many years and had learnt a lot about person centred care while working at Rosedene.

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

- □ People continued to be involved in planning the ongoing redecoration and refurbishment of the building and grounds. They showed a keen interest in what was planned and reminded the provider to get several quotes for works, such as the scaffolding used when the roof was replaced.
- □ People had planned the refurbishment of the front garden with staff and benches they had requested had been placed there, so they could continue to chat to the neighbours when they past.
- □ Some people had plans for the gardens in the spring and told us they enjoyed being able to continue the hobby they enjoyed. Both gardens were accessible to everyone.
- □ People told us they enjoyed using the new bath, which was easy for them to get into and out off. They told us that with coloured lights and music of their choice helped them to relax.

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

Outstanding: □ People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- □ There was a strong, visible person-centred culture. Everything that happened at the service was centred around the people, their wishes and preferences. Staff supported people to make choices and decisions.
- □ People had regular opportunities to chat about their lifestyle choices sexual orientation and gender identity and their responses were respected.
- □ Staff referred to people by their preferred names and supported inspectors to do this when they were chatting to people.
- □ Staff spoke with people and referred to them with respect. They told us about people's achievements throughout people's lives and valued them as members of the household with lots to share. Staff felt privileged to spend time with people and learn from them. One person told us, "Nothing is too much trouble for the staff" and another person said, "The staff bend over backwards to help".
- □ People were supported to follow their chosen religion and visit places of worship. They were supported, where possible by staff with the same beliefs and enjoyed worshipping together. Representatives from people's faiths also visited the home and conducted services for people who wished to attend.
- □ People and staff told us that other people and staff had made them feel welcome when they began to live and work at the service. Everyone described a warm welcome and support with any questions of concerns they had.

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

- □ People and staff showed genuine affection for each other. Staff knew people very well, took time to get to know them and planned opportunities such as outings around their preferences and interests.
- □ In response people showed an interest in staff and were involved in important events in their lives, such as weddings. Staff had brought their bridesmaids dresses in at people's request, so they could see them before the wedding. People were planning 'hen nights' for staff who were getting married.
- □ When staff had babies people met them and enjoyed opportunities to practice their child care skills. People were delighted to cuddle the babies and feed them. One person's loved one had brought equipment in, and with the staff members agreement people had listened to their unborn babies heartbeat. People had enjoyed this very much and for some it had brought back happy memories of their career and own children.
- □ People told us they felt at home at Rosedene and treated the service as their own home. For example, one person had purchased a plant for the garden as it reminded them of a loved one. They had always had this plant in their own garden as a reminder and reminisced with staff about their loved one when they looked at it in the garden.

- People told us if they wanted to buy anything staff took them shopping. People used the local shopping centre and visited their favourite shops. The provider went out of their way to support people to buy what they wanted. For example, one person wanted a particular style of shoes in a specific colour. Staff helped them try on shoes several shoe shops and order shoes online until the person got the pair they wanted.
- Staff positively welcome the involvement of advocates. When people who needed support to share their views they were supported by their loved ones, social worker or paid advocates. Staff knew people's advocates and how to contact them when needed.

Respecting and promoting people's privacy, dignity and independence

- People were empowered to continue to do things they enjoyed and had always done. For example, one person made the sandwiches for tea each afternoon. We observed them making scones with jam and cream during the inspection. They had experience of working in a commercial kitchen and was able to continue to do this without staff support. They told us it gave them a "purpose" and a "reason to get up" each day.
- Other people were involved in other domestic tasks such as laying tables and cleaning their own bedrooms when they wanted to. One person helped dry up and told us it was good physiotherapy and kept their hands moving.
- Respect for privacy and dignity was at the heart of the service's culture and values. Everyone continued to have a key to their bedroom door. Some people chose to keep their door locked when they were not in their bedroom. Everyone was confident that no one would go into their bedroom without their permission.
- One person told us they preferred their own company and the staff respected this. They said, "They don't push themselves on me. I can be as independent as I want".
- Staff anticipated people's needs and recognised the signs when people were anxious, worried or upset, these included small gestures or certain choices. They looked for the reasons for this and offered people sensitive and respectful support. One person was upset by several things that had happened in their life before they moved into the service. The person loved animals and the provider had arranged for them to spend time with two dogs. This had become a routine. The dogs visited the person several times a week and the person cared for them in their bedroom. The person told us enjoyed the dogs company and it cheered them up to look after them. We observed the person's face lit up when they chatted about the dogs.
- The provider and staff recognised that moving into a care home was a period of immense change for people and people often felt that they had lost their independence and autonomy. They strived to support people to continue to live as independently as they could, and people told us this was important to them. Staff also encouraged and support people to get out and about and be involved in their community. This included going to church, using cafes and restaurants and shopping for the service and for themselves. One person told us they had been "delighted" to visit a café they used before they moved into the service and chat to the staff there who remembered them.
- People had as much independence and privacy as they wanted. For example, people told us staff supported them to get into and out of the bath but left them to bath in private. Staff only went into the bathroom at people's request.
- People were able to meet their visitors, loved ones and health care professionals in private away from their bedroom when they wanted to. One person and their loved one told us they enjoyed being able to spend time together as they had done before the person moved into the service.
- Equality, diversity and human rights were embedded in the way staff supported people's privacy and dignity. People were supported to use community facilities which reflected their gender choices. For example, several people chose to visit the local barber's shop as they had always had their hair cut by a barber. Other people followed their routine and saw the visiting hairdresser each week.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Several people enjoyed gardening and told us their plans for the spring and summer. People had grown salad vegetables the previous summer, which were added to the menu. The management team told us they were very proud of what people had grown and they were "The best salads in Kent".
- People and staff had planned themed days and staff had gone the extra mile to involve everyone. People, their loved ones and staff dressed up, watched entertainment and ate foods of the era. A staff member had made aprons for those who wanted them for the 1940s days. Some people liked them so much they chose to wear them regularly.
- People were supported to go out as often as they wanted. Some people chose to go out often, while others preferred to stay at home. One person who rarely went out had been supported to visit where they had lived as a child at their request. An outing they had enjoyed by decided not to repeat.
- Staff supported people celebrated special events in ways they wanted. One person had chosen to go to a 'posh' restaurant with their friend for their birthday and both had thoroughly enjoyed it. Another person had chosen to go to another 'posh place' with six friends to have a cream tea, which they too enjoyed.
- People were building a relationship with some children from a local school. The children had visited the people and spent time chatting to them and people planned to visit them at school as well as hosting a garden party to build on friendships and gain an understanding of each other's challenges and skills.
- Staff had an excellent understanding of people's individual needs and knew people very well. They listened to what people told them about their life before they moved into the service, their preferences and what was important to them. They used this information when supporting people to plan their care each month.
- Care plans were detailed and provided staff with information and guidance about how to meet people's needs in the way they preferred. People told us the information in their care plans was accurate and some people had signed to confirm this.
- Staff had time to read people's care plans and attended handover meetings at the beginning of each shift to make sure they had up to date information about any changes in people's needs and they care they wanted.
- Staff consistently described to us, in detail, the care and support they offered each person. Care was flexible to people's moods and abilities each day and people confirmed they received the support they wanted when they needed it.
- The provider was meeting the Accessible Information Standard and had developed accessible ways of communicating with people, such as easy read documents.

Improving care quality in response to complaints or concerns

- An effective process was in place to receive, investigate and respond to complaints to people's satisfaction.
- People said that day to day issues were addressed so there was no need to raise a complaint. Everyone told us they were confident to raise any concerns they had and that any comments they made had been acted on immediately.
- When complaints had been raised, immediate action had been taken to address them and so improve the service. One written complaint had been received since our last inspection from a visitor who had struggled to use the disabled access at the front of the service. A temporary ramp had been provided and then permanent ramps built. Everyone agreed this was a great improvement and had benefitted everyone.

End of life care and support

- The management team had completed training around 'having difficult conversations' and everyone had had the opportunity to discuss their wishes and preferences around their end of life care. This included decisions not to have cardiopulmonary resuscitation (CPR), where they were and who they wanted with them.
- Staff knew about people's spiritual requirements and made sure they were fully met during and at the end of their lives.
- The provider's aim was to make sure "people live their life until the end" and people were supported to continue to be involved in what happened at the service for as long as they wished.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered provider was also the registered manager and were supported by a deputy manager. The management team were qualified and experienced and had worked together as a team for 17 years. The provider told us before the inspection, 'We focus on providing the best life possible for each of our residents and a positive culture with in the home'.
- The provider's ethos was to ensure, 'All our residents lives can be full of possibilities' and 'People deserve a life that is worth living'. This ethos ran through everything that happened at the service and was fully supported by staff. People described the service as exceptional and distinctive and gave us lots of examples of how living at Rosedene had improved their life, one person said, "I would be dead now if I hadn't moved here".
- Before the inspection the provider told us, 'It is often the special little touches that go a long way in making sure someone is content, happy, settled and fulfilled'. We found that staff had gone the extra mile to make sure they did the 'tiny noticeable things' for people everyday, such as complimenting people on the way they looked, making sure they had their newspaper at the time they preferred and supporting them to have a bath when they chose to.
- There was an inclusive culture at the service and everyone was offered the same opportunities in ways that reflected their needs and preferences.
- Staff worked very closely as a team and made sure they shared information and tasks so everyone received an exceptional service.

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

- The provider empowered staff to have ownership of their job role. Staff were clear about their roles and responsibilities and undertook them with enthusiasm and professionalism. The management team worked alongside staff every day and led by example. They completed care tasks and staff told us they always stepped in to help if staff needed support.
- There was a calm atmosphere, people's care was planned around their usual preferences but was flexible to any requested changes or special events. Shift leaders led each shift and had completed or planned to complete a recognised qualification in leadership.
- Staff on maternity leave were encouraged to continue to be part of the service while on their leave if they wished. This included complementing 'keeping in touch' shifts and attending training and meetings.
- The leadership team worked well together and were open and transparent with people, their loved ones and staff about any challenges they faced. Everyone was encouraged to work together to find solutions.

Staff were valued and this had a positive effect on their ability and resilience in supporting people.

- Staff felt supported and told us they received for any support or guidance they asked for. One staff member told us the support they had received from the management team and other staff had increased their confidence in their own skills and knowledge.
- Staff were highly motivated and felt appreciated by the provider. One staff member commented "I'm so happy working here, I love coming to work".

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

- People were fully involved in everything that happened at the service. The management team chatted to people and asked for their feedback and ideas every day, in addition to regular meetings. For example, when people were out they would often suggest things be purchased to improve the service, such as plants for the garden or garden benches.
- People's relatives told us they were asked for their views regularly. One person's loved one told us, "If there is a problem we talk it through (with the management team) and find a solution".
- Another person's loved one commented, "Having to find my loved one a home where they can live safely was a big issue for me but I am so pleased that we choose Rosedene, it was a relief to find somewhere so good".

Continuous learning and improving care

- The management team made sure they continually updated their skills and knowledge by attending training, meetings and forums. They valued the opportunity to meet other providers and manager to share ideas and discuss concerns.
- The provider consistently questioned what they could do to improve the service and made any changes they felt necessary.
- The management team checked that the service was being delivered to the standards they required everyday by talking to people, their relatives and staff, as well as checking records and observing what happened at the service. Any shortfalls were addressed immediately.
- The management team had plans in place to introduce an electronic care planning system at the service. Their aim was to reduce the amount of time staff spent completing records and make information about people more accessible to them, staff and professionals.

Working in partnership with others

- The management team actively looked for and took up opportunities to work in partnership with local health care and community services to improve people's health and wellbeing.
- The service was taking part in the pilot for a local acute response team scheme with the aim of stopping people being admitted to hospital and supporting improvement in their health.
- Staff had a good relationship with the community nurses and other health care professionals and contacted them for advice when needed. This joint working ensured one person received the antibiotics they needed when a doctor was not available to sign a prescription.
- The service developed links with the local community. People had taken part in learning and development opportunities with a local museum. This included looking at artefacts and learning about other cultures. People found this stimulating and told us activities such as this kept their minds active.