

Kenley Care Services Limited

Rokewood Court

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Rokewood Court is a residential care home which provides personal care for up to 64 adults and at the time of the inspection 19 people were residing at the service. This included older people, people living with dementia, and people with physical disabilities and health care conditions.

The purpose-built premises comprised three separate units and each person was provided with their own bedroom and en-suite bathroom. There were a range of communal facilities including lounges, dining rooms and kitchenettes, a hairdressing salon, café area and a landscaped garden.

People's experience of using this service and what we found

People and their relatives complimented the caring and professional approach of the staff team, who were respectful and compassionate. One relative said "We wouldn't hesitate to recommend to anyone else."

We saw warm interactions between people and the staff team during the inspection. Staff were attentive towards people and understood their individual needs.

People and their relatives praised the management and the staff team for providing such safe care during the COVID-19 pandemic. The premises were clean and hygienic.

The provider supported people to maintain contact with their relatives and friends. Visitors were invited to join people for snacks and meals and attend social events, although this open approach was restricted at times due to legislation during the COVID-19 pandemic.

People were offered nutritious and well presented meal choices, along with tasty snacks and fruit salads.

Staff had a clear awareness of how to support people to help to keep them safe. People's care plans contained guidance about any risks to their safety and instruction for staff about how to minimise these risks.

People were supported by staff to access external health care services. A health and social care professional told us staff engaged with them to understand and meet people's complex needs. People received their care from staff with appropriate training and supervision to carry out their roles.

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 and their relatives were pleased by the way the service was managed, People were cared for by a committed staff team who felt encouraged and appreciated by the management at the service and senior management within the company hierarchy.

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

Rating at last inspection

This service was registered with us on 9 October 2020 and this is the first inspection.

Why we inspected

We carried out this inspection following a routine review of information we held about the service. Our intelligence indicated there may be a higher level of risk at this service due to the length of time it had been registered and not been inspected.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service. If we receive any concerning information we may return to inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ●

Rokewood Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The team comprised three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

Rokewood Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

This inspection was unannounced. We informed the provider of our intention to return on the second day of the inspection. Inspection activity commenced on 15 December 2021 with a visit to the service and concluded on 7 January 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make. We reviewed the information we held in relation to the service, for example notifications about events at the service which the provider is required by law to inform us about. We used all of this information to plan our inspection.

During the inspection

We spoke with two people living at the service and met other people when we spent time on the suites. We observed how staff supported and interacted with people at lunch time, at an activity session and at a celebratory festive supper. We spoke with eight relatives by telephone on 16 December 2021.

We spoke with 15 staff members including the deputy manager, the registered manager, five care assistants including seniors, two team leaders, the head chef, the administrator, the maintenance manager, the activities coordinator, the hospitality supervisor and the home admission advisor. We also spoke with the provider's care and quality manager and an operations manager.

We reviewed a range of records. This included three people's care and support plans, four medicine administration records and five staff files which contained documents relating to recruitment, training, supervision and appraisals. We also reviewed records related to the management of the service, which included complaints and compliments, quality monitoring checks, cleaning schedules for the building, accidents and incidents logs and a variety of health and safety records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke remotely with three people living at the service, who were supported by the activities coordinator to facilitate these discussions using a video enabled device. We also spoke with the deputy manager and received written information from the registered manager. We contacted three local health and social care professionals with knowledge of the service and received a written response from one professional.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse and harm and ensure staff understood their responsibilities. The provider's safeguarding policy and procedure was shared with the staff team on their company issued smart phones with guidance about how to whistle blow, including support available from an independent helpline. Whistle blowing is when a worker reports any wrongdoing at their workplace.
- Staff undertook safeguarding training and demonstrated to us a clear awareness of the different types of abuse and the actions they would take to make sure people were safe. Staff were assured any concerns they reported to their line manager would be immediately followed up. Staff said they were firmly supported by the management team, particularly when they encountered difficult situations.
- People and relatives told us they felt safe, well supported and at ease with staff. One person told us "The staff are lovely, always nice and smiling" and a relative said "My [family member] always praises the staff and so do I."
- The registered manager and the deputy were aware of the necessity to report safeguarding concerns to the local authority and notify the Care Quality Commission without delay, in line with legislation.

Assessing risk, safety monitoring and management

- Risks to people's safety, health and welfare were recognised, addressed and kept under review. Staff were supported to mitigate these risks and provide safer care as people's care plans contained suitable risk assessments and written guidance to follow. These assessments covered people's individual risks and needs including susceptibility to falls, mobility, skin integrity, incontinence and malnutrition.
- Risk assessments were also carried out to identify any risks to people's safety within their home environment and how risks could be reduced through people using equipment including sensor alert mats, crash mattresses and wheelchairs. Bespoke emergency and evacuation plans were developed to enable staff to safely support people in the event of a fire or other urgent situations at the care home.
- People were supported by staff with appropriate skills and knowledge to protect them from risks to their safety and wellbeing. Staff received relevant training, for example fire safety, moving and positioning, health and safety, first aid and food hygiene.

Staffing and recruitment

- Prospective candidates were asked to explain any gaps in their work history to ensure the provider had comprehensive information to determine their suitability for employment. We noted three staff files had minor gaps where further details were needed, and we discussed this with the registered manager. This matter was satisfactorily rectified during the inspection.
- The provider had implemented safer recruitment practices to make sure staff had suitable experience and

backgrounds to work with people who used the service. Applicable checks and references were acquired before a prospective employee was permitted to commence work at the service, including Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

- People were supported by enough staff to safely meet their needs. Staffing rotas showed the numbers and skill mix of staff were carefully monitored and adjusted as required, particularly as the service was actively admitting new people to fill current vacancies. Observations during the inspection demonstrated there were sufficient staff to provide care and support in a safe and timely manner.

- People and their relatives told us they were pleased with the prompt and attentive approach by staff. Comments included, "It is first rate. I really like it. From what I see it is great. There is enough carers around and about. I visit regularly" and "never been unhappy with the levels of staffing." Staff confirmed they were able to support people's needs in a dignified and unhurried way.

Using medicines safely

- Robust systems were established to ensure people's medicines were managed safely and in accordance with best practice. Routine checks were conducted by team leaders at the end of each shift and an in-depth audit was carried out each month to ensure people correctly received their medicines as prescribed. There were clear processes in place to make sure medicines were ordered on time and medicines no longer required were safely disposed of.

- Medicines administration record (MAR) charts were accurately completed and provided clearly presented written information to make sure people were safely supported with their medicines. Medicines were kept secure and records showed specific daily checks were carried out, for example temperature checks for the medicine fridge and the tallying of controlled drugs.

- Staff designated to administer medicines showed an appropriate understanding of their responsibilities, in line with the provider's medicine policy and procedures. Their training was periodically refreshed and their competency to administer medicines was assessed each year. Staff informed us they took their medicine responsibilities seriously as an error could have a critical impact on a person's safety and health.

Learning lessons when things go wrong

- Accidents, incidents and other events of concern were properly recorded and analysed by the management team to check for any trends and patterns. Where necessary referrals were made to external professionals and organisations, for example physiotherapists, occupational therapists district nurses, falls clinic and wheelchair services.

- The registered manager showed us an example of how the management team had used their analysis of when people experienced falls to make positive changes to how they promoted their safety. The analysis indicated that a key time for falls was during the staff handover meeting between shifts. The service adapted the way the handover meeting was conducted so that more care staff visibly remained on the units and this resulted in a reduction of falls.

- The provider demonstrated how the service had learnt from a safeguarding concern. Detailed work was undertaken with the provider's senior catering manager to ensure staff were given clear instructions to understand the preparation of food and liquid for people who needed different consistencies of soft and pureed diets for medical reasons. This included the production of pictorial information which was presented in a helpful and supportive way to promote staff knowledge and confidence.

- Reflective learning and one to one supervision sessions were used to support staff to learn lessons following a safeguarding concern, complaint or an incident where the provider recognised issues could have been dealt with more effectively. The management team spoke to us about the importance of developing a culture where staff were able to acknowledge and reflect on any mistakes and use their learning to ensure improvement took place.

Preventing and controlling infection

- The care home was noticeably clean, hygienic and free from any unpleasant odours. Records showed enhanced cleaning took place, however we found occasional discrepancies with the completion of the cleaning schedules forms which we brought to the attention of the hospitality supervisor. We were assured this would be promptly addressed.
- Robust systems were in place to make sure staff were aware of how to keep people, visitors and themselves safe and minimise any risk of COVID-19. The provider always reviewed and updated their infection and prevention control (IPC) policies and procedures to ensure they were in accordance with government guidance. Staff confirmed they were continuously kept up to date with changes to the provider's policies and procedures, as relevant information was sent to their smart phones and discussed at the handover meetings between shifts.
- Staff undertook IPC training and were seen to be correctly attired in their personal protective equipment (PPE) during the inspection visit. Staff told us the management team supported them to adhere to best practice, for example PPE was plentiful and designated changing areas were provided, which were accessed through a separate entrance to the main door.
- The provider was strictly following correct protocols to ensure visitors did not become infected with COVID-19 and spread infection. Visitors were required to take a lateral flow device (LFD) COVID-19 test and given PPE to wear in the premises, which was confirmed by relatives we spoke with.
- People living at the service and staff were regularly tested for COVID-19. To provide increased safety for people, the provider had converted a vacant room into an 'ozoned' storage area where items brought into the premises could be placed for an hour for decontamination purposes.
- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed in a detailed manner before they moved into Rokewood Court. These assessments were carried out to enable the service to plan people's care and support, including how to meet people's individual wishes and preferences for different aspects of their life. For example, favourite foods and drinks, leisure interests and choice of newspaper.
- These pre-admission assessments were designed to include information about people's health care needs and could incorporate separate assessments where applicable from people's GP, community nurse or relevant health and social care professionals if they moved into the service directly from a hospital or a different community setting.
- The provider had created a document known as an 'All Person Bulletin'. This was a summary of people's needs and wishes which was shared with staff across different departments, for example catering, housekeeping and maintenance. This enabled staff to make sure people's bedroom or first meal at the service was prepared in a style that met their own preferences.
- The provider used a variety of research-based tools as part of the assessment and care planning process. For example, staff assessed if people were at risk of developing pressure sores by using a recognised skin integrity assessment tool.

Staff support: induction, training, skills and experience

- People were supported by staff who received suitable training and supervision for their roles and responsibilities. Following induction, staff undertook a range of mandatory training along with other training that focussed on the individual needs of people who used the service. For example, training to understand dementia and how it impacts on people's daily lives.
- At the time of the inspection the provider had predominantly recruited care staff who were experienced working in the adult social care sector. The Care Certificate was offered to any new staff with less relevant experience. It is a training course based on an identified set of standards that health and social care workers adhere to in their daily working lives.
- Staff received support and guidance from their line managers through regular supervision sessions. These meetings enabled staff to raise any concerns about their roles and seek advice about their work, training and development and other issues.
- Relatives remarked on staff working in a competent and knowledgeable way. One relative said, "They all seem to know what they are talking about. They also gave us a good insight into the illness that [family member] has." Staff members told us, "Induction was very good. It was done over three days and we had the chance to get to know the home. [Provider] is very flexible with the training, I am now doing a [national qualification in health and social care]" and "Best training was dementia training, we had a really

good trainer. You learn something new each time you do it."

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

- People were provided with an attractively presented diet to meet their nutritional needs and known preferences. Care plans contained detailed information in relation to people's likes and dislikes, favourite snacks and beverages and whether they had any specific medical or cultural requirements, for example a Halal diet or a menu suitable for a person with diabetes.
- The catering team were supplied with up to date details about people's needs. The head chef showed us how pureed and soft food was displayed on plates so that it looked as appetising as meals prepared in a standard way.
- People were provided with a positive and sociable dining experience. Classical music of a gentle nature was played quietly which enabled people and staff to interact without unnecessary background distractions. We observed staff encourage people if necessary and provide discrete assistance if this was needed, for example to cut up food.
- People and relatives spoke highly about the quality of the food. Comments included, "Delicious", "I regularly looked at their menu and it looks very inviting. [Family member] always has a drink on the go. Plus, food and fruit on the side" and "[Family member] loves desserts and cakes but doesn't like fish and they (provider) respond to all of this. The food is great."
- We observed the design and appearance of home baked cakes, biscuits and confectionary made by the head chef was exceptional. During the inspection we saw cakes shaped and decorated as colourful bonnets which provided a focal point for people using the service to admire and engage in conversations about. People were supported to participate in cake decorating sessions and other culinary activities with the catering team, if they wished to.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were appropriately supported to access health care services. The GP provided a scheduled visit to the service every other week and a remote visit on the weeks not covered by a visit in person. District nurses visited in accordance with people's assessed needs for nursing support, for example if they had a pressure sore or a skin condition that needed regular treatment.
- The deputy manager told us about Telemedicine, a virtual NHS care service that enabled care home staff to remotely access health care support for people and guidance for themselves. Staff at Rokewood Court spoke with a Matron for older people, who could provide helpful advice and escalate concerns to other health care and medical professionals as required. This enabled care staff to ensure people received the health care they needed without undue delay and avoided unnecessary call outs to the ambulance service.
- People's oral health care needs were assessed and individual guidance for care staff to follow was written in their care plans. Records showed people accessed care and treatment from dentists.
- People and their relatives confirmed they were pleased with how the service supported them to meet their health care needs. Comments included, "They keep us informed of all medication and medical needs. This is a relief for my [relative] and I" and "Everything is monitored to a good standard which we are very happy with."
- People and their relatives where applicable were consulted about how they wished to meet their individual health care needs. The registered manager told us some people chose to engage the services of private podiatrists and physiotherapists or the service could refer them to the NHS. At the time of the inspection the service actively maintained links with a range of health care professionals including NHS speech and language therapists and dietitians.

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

- People were provided with a spacious, welcoming and comfortable home which was well decorated and maintained. There were distinct communal areas within the premises that supported people to come together for entertainments or small gatherings. For example, there was a tastefully appointed smaller dining room where a few people could enjoy a cosy afternoon tea and a cinema room that could accommodate a larger group.
- The building was suitable for people with mobility problems. There was no clutter along corridors and in communal areas which supported people to feel safer, particularly if they used a wheelchair, zimmer frame or other mobility aid. There were communal bathrooms with adapted baths, including a bathroom that was designed to provide a luxury and relaxing spa experience.
- People were able to enjoy the landscaped garden. The provider had commenced building balconies to enable people to access the benefits of fresh air and clearer views of the local countryside while remaining within the premises.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA. Staff received MCA training and were aware of the importance of always asking people for their consent prior to supporting people with their personal care needs. Care plans showed people's capacity was assessed when they moved into the service and reviewed as required.
- The management team appropriately submitted DoLS applications to make sure people's freedoms were not unlawfully restricted. The deputy manager stated it was their responsibility to maintain a record of when a DoLS authorisation was due to expire so that the provider could contact the local authority at an appropriate time.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives spoke positively about the caring and thoughtful approach of the staff team. Comments included, "My [family member] says they see [staff] as family. They adore [staff]" and "Very considerate, genial and friendly."
- The deputy manager told us how several people living at the service had developed good friendships with each other and how this had enhanced their wellbeing. We met two people who became friends since moving into the service and enjoyed regular movie afternoons together. Both people liked the same kind of films that reflected their culture and they shared other interests. Relatives told us they had observed how their family members' wellbeing had improved as people no longer felt isolated living on their own and now benefitted from the companionship of others.
- We observed caring and genuine interactions during the inspection between people and the staff team. Staff told us they had sufficient time to speak with people and make them feel valued and special. People appeared relaxed, smiling and cheerful with staff.
- Staff received equality and diversity training. People's life history, culture and relationships were respectfully recorded in care plans and spoken about by staff. People were supported by staff to receive an individual service that reflected their unique experiences, wishes and interests. Events took place to celebrate the cultures of people living at the service, for example crafting sessions to make party pieces and entertainments for Christmas and Diwali.

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

- Care plans and other records demonstrated people were consulted about their wishes and encouraged to participate in making decisions about their care and support. Where people were not able to tell us how they wished to be supported we found staff had a good knowledge of their individual likes, dislikes, interests and background.
- For example, one person who was not able to express their wishes was known to have keenly taken part in a sport for many years and was supported by the activities coordinator to attend a prestigious venue connected to their sporting interest.
- People could be referred for statutory or community advocacy if they needed independent support to make decisions.

Respecting and promoting people's privacy, dignity and independence

- People were asked whether they wanted to receive their personal care from care workers of their own gender and their wishes were recorded in their care plans. People and relatives confirmed this was respected by staff. We observed respectful practices during the inspection, including staff knocking on

bedroom doors and asking people for permission to enter.

- Secure systems were in place to ensure peoples' confidential records could only be accessed by staff and external professionals with a valid need to access such information.
- People were offered opportunities to maintain their independence as much as possible. People were invited to take part in residents' meetings where they could contribute to the planning of entertainments and events, and the seasonal menus at the service. The provider listened to their views, for example the menu was altered to include more fish meals.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us their care and support was provided by staff in a personalised and flexible way. Care plans contained information about people's chosen routines along with their likes and dislikes, interests, life history, hobbies and aspirations. For example, what time people liked to get up in the morning, retire to bed and whether they preferred a bath or a shower. One person told us they liked to receive a copy of their favourite newspaper each morning and this formed part of their agreed daily plan of care.
- Staff demonstrated a detailed knowledge of people's needs and wishes. Staff told us they reported any significant changes in people's health and welfare to their line manager. Staff responded to people's feedback. For example a person had problems independently managing a soup bowl that was too heavy for them so an individual new lighter-weight bowl was purchased. A relative remarked "The care is excellent, engaging and coordinated."
- People were offered an opportunity to have a trial stay at the service before they moved in, which enabled staff to begin planning people's individual care at an early stage. There were established systems for reviewing people's care plans and involving people and/or their relatives in the process.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed when they moved into the service and were kept under review. Where required, care plans contained individual guidance for staff about how to effectively communicate with people considering their health care needs and other circumstances. We observed staff knew people well and communicated in a friendly manner that maintained appropriate professional boundaries.
- The registered manager told us information could be produced in other formats if needed, for example large print, braille and audio.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with companionship and emotional support to protect them from risks to their wellbeing associated with social isolation. The activities coordinator and the staff team offered people a wide range of activities to stimulate their minds, promote physical activity and provide entertainment. For example carpet bowling, daily exercises, flower arranging, skittles and reminiscence sessions. When people

were able to go out in the local community, favourite activities included trips to the park in the service's minibus, visits to the theatre and garden centres, and pub lunches.

- People were supported by staff to keep in contact with their relatives and friends, particularly during the times visitors were not allowed to enter the premises due to government regulations. People using the service and relatives confirmed they were able to maintain meaningful contact through using remote technology as well as speaking by telephone.
- Staff spoke with empathy and understanding about the emotional difficulties people experienced when they were not permitted to receive visitors. The activities coordinator told us about the 'Well Being Programme' which was introduced during lockdown. This included activities people could engage in with a staff member if they needed to isolate in their bedrooms. For example, quizzes, using sensory equipment, hand massages and manicures and using therapeutic and creative colouring books designed for adults.
- The provider supported people to meet their cultural and religious needs. For example, people were offered meals not featured on the standard menu plan that met their cultural preferences. This included spicy curries which relatives were invited to try out and comment on their authenticity.
- The home advisor told us they made links with the ministers for two local churches so that people could attend religious worship at the care home. It was important for one prospective person to be assured they could receive communion when they moved in to Rokewood Court and this was arranged.

Improving care quality in response to complaints or concerns

- The provider's management of complaints and concerns demonstrated they were taken seriously and responded to in a professional manner. People and their relatives were provided with clearly presented information about how to make a complaint, including timescales for the provider to respond.
- We spoke with the registered manager about each of the four complaints the service had received since it opened. The learning from each complaint was recorded and the registered manager explained to us how this learning was put into practice.
- People and their relatives expressed their confidence that the management team would respond to any complaints in an open and transparent way.

End of life care and support

- Processes were in place to provide people with the care and support they needed to meet their end of life needs. The registered manager told us the service was supported by the GP, district nurses and health care professionals within the local palliative care team.
- At the time of the inspection the service was working towards achieving recognised accreditation via the Six Steps Programme, a palliative care model developed for care homes by the training organisation Skills for Care and adapted by a hospice provider. The completion of this programme included training for care staff. The registered manager also attended palliative training for local care home managers as part of a project provided by a hospice in south London.
- People and their chosen representatives where applicable spoke with the GP in relation to whether cardio-pulmonary resuscitation (CPR) should not take place. People's resuscitation status was displayed on staff's smart phones, to ensure staff had the correct information instantly available, to ensure people received appropriate and dignified care in the event of a cardiac arrest.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

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

- People and their relatives spoke positively about how the service was managed and how the management team provided people with a home they liked living in. Comments included, "I am so happy living here" and "Definitely pleased with our choice of care home. How well laid out it is. We don't think we could have made a better choice for [family member]."
- Relatives commented about the open and welcoming approach of the management and staff team. They were invited to attend care planning and review meetings for their family members so that they could support their loved ones to get the best possible care tailored to their needs.
- Some relatives told us this was not their first experience of choosing a care home for their family member. One relative said, "This is the best care home of the three previously [family member] has been in. I have had no bad experiences from the staff or manager."
- Staff commented positively too about their experiences of working at the service and how Rokewood Court compared favourably to other care homes they were familiar with. One staff member said, "This a really good place. I've seen good and bad care, and this is the best."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and the deputy demonstrated a good understanding of their legal responsibilities. The provider recorded events at the service such as accidents and incidents in a detailed way which clearly stated any occasions when they acknowledged shortfalls in how they managed a situation.

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

- The registered manager understood her responsibilities in relation to when it was necessary to send a notification to CQC regarding notifiable incidents.
- Clear systems were used for monitoring and auditing the quality of care and support for people. This included audits for medicine management, infection prevention and control and social activities. We observed the registered manager walked about the service on both days of the inspection site visit and the deputy manager was also a visible presence on the units.
- People's views were sought through surveys, which were also sent to their relatives and friends. The service had received very positive feedback and a significant number of compliments. The provider acted on people's comments. For example they purchased new bath towels for people who reported their bath towel

was too large and impacted on their ability to safely and independently carry out their own personal care.

- In addition to daily handover meetings between shifts, the registered manager chaired brief daily meetings known as 'Take 10'. These ten minutes meetings were used for heads of department and senior staff to share important information with each other for the smooth running of the service.

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

- People and staff told us that despite the months of restrictions they felt engaged by the service. For example, the service had successfully proceeded with its project known as 'Rokewood Dreams'. People were encouraged to share a special wish they wanted to fulfil with the support of the activities coordinator. This included a pub lunch at a favourite venue in Surrey and a visit to a cemetery to find the grave of a cherished friend. Where people might not be able to express their wishes, the activity coordinator spoke with relatives and checked people's life histories.

- Relatives spoke positively about how the management and staff communicated with them and provided updates about their family member, which was particularly important when 'in person' visiting was not possible. Comments included, "I have found the staff very friendly, compassionate and caring. The communication pathway is always open" and "Communication is very good."

- Staff consistently reported to us how the management team made them feel supported, consulted and appreciated, especially during challenging periods. For example, during lockdown periods and when people had to relocate with staff to another care home operated by the provider due to a serious flooding incident. The directors demonstrated their appreciation by giving each staff member a quality hamper for Christmas. A staff member told us "I get a lot of enjoyment and satisfaction; you can always go to the management team if you are worried."

- People and their relatives and friends were encouraged to participate in community fund raising events with staff, which promoted positive relationships and a sense of achievement during a fun activity. This included a sponsored walk in the garden and a day of dressing up in festive hats and costumes to support the Alzheimer's Society.

Continuous learning and improving care; Working in partnership with others

- The service demonstrated an active approach to fostering an environment for ongoing learning and development. This included appointing staff in 'champion' roles where they could develop their own knowledge about how to support people with specific needs and share this with their colleagues. For example, how to support people with dementia taking into consideration best practice from reputable bodies.

- The service had introduced 'resident of the day' which enabled staff to focus on the holistic needs of an individual person. Records showed staff worked across departments within the service to ensure all aspects of the person's care, accommodation and nutrition met their assessed needs, and their own wishes wherever possible.

- The service worked in partnership with a broad range of professionals and community organisations to ensure people received a high standard of care and support to meet their health and social care needs. The registered manager told us the service had developed links with a local NHS mental health trust, which enabled staff to develop their knowledge to meet the needs of a person using the service.

- The service received a visit from the local authority commissioning team and the registered manager shared their initial visit report with us. At the time of the inspection the local authority had not used the service for placements although this was being discussed for the future.

- The home advisor and the activities coordinator reached out to the local community to develop positive relationships. This included contacts with primary schools, choirs and voluntary organisations who were increasing their involvement in the social life of the service as COVID restrictions gradually reduced.

