

Rosedene Residential Care Limited

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Inspection report

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Date of inspection visit:
13 July 2016
15 July 2016

Date of publication:
23 August 2016

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection was carried out on 13 and 15 July 2016 and was unannounced.

Rosedene Residential Care provides accommodation and personal care for up to 23 older people, some of whom may be living with dementia. The service is a large converted property. Accommodation is arranged over two floors and stair lifts are available to assist people to get to the upper floor. The service has 17 single bedrooms and one double bedroom that people could choose to share. Seven bedrooms had ensuite toilets. There were 18 people living at the service at the time of our inspection.

A registered manager was leading the service, supported by a deputy manager. The registered manager was also the registered provider for the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us that staff were "Very caring", "Very good", "Very friendly" and "Very kind people". One person told us, "I think I couldn't have it better, it's like being at home in a family". Another person said, "I think the service is outstanding, they go above and beyond". Staff treated people with dignity and respect at all times. One person told us, "They are so patient with me, I never feel like a burden."

People were involved in all areas of the service, including planning the menus, the decoration and day trips. They told us they had the choice to continue to do domestic tasks they had done at home if they wanted to. People told us they enjoyed dusting their bedrooms, laying the tables and folding laundry. One person did the garden and other people made sure the pet cat was fed.

The registered manager supported staff to provide a good level of care and held them accountable for their practice. Staff were clear about their roles and responsibilities and were motivated to provide the support and care that each person wanted. Checks on the quality of all areas of the service had been completed to make sure they were of the standard the registered manager required. Action was taken quickly to address any shortfalls found.

People told us there were enough staff, who knew them well, to meet their needs. People's needs had been considered when deciding how many staff were required on each shift and people told us staff responded quickly to their requests for help. Staff worked as a team to meet people's needs.

Recruitment systems were robust. Checks had been completed to make sure staff were honest, trustworthy and reliable. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff had completed the training and development they needed to provide safe and effective care to people and held recognised qualifications in care. Plans were in place to refresh staff skills regularly and further develop them in their role. The registered manager met regularly with staff to discuss their role and practice.

Plans were in place to keep people safe in an emergency, including plans to evacuate people from the building. Staff practiced these regularly. Staff knew the signs of possible abuse and were confident to raise concerns they had with the registered manager or the local authority safeguarding team.

People's care was planned and reviewed with them to keep them safe and help them be as independent as possible. Possible risks to people had been identified and action had been agreed with people to keep them safe, while supporting them to be independent. One person told us, "The staff only help me out only when I need it."

Assessments of people's needs had been completed to identify any changes. Detailed guidance was provided to staff about how to meet people's needs as soon as they began to use the service. People's care plans had been reviewed and changed when people's preferences changed. People were supported to have regular health checks such as eye tests.

Accurate records were maintained about the care and support people received and about the day to day running of the service. Information was available to staff to help them provide safe and consistent care to people.

Staff and people planned the activities on offer at the service together, these included quizzes games and beauty treatments. People told us they had enough to do every day and enjoyed the day trips and outings provided.

People received the medicines they needed to keep them safe and well. Action was taken to identify changes in people's health, including regular health checks. People planned menus with staff and were offered a balanced diet. People told us there was a wide variety of food on offer. Staff were taking part in a Hydration Project being run by Thanet Clinical Commissioning Group. They had increased the amount and variety of drinks offered to people each day.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Arrangements were in place to apply to the supervisory body for a DoLS authorisation when people who lacked capacity to consent were restricted. People were supported to go out often and could move around the service and grounds freely. Staff followed the principles of the Mental Capacity Act 2005 (MCA) and supported people to make choices in all areas of their life.

Systems were in place to manage complaints received. People and their representatives were confident to raise concerns and complaints they had about the service. They told us that any concerns were addressed quickly to their satisfaction and did not occur again.

People, their relatives and visiting professionals were asked for their views of the service regularly. People had commented that the service was 'Excellent'. Staff had regular opportunities to share their experiences of the service and told us the management team supported them to try new ideas they had.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks to people had been identified and action had been agreed with people to reduce risks. Guidance had been provided to staff about how to keep people safe in an emergency and staff practiced this.

Staff knew recognise and respond to abuse.

There were enough staff who knew people well, to provide the support people needed.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

People were given the medicines they needed.

Is the service effective?

Good ●

The service was effective.

Staff followed the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. People made choices in all areas of their life.

Staff had the skills they required to provide the care and support people needed.

People planned menus with staff to include foods that they liked. People were offered a choice of food to help keep them as healthy as possible.

People were supported to have regular health checks and to attend healthcare appointments.

Is the service caring?

Outstanding ☆

The service was outstandingly caring.

People said that staff were "Very caring", "Very good", "Very kind" and "Brilliant".

People had privacy and were treated with dignity and respect. Staff gave people reassurance when they needed it. Staff made people feel at home.

People were involved in making decisions about the service including planning activities and the décor and day to day household activities. People were in charge of the garden and in caring for the house cat.

People and their families had been asked about their end of life care preferences.

Is the service responsive?

Good ●

The service was responsive.

People planned their care with staff. People received their care in the way they preferred.

People planned and took part in a wide variety of activities at the service and in the local community. People enjoyed the activities especially the day trips.

Systems were in place to resolve any concerns people had to their satisfaction.

Is the service well-led?

Outstanding ☆

The service was outstandingly well-led.

Staff were motivated and led by the management team. They had clear roles and were supported to take on new responsibilities. Staff were accountable for their actions and were confident to challenge their colleagues practice.

The staff and the registered manager shared people's vision of a good quality service.

Checks on the quality of the service were completed continuously. People, their relatives and staff were encouraged to share their views and experiences of the service and these were acted on to continually improve the service.

The management team and staff work take part in projects organised by health care professionals to keep up to date with best practice in providing people with high quality care.

Rosedene Residential Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 took place on 13 and 15 July 2016 and was unannounced. The inspection team consisted of one inspector 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 care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications received by the Care Quality Commission which a provider is required to send us by law. Notifications are information we receive from the service when significant events happen, like a death or a serious injury.

During our inspection we spoke with eleven people living at the service, two people's relatives, the registered manager, and staff. We visited some people's bedrooms, with their permission; we looked at care records and associated risk assessments for four people. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the care and support people received. We looked at their medicines records and observed people receiving their medicines.

We last inspected Rosedene Residential Care Limited in April 2014. At that time we found that the registered provider was complying with the regulations.

Is the service safe?

Our findings

People and their relatives told us they felt safe at the service. People's comments included, "My safety is not an issue here" and "I feel very safe". One person's relative told us, "My relative tells me they feel safe here. I have never had any worries; I know my relative is getting good care here". Another person's relative said, "My relative is ever so safe here. I was relieved to find this service; we looked at several others that were not as good as this one. My relative isn't frightened anymore and I don't worry about them now they live here".

Staff knew the signs of possible abuse, such as changes in people's mood or the way they responded to other people. They knew how to report any concerns they had and were confident any concerns they raised to the registered manager or deputy manager would be listened to and acted on. The management team were aware of safeguarding procedures and had raised any concerns they had with the local authority safeguarding team. Staff felt confident to whistle blow to the management team or to the Care Quality Commission when they had concerns about their colleagues' practice.

People had control over their own finances and spent their money on what they wanted. One person's relative told us their relative chose to spend some of their money on having their hair done weekly which was important to them. Other people were supported to visit local shops to buy the things they wanted, including clothes, ornaments and sweets. One person gave staff and other people gifts of their personal items on occasions. Staff checked that the person was happy to give the gift to other people before it was given. They returned items the person gave to them and were careful not to offend the person.

Any accidents were recorded and monitored by the management team so they could identify any patterns or trends and take action to prevent further incidents. The building was secure and the identity of people was checked before they entered. Internal doors were not locked and people moved freely around the service and were not restricted.

Risks to people had been identified, assessed and were regularly reviewed. Action had been taken to reduce risks and guidance was provided to staff about how to keep people safe while maintaining their independence.

Staff told us some people were at risk of falling. The risk of people falling had been assessed and action had been taken to keep them as safe as possible. One person was at risk of falling in their bedroom. An alert mat had been placed in the person's bedroom to inform staff when the person had got up from their bed or chair. Staff found that the person often moved the mat under their bed and walked around in their bedroom without staff support. Staff had discussed the risks with the person and they had agreed to have a 'sensor alert system' fitted in their bedroom to let staff know when they were walking around. Staff told us this system was effective and the person had not fallen.

Risks to people's skin health, such as the development of pressure ulcers, had been assessed. Pressure relieving equipment was available to people who needed it, and checks were made to make sure this was used correctly. Guidance was provided to staff about the correct use of pressure relieving equipment,

including the settings for pressure mattresses. Staff knew the settings and checked the equipment was working correctly each time they supported people to move. One person was at very high risk of developing pressure ulcers and was reluctant, at times, to allow staff to provide the care and support they needed. Staff spent time with the person and explained the risks and consequences to them and the person accepted their support. Staff provided the care prescribed by the person's community nurses and the person did not have any wounds.

Plans were in place to keep people safe in an emergency including guidance to staff about how to move people to other parts of the building to keep them safe in the event of a fire. A fire drill took place during our inspection. This was discussed with people and staff before it took place. People were told that the bells would ring and were reassured that there was not a fire and they did not have to leave the building. Staff practiced the action they would take in the event of a fire. The management team assessed staff competency and noted any support staff needed to keep people safe.

Risks posed to people from the environment had been identified and assessed. Measures were in place to reduce risks. For example, the temperature of the water was checked before people had a bath, to make sure it was not too hot or too cold. Steps in the garden had recently been replaced with ramps to support people to use the garden more easily.

A call bell system was fitted in people's bedrooms and communal areas. People told us they always had access to the call bell and staff responded promptly when they rang for help. People told us, "The staff are very good. Always here when I call for them. They don't keep me waiting long, they're a lovely bunch" and "I've got a buzzer to call them over and they come as soon as they have a minute." Staff regularly checked on people in their bedrooms and spent time chatting to them and offering any support they wanted. One person told us, "There is always someone here to watch over us at any given time".

People were protected from the risks of unsafe medicines management. Effective systems were in operation to order, receive and dispose of medicines. Medicines prescribed for short term conditions, such as antibiotics were obtained quickly. All staff had completed medicines management training and their competence was assessed regularly to make sure their practice remained safe. People told us they had their medicines when they needed them. One person told us, "The staff are extremely efficient with that, very timely."

Medicines were stored securely, including those more liable to misuse. People told us they were happy with how their medicines were stored. One person told us, "This is the only place I've seen that has a proper hub for medication. In other places I've seen them just take it out from their pockets. You don't know where it has come from. Here everything is done properly." The management team had identified that they were not able to check that medicines were stored at the correct temperature. High or very low temperatures can reduce the effectiveness of medicines. A thermometer had been ordered for the room in which medicines were stored. A thermometer was put into use in the medicines fridge during our inspection.

Regular checks were carried out on medicines and the records to make sure they were correct. We looked at people's medicines administration records (MARs) and other records used to monitor the administration of medicines. Some entries on people's MARs had been handwritten. These had not been checked by a second person to reduce the risk of mistakes. The management team put systems in place during the inspection to check all handwritten entries on MARs were correct. Other important records were kept in the correct order.

Staff knew the side effects of medicines, such as an increased need to go to the toilet. People were supported to manage the side effects, including regularly offering people support to use the toilet if they

wanted to. Staff told us that one person had not taken their medicine before they began to use the service because they were unable to manage the side effects. The person was taking the medicine and managed the side effects with staff support. Their health had improved.

Creams had been prescribed to some people to keep their skin as healthy as possible. Guidance was provided to staff about where the creams were to be applied and staff signed the MARs to confirm they had applied the cream. People had healthy skin.

People were supported to manage their own medicines when they wanted to. One person applied their own creams when they were needed. Other people had asked staff to manage their medicines on their behalf and had signed consent forms. Most people were prescribed pain relief 'when required'. People were offered their pain relief regularly and when staff saw signs that people may be in pain. People were able to ask for pain relief when they needed it and this was provided. One person told staff they had a pain. Staff checked to make sure the person had taken their 'when required' pain relief in the last six hours and offered them pain relief which they took. The staff member told the person if the pain got worse they would contact the person's doctor.

We observed people receiving their medicines. This was done in a caring and respectful way and staff stayed with people to ensure they took the medicines safely. One person was confused because they were offered four tablets at lunchtime instead of the three they took regularly. Staff took time to reassure the person the tablets were correct and explained that the extra tablet was an antibiotic for their chesty cough. The person told the staff member, "You are very patient" and took all the tablets.

People were invited to be involved in the selection of new staff. They were offered to opportunity to take part in staff interviews and met with candidates before they were offered a position. People gave their feedback to the management team and this was taken into consideration when selecting staff.

Checks had been completed on new staff to make sure they were honest, trustworthy and reliable. Information had been obtained about staff's conduct in their last employment and their employment history, including gaps in employment. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff before they began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Checks on the identity of staff had been completed.

People told us there were enough staff, who knew them well, to provide the care and support they wanted. One person told us, "When I need them, they are here. I say to them I don't know how they keep up. I can't fault them at all. I just can't". Another person said, "I need a lot of looking after. I use a wheelchair and they help me." One person's relative told us, "My relative is very happy here. The staff spend time chatting to my relative, which they enjoy". They also told us their relative liked to have their back scratched. Staff spent time with the person chatting to them and scratching their back. The person told us they enjoyed this. Another person's relative said, "I can always find a member of staff when I need and they answer any questions I have about my relative".

The registered manager decided how many staff were needed to provide the service at different times of the day, taking into consideration peoples' needs and preferences, appointments and activities. For example, staff supported people on a one to one basis when they went on boat trips shortly before the inspection. Staffing levels were reviewed and adapted to meet people's changing needs. Staff worked as a team to support each other and cover any staff vacancies, holidays and sickness absence. Staff sickness levels were very low. An on call system was in place and management cover was provided at the weekends and in the

evenings, so staff had support when they needed it. One staff member who provided on call cover told us, "The staff are experienced and very sensible and only contact us when they need to".

Is the service effective?

Our findings

Care was planned with people to keep them as healthy as possible. One person told us, "The staff are very prompt. If they feel I need to see a doctor, or if I wanted one I'll tell them." One person's relative told us, "The staff are on the ball and recognise when my relative isn't very well. They act quickly to get them the care they need including antibiotics for an infection". A nurse who visited the service had completed a quality assurance survey and stated, 'Rosedene has exceptionally high standards. Each client's needs are met. I do not feel their quality of life could be improved'.

Staff reassured people when they felt unwell and reminded them what their doctor had recommended. One person told staff at lunchtime, "I've got no appetite; I should talk to the doctor". Staff reassured the person saying, "You told the doctor and he gave you antibiotics so you should be feeling better tomorrow". The person replied, "Thank you, you are kind".

People were offered regular health checks, including eye and dental checks. One person told us, "The staff take me to the opticians. If you need the dentist they'd do the same". Another person said, "Staff take me to the opticians and one carer comes with me". Staff supported people to attend health care appointments, including GP and outpatient appointments as they had done before they began using the service. This was to support them to tell their health care professional about their health and medicines and to make sure that any recommendations were acted on when they returned to the service. People's doctors were asked to visit people at Rosedene when they were too unwell to attend the surgery. Staff supported people to have their medicines reviewed regularly by their doctor to make sure they remained effective.

People told us a chiropodist visited the service every six weeks and they were able to see them if they wanted to. Most people saw the chiropodist arranged by the service, other people continued to use the chiropodist they had used before moving into the service.

Some people needed assistance to manage their mental health. Staff supported them to see their mental health care professionals and provided the care they recommended. One person had recently been discharged by their mental health professional as the consistent care they received from staff supported them to maintain their mental health well.

People were encouraged and supported to make choices about all areas of their lives. During our inspection people were offered choices and made decisions which staff respected and supported. One person told us, "It's lovely here. I am not bossed around. I can do what I like".

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 be as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We found that they were.

People told us they had, "Freedom of choice" and were able to "Do what we want to do." Everyone was able to chat to staff and tell them about their choices and the support they wanted. People told us, "I get up whenever I want and go to bed at a time that suits me. I do as I wish"; "It's up to me. Staff don't say you've got to do this and that. They give you your freedom to do as you want" and "I make my own decisions about what I do and when I want to do things".

Staff managed people's requests to make sure everyone was as happy as possible. For example, during the afternoon most people in the lounge wanted to take part in a quiz. One person wanted to continue watching the news on the television. The person did not want to watch the television in another room and choose to watch the news with the volume off and the subtitles switched on.

Processes were in place to assess if people were able to make complex decisions about the care and treatment they received. When people were not able to make a decision, decisions were made in their best interests by people who knew them well, including staff, their relatives and doctor. The registered manager was aware of their responsibilities under MCA and knew how to obtain independent advocacy support for people if they needed it. Staff had completed training in the Mental Capacity Act.

People's capacity to make 'less complex' day to day decisions had been assessed. The information from the assessment had been transferred to people's care plans and guidance was provided to staff about how to support people to straightforward decisions. One person's care plan informed staff the person was able to make choices about their daily routine and where they spent their time but was not able to understand the risks of living alone at home.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was aware of their responsibilities under DoLS. They had made applications to the local authority for standard DoLS authorisations. At the time of our inspection one person was the subject of a DoLS authorisation. Checks were made to make sure that the person was not deprived of their liberty for longer than necessary. The person was supported by staff to go out regularly, including shopping trips and days out.

People told us they were not restricted and could move freely about the service. Their comments included, "I can go up and down as I please", "I can go to my room when it suits me" and "I can do as I wish, there are no restrictions here". People told us their families or staff took them out often. One person said, "We have trips and that, we've been down to the harbour, had lunch, one of the residents wanted to go to the garden centre in Ramsgate. We had a picnic on a ferry".

Staff were trained and supported to have the right skills, knowledge and qualifications to give people the care and support they needed. One person told us, "The staff are competent in what they do." Staff worked through an induction when they started work at the service to get to know people, the care and support they needed and to understand their roles and responsibilities. This included shadowing more experienced staff. New staff completed a level 2 diploma in health and social care, if they did not hold a recognised qualification. The registered manager worked with local colleges to provide student placements and apprenticeships. There was an apprentice working at the service.

There was an ongoing programme of training which included face to face training and distance learning. The registered manager tracked training staff had completed and arranged refresher training when it was

due. The range of training completed by staff included subjects related to peoples' needs including first aid, dementia care and end of life care. One person told us, "I feel confident staff know what they are doing. They have training days, they even had one yesterday I think". Fourteen staff held level 2 or 3 qualifications in social care. Staff told us they enjoyed the courses they had completed and had learnt a lot.

Staff were knowledgeable about people's needs and health conditions. The management team regularly assessed staff competence to undertake their role by observing and talking to them about their practice. Staff received feedback immediately and at regular one to one meetings. Any changes needed to their practice were discussed and development plans were agreed. All the staff we spoke with told us they felt supported by the management team.

Staff had an annual appraisal of their practice and development over the previous year. They agreed goals for the next year with the registered manager. These were reviewed during the year to check staff's progress to their goals.

People told us they liked the food at the service. People's comments included, "I was a very fussy cook and the food here is very nice. There is something different every day, I have no complaints", "I'm more than happy with the food they serve here. There is a variety of things here so you won't get bored with it", "They have different options, there is something for everyone" and "The food is very high quality. There is plenty of choice so it never gets dull". One person's relative told us their relative had lost weight before they moved into the service, but their appetite had increased since moving in and they were now eating well.

Staff involved people in planning and reviewing the menus. People told staff what they had enjoyed and what they had not enjoyed so much. Menus had been changed to include people's preferences, such as crumpets. People also discussed food and drinks at resident's meetings. One person told us, "We discuss planning the menu at meetings like including more salads as it's now summer. So now that's on the menu as well". A couple of people said they would like more fish and seafood. One person told us, "I asked for sea bass and we got it. I wanted to have fruit in the afternoons and they do that now too". Another person went to Whitstable with staff and purchased a dressed crab which they shared with their friend. People told us they had enjoyed these meals.

People had told staff they enjoyed the occasional fish and chip lunches from the local fish and chip shop. The registered manager had asked people if they would prefer take away fish and chips each week to fish and chips cooked at the service. People said they would. People's choices were purchased for them and the portion size they ate had increased. The registered manager said, "It's great to see so many clean plates".

People had asked staff for ice cream when they heard the ice cream van in the street outside the service. They enjoyed ice cream from the 'ice cream man' and the deputy manager had arranged for the ice cream man to visit each week.

Meal times at Rosedene were pleasant, social occasions and people enjoyed their meals together in the dining room. Tables were laid with table clothes, napkins and wine glasses. People told us they preferred the 'proper' (fabric) napkins to paper napkins. Some people used clothes protectors to keep their clothes clean at mealtimes. These were discreet clothes protectors and matched the table cloths. Some people chose to eat in their meals in their bedroom. Trays were dressed in the same way as the dining tables.

The risk of people becoming malnourished had been assessed and staff monitored people's weight monthly. People who were at risk of losing weight had been referred to the dietician for support and advice. Staff had followed the dietician's advice and people had gained weight. For example, some people had their

meals fortified with full fat milk, cheese and other high fat products.

Meals were balanced and included fruit and vegetables. All meals were homemade. Communication between care staff and catering staff was good, catering staff were aware of any changes in people's likes, dislikes and any food allergies they had.

The service was part of a Hydration Project being run by Thanet Clinical Commissioning Group (CCG). The aim of the project was to increase people's hydration and reduce their risk of needing to go to hospital. The registered manager, deputy manager and two senior care staff had completed training around hydration. The service had been selected by the CCG as a good practice case study to demonstrate the effects on people of good hydration.

The two senior care staff were 'hydration champions' and shared their knowledge with the rest of the staff team. People were encouraged to drink often, to help them stay hydrated, such as flavoured waters between the routine drink times. Drinks were available to people in their bedrooms as well as the lounge and dining areas where people spent most of their time. One person told us, "We get tea and coffee all day, if we are up early we get one, one at breakfast, lunch, tea time, dinner, and after that if we want one". Staff told us they had noticed that people were more alert since they had begun to drink more.

Staff held 'taster days' where people were able to try new food and drinks, including cheese and wine evenings and a Spanish day. A smoothie day had been held shortly before our inspection and people had made smoothies with staff support. A wide variety of fruits were on offer and people discussed their memories of the fruits in the past. People told us they had enjoyed making and drinking the smoothies.

Is the service caring?

Our findings

People and their relatives told us they were happy with the service they received at Rosedene. People told us the staff were very important to them and they thought of staff as part of their family. Their comments included, "It's wonderful here, it's really a home. I'm very happy. I live properly here", "I think the service is outstanding, they go above and beyond", "The staff are very caring, very good", "They are very friendly, very kind people" and "They are lovely, not a bad word to say." People's relatives told us, "The staff are brilliant, always happy, joking and friendly. My relative is always happy and smiling. We couldn't ask for anything more. We are chuffed we found this service" and "My relative has had a new lease of life since moving into the service. I don't think they would be alive if they hadn't moved in".

Staff treated people and their relatives with respect. People were referred to by their preferred names and were relaxed in the company of staff. People and staff shared jokes and laughed together. Staff told us it was very important that they got to know people well and understood how they liked to be spoken to. One staff member told us, "I speak to everyone in a different way. I would not joke with one person in the way I joke with another person, as I know they wouldn't like it". One person told us, "The staff here know how to have a laugh with me, it's a nice dynamic".

One person's relative told us, "Staff are very respectful of my relative and what they have done in their life". The person had recently been awarded a medal for their part in World War II but was unable to travel to attend the official ceremony in France. Staff knew it was important to the person that they received their medal from a soldier. The registered manager had arranged for a ceremony to be held at the service and for a serving soldier from the British Army to come to the home in uniform to award the medal. The serving soldier made a speech and presented the medal, the person also made a speech. The person's relatives told us this made the person extremely proud.

Another person had held a special birthday party at the service and invited all their family. Their relative told us, "It was a really nice day. My relative saw people they hadn't seen for years. They really enjoyed it. We all have some very good memories". The registered manager and staff had helped to organise the party and made sure extra staff were available to support people living at the service and the person's family and friends. The person had a second party on another day with their friends from the service and staff. One person told us, "For birthdays we get the cake and snacks from (a premium supermarket), it's always (the premium supermarket) and it's very good." Everyone was supported to remain in contact with their family and friends. People told us this was important to them and they had visitors whenever they wanted. One person's relatives told us, "The staff make us feel welcome. It's always nice to come and visit our relative."

One person had lost interest in looking after themselves before when they moved into Rosedene. The person had stopped washing and bathing and had not purchased new clothes for several years. With the staff's gentle encouragement and support over a period of time the person's confidence and self-esteem had increased and they were washing daily and bathing frequently. The person enjoyed regular shopping trips with staff to buy new clothes and did not talk about their life before they moved into Rosedene.

The registered manager and staff were exceptional in involving people to make decisions about every area of the service. One staff member told us, "People are involved in everything, planning outings, activities and looking after the cat". People were asked frequently for their ideas and suggestions. Staff took time to understand their views and acted on these. For example, people had said that they liked their visits to the sea front promenade at the end of the road but found it too windy at times. They had asked for a seating area at the front of the house where it was less windy. The registered manager was making plans with people to renovate the area so it was a safe, pleasant place to sit.

People chose and shopped for household items including wallpaper, curtains and garden plants. Staff followed people's recommendations about good places to shop. For example, one person had suggested a particular garden centre offered more variety and better value than the one people and staff usually used. People had visited and now used it regularly.

People bedrooms were decorated to their taste and they were encouraged to bring personal items into the service such as furniture, pictures and ornaments. One person told us, "I've brought my things from home to make it feel like home". Another person said, "Everything in my room is from home." The registered manager had arranged for ceilings and walls to be reinforced so one person could safely display their favourite chandeliers and mirrors. The management team had taken people who wanted back to their home to collect personal items they wanted. People told us this was important to them as they had been worried about what would happen to their possessions. Some people had chosen to share their personal items, including ornaments, with other people at the service and these were on display in different areas. They had brought their 'best china' with them which everyone used it when they had afternoon tea. The person told us they were pleased that everyone was able to enjoy their things.

People continued to do light housework including dusting, laying tables and folding towels. One person told us, "I like to keep busy. I can help a bit, dusting my bedroom and doing the garden. It makes me feel useful". The person enjoyed doing light gardening, such as planting and. People baked cakes and told us they had enjoyed making the Christmas cake. Their comments included, "For Christmas we all helped to make the cake. It was good fun" and "At Christmas all the residents got together and made the cake, it was really enjoyable and it felt like a family." One person who had not been using their hands very much cracked the eggs for the Christmas cake and this gave them the confidence to use their hands more.

The registered manager held regular residents meetings, which were very well attended. The meeting minutes were written in large print to help everyone read them and people had a personal copy if they wanted. The management team had begun to support people to hold some meetings without staff support to give them more autonomy and reduce the risk of staff influence on people's views.

Staff were exceptional in enabling people to remain as independent for as possible for as long as they wanted. One person told us, "Staff encourage us to do to as much as we are able to, it's a good attitude". A person's relative told us, "The staff always encourage my relative to walk". One person was receiving a short, four week service at their request. They told us, "The staff get to know you so they know what your preferences are, and ways of doing things. I have booked in here for four weeks and the staff are helping me all the time to get me to have the confidence to walk again. They are very encouraging but I'm the one who is scared because of the fall. I walked up and down the passage with a tri-wheeler zimmer-frame with their help." Staff told us they encouraged people without 'nagging' them and explained the benefits to people.

Staff reassured people if they were worried. One person was worried about falling when they were walking. A staff member walked with them and said, "Don't worry, take your time. I'm here, I've got you". They rested their hand on the person's back to reassure them. The person walked to where they were going with the staff

member.

People's likes and dislikes had been discussed when they began to use the service and were reviewed to make sure they remained current. For example, staff knew that some people enjoyed classical music and other people liked ballet. Classical music was played at lunchtime and people had enjoyed watching a ballet at a local theatre. Most people liked taking part in quizzes and a variety of quizzes were offered throughout the week which people took part in enthusiastically.

Staff looked at people when they spoke to them and used their name to get their attention and help them understand that staff were speaking to them. Staff offered people choices or asked them questions individually. For example, the cook stood next to each person so they could see and hear them and asked them if they would like an extra roast potato. Staff gave people clear instructions to help them understand what was required of them. Staff helped one person to sit at the table saying, "Feel back for the chair". The person felt back for the chair, walked backwards and sat down. The staff member then said, "I'm going to push you in". The person lifted their feet off the ground and the staff member pushed them up to the table. Staff checked the person was comfortable before leaving them. People told us, "Staff always ask me before they help" and "They tell me before they start to help me with anything."

People told us they were not lonely and always had someone to talk to when they wanted a chat. One person told us, "We chat all the time, we are like a big family. We chat to each other when we are sitting in the lounge or at the dinner table or if we are out on trips."

People told us they had had privacy. Most people had chosen to hold a key to their bedroom and staff only entered with their permission. People decided how much privacy they had. Some people preferred the reassurance of staff staying with them in the bathroom, while other people preferred to be alone and called staff when they needed support. Staff offered people assistance discreetly and were not intrusive. People could choose the gender of the staff member who supported them. Some people preferred to have a specific staff member to help them. The management team made sure this always happened.

Staff supported people to maintain their dignity. One person's relative told us it was important to their relative that they were always been neat and tidy and staff helped them to maintain this. People chose when they wanted to see the hairdresser. The hair dressing salon had a back wash sink to help people have their hair washed comfortably. Mirrors were placed so people could see what their hair looked like as it was styled. People told us they liked the way the hairdresser styled their hair. One person commented that the hair dresser did their hair exactly how they liked it, 'with lots of hair spray'.

Personal, confidential information about people and their needs was kept safe and secure. People who needed support were supported by their families, solicitor or their care manager. The management team had obtained advocacy support for people who needed or requested it. No one required the support of an advocate at the time of our inspection. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

People had been asked about their care preferences at the end of their life. Their choices and wishes were included in their care plan and were available to staff and visiting professionals. Some people had decided that they would like to remain at Rosedene at the end of their life. Staff had worked with community nurses and hospice staff to support people to do this safely. No one was at the end of their life at the time of our inspection.

Is the service responsive?

Our findings

People told us they were involved in planning their care, with their relatives if this was their preference. One person told us, "I'm in charge of me but my son is also kept informed of things". Other people said, "Me and my husband are always kept in the loop about anything to do with my care", "I can make decisions about my own needs" and "I am involved in my own care". One person's relative told us, "We went through the whole care plan with the manager. I feel involved in what's going on".

Before people moved to Rosedene they met with the registered manager and deputy manager to discuss their preferences and make sure the service could meet their needs. People were invited to visit the service for a meal and to meet other people before deciding if they wanted to move in. When people began to use the service they were encouraged to tell staff about their care choices and preferences. Staff wrote a care plan with the person, and their relative if people agreed, and everyone signed it to say it was accurate. Staff provided their care and support in the way they preferred.

Staff provided the care and support people needed. They encouraged people to do what they were able for themselves and helped them to do other things. Information about people's abilities and the support they needed was included in care plans for staff and visiting professionals to refer to. For example, one person's care plan informed staff that they were to wash and dry areas that the person could not reach and the person would tell them about the support they needed each day.

Guidance was included in people's care plans about all areas of their life, including their daily routines and preferences. One person's care plan informed staff the person liked a cup of tea and a biscuit at 7.00 am and liked to get up at 8.00 am each morning. It also informed staff that the person enjoyed a Jacuzzi bath and liked to chat to staff while they were in the bath.

Routines were flexible to people's daily choices, such as having a lay in or going out with family and friends. One person told us they could have a bath every day if they wanted one. Other people told us they were able to do what they wanted to do when they wanted to do it and staff supported them.

People told us staff provided their care and support in the way they wanted and gave them reassurance. Information was included in people's care plans about their worries and guidance was provided to staff about the best way to support the person. One person's care plan informed staff they used a zimmer frame when walking and were assisted by one staff member as they were worried about falling. The person told us, "The staff give me time to do things, they know I'm quite slow and I'm fearful of falling. They understand that and act accordingly. The girls walk with me".

Guidance to staff about the care and support people wanted was reviewed monthly to make sure it continued to meet their needs and preferences. People were involved in these reviews when they wanted to be. When people's needs changed staff spoke with the person about the support they wanted and agreed this with them. Several people had been reluctant to have support to meet their personal care needs. Staff had agreed with people the care they would offer them to keep them safe and well. If people refused

support staff explained the risks to the person and respected their decision. People told us staff always provided the care they needed and told us how their support had changed as their needs had changed.

People had been asked about their spiritual needs. Those who wanted were able to attend the local churches or the services held monthly at the service. One person joined a daily on line service which was important to them.

People had enough to do during the day and had regular opportunities to follow their interests and take part in social or physical activities. One person told us, "I am satisfied with what they organise here. It's all discussed with us in a group meeting". Another person said, "The staff plan a lot of different things to cater to everyone's taste. I don't think many places would do as much as we do". Activities were offered everyday including manicures and foot spas and games. People enjoyed going to the sea front promenade at the end of the road and often took hot drinks and games with them. One person said, "If it's nice, staff take us down to the green at the top of the cliff, we like that".

Staff spent time with people chatting and having a drink, they discussed what was going on in the world and looked at the newspaper. One person told us, "I like watching the news everyday just so I am aware of what is going on in the world". People told us they enjoyed quizzes staff provided which helped their memory and they reminisced together about things they had done in the past. One person said, "Sometimes we have a quiz and they ask the individual about when they were younger."

Outings were planned around things that people liked, for example, two people visited a furniture shop, one person had been a French polisher and enjoyed looking at the French polishing on the furniture. Another person enjoyed looking at nice houses and often went for a walk with staff to look at the houses in the roads near the service, many of which were large. People enjoyed having a drinks and cakes in cafés when they went out, including to routine appointments such as to the optician.

People had been asked for suggestions for summer day trips at the March residents meeting and had made suggestions including local zoo's, gardens, castles and a boat trip. One person told us, "The days out that we plan are excellent". People told us they had enjoyed a boat trip on the river Medway. One person said, "We had a boat trip up the river and afternoon tea. It was nice and relaxing". People's family and friends were invited to join in the activities and day trips. One person said, "My husband also gets involved and he has a space on the minibus. Families are invited too".

One person had asked about short holidays. The registered manager had obtained brochures and people were considering if they wanted to go. The registered manager borrowed a minibus from the local church to help people to travel. People who were unable to travel in the minibus were driven by staff in cars.

The registered manager had asked people about the quality of activities staff offered and people had said they were happy with them. One staff member had been praised for the activities they provided and the registered manager had told them, 'All the residents I have spoken to have said you are exceptional in giving a good quality activity programme'. One staff member told us, 'The activities and trips help people build relationships with each other. They socialise more and it gives them something to talk about. Doing things makes people happier, they are more awake and have a better appetite. It increases their wellbeing".

A process was in place to receive and respond to complaints. People and their relatives told us they had not needed to make complaints to the registered manager but were confident to raise any concerns they had. One person told us, "I feel more than comfortable to speak up, if I have any concerns, not that I have any to date." Another person said, "I know [registered manager] and [deputy manager] very well, they are like

friends, I could go to them with anything and everything". People were confident their concerns would be addressed "straight away". The registered manager told us they encouraged people and their relatives to raise any concerns they had to help them improve and develop the service. They told us, "We learn from complaints".

Information about how to make a complaint was available. People were reminded about how they could raise any concerns they had at resident's meetings. The registered manager and deputy manager spoke to people often and checked if anything was worrying them. Any minor concerns people, their representatives or visiting professionals raised were resolved quickly by the management team "So they do not escalate".

Is the service well-led?

Our findings

People and their relatives told us the service was well run by the management team and they thought the standard of the service was high. Their comments included "It's very well run all in all, I can't fault it. I'm very comfortable here. I wouldn't want to move again", "Overall it's excellent here", "I think I couldn't have it better, it's like being at home in a family", and "My relative is very happy here. If you can please my relative, you can please anyone, they are very particular. I can't fault the service".

The registered manager had been leading the service for several years before purchasing the service and becoming the registered provider. They were supported by the deputy manager and worked as a team to provide consistent support to people and staff. Both the registered manager and deputy manager were experienced and held recognised qualifications in leadership. They attended meetings and forums to keep up to date with changes in legislation and good practice. The Clinical Commissioning Group (CCG) Clinical Nurse Specialist for Older People told us that the management team contacted them for advice and support about complex issues when they needed to and followed their guidance. The registered manager had taken part in initiatives with staff, to improve people's health and well-being including the Hydrate Project. This had resulted in people being more hydrated, having less infections and being more alert. The registered manager had agreed for the service to be a case study for good practice.

The registered manager had explained the Care Quality Commission (CQC) inspections process to people and staff in resident and staff meetings so they would feel at ease and know what to expect. People had been encouraged to chat to inspectors and tell them about the home and how they felt about living there.

Staff told us they felt valued by the management team. The registered manager told us they felt it was very important to praise staff for the things they did well. One staff member's one to one meeting records stated, 'Thank you for covering vacant shifts'. Another staff member's notes stated, 'You work to a very high standard'. People were also thanked for completing tasks and this was repeated at resident meetings. The minutes of the residents meeting in May 2016 stated, '[The registered manager's name] thanked [person's name] for their work to produce a wonderful display of flowers'.

People and staff told us the registered manager and deputy manager were very approachable and they were confident to raise any concerns they had with them. People told us, "Everyone here is very approachable" and "[the registered manager] is a lovely person, very easy to talk to and anyone can go to her even for a chat." One staff member told us, "They are very good with any concerns we have". Another staff member said, "I could talk to them about anything". The registered manager and deputy manager were available to give staff advice and support, including overnight and at the weekend.

The registered manager and deputy manager had identified that they needed to develop their delegation skills. They had started to delegate responsibilities to staff including supporting people to attend appointments and providing feedback to other staff on the outcomes. Staff were motivated and enjoyed working at the service. All the staff we spoke with said they enjoyed their job. One member of staff commented, "I love my job, I love coming here".

The registered manager had a clear vision of the quality of service they required and this was shared by staff. This included the values of choice, independence and a feeling of being 'at home'. One staff member told us their aim was to, "Keep people happy and provide a 'home from home'". Another staff member said, "It's all about the resident, what they need when they need it". A third staff member told us, "People's needs and preferences come first, we encourage and support people to be as independent as possible" and "I deliver the service I expect my mother to receive. I would be happy for a relative of mine to receive a service here". Feedback from people was consistently positive about the 'home from home' feel to the service.

Staff worked together as a team to provide the care and support people need. One staff member told us, "We are a good team; we support each other and work together using our strengths". Another staff member said, "Everyone pulls together. I am confident to give my colleagues feedback on their practice to help them improve". Staff understood their role and responsibilities and had job descriptions to refer to. The registered manager told us, "Staff take responsibility and deal with small issues without referring to us for support". One person broke their glasses during our inspection. Staff knew that the person's glasses were very important to them and they would become distressed that their glasses were broken. They arranged for the glasses to be repaired at a local optician the same day and informed the registered manager of the action they had taken. The management team completed checks on staff and held them accountable for their practice. Staff were supported to develop their practice to address any minor shortfalls quickly.

The registered manager had introduced a new process to ask people, their relatives and visitors for their views of the service in May 2016. Survey forms were available all the time and people were able to leave these, anonymously if they wished, in the survey post box. Lots of people, family members and visiting professionals had completed these. One person had written, 'The staff are happy and kind'. One person's friend had written, '[Person's name] has only been at Rosedene for 48 hours but we feel they will have a good life now'. The registered manager addressed any concerns raised and told the person about the action they had taken. Staff had regular opportunities to share their views about the quality of the service at staff meetings, daily shift handover meetings and in one to one meetings.

People and staff told us the management team listened to their suggestions and made changes. One person told us "They put our suggestions in place. For example, I found it hard biting into a whole apple, but I love them so they now cut them into small pieces and put them into fruit bowls for me". Another person said, "They take into account everyone's views and if someone suggests something they try to implement it." A staff member told us, "They listen to our suggestions and provide what we need, such as 'milkshake Monday' and 'watery Wednesday' to increase the amount people drink"

The registered manager had oversight of the service and completed regular checks on all areas of the service to make sure that it was of a good standard, such as medicines management and cleanliness and staff practice. Checks were made on audits completed by staff, such as health and safety and environmental checks, to make sure they were effective.

The registered manager worked with staff, people and others including the local CCG and local authority commissioners to continually improve the quality of the service. They took part in initiatives and projects to improve staff practice and the quality of the service people received.

The registered manager had made improvements to all areas of the service since they purchased it. People had been fully involved in planning and implementing these improvements to make sure they meet their needs and preferences. People told us they had chosen wall paper, curtains and other decorative items and had gone shopping with staff to purchase them. Plans were in place to make further improvement including, decorating people's bedrooms, making the front of the service a safe place for people to sit and some new

carpets. People were informed about the plans that the registered manager had for the service. One person told us, "The manager keeps us up to date about things, like they will be doing some work to the home very soon."

Accurate records were kept about the care and support people received and about the day to day running of the service. These provided staff with the information they needed to provide safe and consistent care to people. One person's relative told us, "I know records are maintained about my relative. Staff refer to them to make sure that information they give me is correct".

Important information was shared between staff members and the management team during handover meetings at the beginning of each shift. Staff told us that they were able to share and receive information about people's changing needs in the handover meeting. They said they also caught up following leave or days off at these meetings.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. Notifications received from the service demonstrated that appropriate action had been taken.