

Belsfield Care Limited

Rossall

Inspection report

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Ratings

Overall rating for this service

Outstanding ☆

Is the service safe?

Outstanding ☆

Is the service effective?

Outstanding ☆

Is the service caring?

Outstanding ☆

Is the service responsive?

Outstanding ☆

Is the service well-led?

Outstanding ☆

Summary of findings

Overall summary

The inspection visit at Rossall was undertaken on 08 and 09 March 2017 and was unannounced.

Rossall currently provides nursing care and support for a maximum of 33 people who live with dementia, physical disability, alcohol/drug dependency or mental health conditions. As part of the planned, staged expansion by the provider, an additional 13 bedrooms were registered following our inspection. At the time of our inspection there were 32 people living at the home. Rossall is situated next to the promenade in Fleetwood. Accommodation is provided on the ground floor within separate units. There are multiple lounges, rest spaces, dining areas and themed rooms, including a cinema. Every bedroom is for single occupancy, spacious and contains a wet room, toilet and sink.

Rossall was newly registered on 18 March 2016. Consequently, this was their first inspection.

During this inspection, we found the provider had thoughtfully redesigned the building and deployed cohesive staff teams in an exceptional manner. A member of the commissioning team told us the systems in place were 'amazing' and care was 'exceptional'. A relative said, "I know you give a rating on homes now. We are incredibly happy."

We corroborated this when we toured the building and talked with people and relatives. Outstanding features included automatic bedroom lights to illuminate the path to the ensuite toilet and discreet bed safety strips to reduce the risk of falls. The provider had funded a member of staff to commence a degree in physiotherapy as an advanced way of supporting people's mobility. We saw the management team completed an in-depth risk assessment matrix to monitor the efficiency of risk evaluation and related processes. We saw this had consequently reduced falls and serious injuries resulting in reduced hospitalisation.

Staff worked within a highly trained team and had ample time to support individuals in a meaningful way. This was because very high staff numbers and skills mixes were deployed to provide a holistic approach to care and people's safety. We found excellent, consistent recordkeeping, systems related to the recruitment of suitable staff. A newly recruited staff member told us, "It's in my best interest because I'm new in care and want to learn as much as possible."

We found care records contained detailed, personalised and specific medicines management care plans. We observed staff followed these in their exceptionally safe and caring approach to people's related support. The provider was the only service in the region to train their nurses to deliver intravenous fluids and antibiotics. These safe systems meant staff maintained people's related care to a very high degree.

Staff recorded best interest meetings and transparently documented mental capacity assessments and decision-making practices. We saw this followed the Code of Practice in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). We observed staff treated people as

equals, offering them options whenever they engaged with them. Local commissioners said they found staff were very knowledgeable about the MCA and tried everything to help people make their own decisions.

Food standards were enhanced by a very high level of organisation of the kitchen. The provider utilised inventive processes to support people with their nutritional requirements. When we discussed the quality of meals with people and their relatives, they said food was of a very high quality.

People and their representatives said staff worked collaboratively with them to ensure they received high standards of care. One relative said other services had never involved them in their family member's care planning. They added, "They involved me right from the start and focused on what my [relative] was like. What did he use to do? What was family life like? His food likes and dislikes. To me, that's where Rossall goes above and beyond."

We found Rossall had a particularly tranquil, warm and welcoming atmosphere throughout. We saw people were relaxed and staff had an exceptionally caring attitude. A relative commented, "Each person matters and they have a meaningful and high quality of life."

Relatives told us they felt extremely well supported and encouraged to maintain their important relationships with those who lived at Rossall. They said the management team was extremely good at keeping them informed about people's care. One relative said, "As soon as we arrive, they give us an update. In between times they contact us just to reassure us [our family member] is fine. It's fantastic."

We saw staff were responsive to each person's changing needs and adopted revised care planning to improve upon assistance. One relative said, "As a result of the staff's care, [our relative] has improved beyond believe. We can talk with her now, she washes herself and dresses smartly, just like the way she used to be many years ago." We found care planning enabled staff to work in a highly personalised and holistic approach. A member of the commissioning team said they found Rossall was a wonderful home and would rate it as outstanding in all areas.

The management team provided excellent opportunities to optimise people's social and stimulation requirements. A relative told us, "I go home not feeling anxious because I know the quality of care is exceptional and [my relative] is fully occupied and never bored."

We found staff, people and relatives were at the heart of Rossall's quality assurance programme. The management team had a wide range of systems to gain their feedback. This included multiple meetings and a variety of satisfaction questionnaires. Staff, people, their relatives and visiting professionals told us the home was highly organised and exceptionally well-led.

The provider and registered manager regularly completed multiple auditing systems and acted swiftly to address any identified issues. They had remarkable oversight of care provision, service quality and everyone's safety.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding 

The service was exceptionally safe.

The building design optimised innovative systems, which maximised the safety of people who lived there.

Care files held thorough risk assessments to mitigate each hazard to people's safety and welfare. Staff had an excellent awareness and approach of safeguarding principles.

We found Rossall had very high staffing levels and skill mixes to enhance people's safety and welfare. The provider deployed additional staff to adapt to people's changing needs. They also had vigorous recruitment procedures to safeguard vulnerable people from the employment of unsuitable staff.

We found staff followed clear processes to meet high standards of the management of people's medicines.

Is the service effective?

Outstanding 

The service was highly effective.

The provider had an appreciation of high standards of training and created an ongoing programme.

The management team and staff viewed consent processes as pivotal in providing an inclusive environment where people mattered. Staff received MCA and DoLS training and when we discussed this with them, we found they had exceptional awareness.

The provider had innovative systems to protect people from the risks of malnutrition and related medical conditions.

The adaptation of the building meant staff had excellent scope to protect people who lived with dementia.

Is the service caring?

Outstanding 

The service was exceedingly caring.

We observed multiple examples of the exceptionally caring and highly efficient staff approaches.

End of life care plans we reviewed were very detailed, person-centred and had the person and their relatives at the heart of their support.

We saw evidence of staff working collaboratively with people and their relatives about their care planning. They exhibited the same respect, care, empathy and kindness to relatives that they showed to people who lived at Rossall.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

We found multiple examples of the exceptional responsiveness of staff and management to people who lived at Rossall. The registered manager developed personalised care plans to guide staff to provide highly responsive, holistic support.

The provider went to great lengths to ensure people were supported to engage in activities they enjoyed and their known interests and hobbies.

The provider had arrangements to manage complaints and concerns.

Is the service well-led?

Outstanding ☆

The service was extremely well-led.

The management team set up multiple, extremely efficient forums to involve people and visitors and gain their feedback.

The management team worked with other agencies in the oversight of Rossall's quality and safety. They found the management team skills were exceptional, which reassured them in placing people at the home.

We found the provider had high standards and a great desire to involve staff in service development and improvement of their working experiences.

The management team monitored the home as a high priority to ensure excellence in care and quality assurance.

Rossall

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.

The inspection team consisted of one adult social care inspector; a specialist advisor, with clinical experience of supporting people who lived with dementia; 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. The expert by experience for the inspection at Rossall had experience of caring for older people who lived with dementia.

Prior to our unannounced inspection, we checked the information we held about Rossall. This included notifications we had been sent by the provider, about incidents that affect the health, safety and welfare of people who accessed the service. We also reviewed the Provider Information Record (PIR) we received before our inspection. 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. This provided us with information and numerical data about the operation of Rossall.

This is the first inspection of Rossall since the provider registered the home on 18 March 2016. Although the provider was well established, we checked their registration application as a part of our inspection planning.

We found not all of those who lived at Rossall were able to communicate fully with us. Therefore, during our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We undertook two SOFI observations in different parts of the home to check consistency of the approach to care.

Additionally, we spoke with a range of individuals about this service. They included seven people who lived at Rossall and five relatives. We further discussed care with three members of the management team and

thirteen staff members.

We looked around the building to check environmental safety and cleanliness. We also spent time looking at records. We checked documents in relation to four people who lived at the home and five staff. We reviewed records about staff training and support, as well as those related to the management and safety of Rossall.

Is the service safe?

Our findings

Without exception, all the people we spoke with said they felt safe at Rossall. A relative commented, "It's absolutely the best place because [my relative] is very safe and well looked after." Another relative stated the high staffing levels meant, "We feel this keeps [our family member] extremely safe." A third relative added, "It's an incredibly safe place." A visiting professional told us they never had doubts people were safe or well cared for. A member of the commissioning team told us the way staff kept those who lived at Rossall safe was, "Incredible."

Since opening Rossall, the provider had undertaken a slow, staged programme of expansion and admissions of people. The intention of this centred upon maintaining everyone's safety and welfare in a planned, careful and caring approach. The staff team was gradually expanded and developed to enable bonds and strong working relationships to develop. People with complex requirements already at the home could remain settled and safe due to the measured way new individuals were admitted. The provider explained, "We've done it in such a careful, staged way so that we can see what works well and what doesn't. It's less disruptive to the residents and we've built a team that bonds well." This showed the provider had thoughtfully increased the size of the home, whilst limiting the potentially negative impact upon people.

The provider had introduced the latest technology, in consultation with people who lived at Rossall, to optimise their safety. The provider told us that at the time of inspection Rossall was one of only two homes in the country to employ this system. It included for example, sensor lighting in bedrooms. The lighting was set to illuminate the location of the ensuite should people get out of bed during the night. This was introduced to reduce the potential for falls. Another feature was unobtrusive safety strips on people's beds. The strips alerted staff should people get up. The provider informed us the advantage of this was that the strips were discreet and safer than alert mats, which could cause slips, trips or falls. These strips could be set to the off position if a person requested this.

Another setting within the system alerted staff if an episode of incontinence occurred so staff could immediately support the person. This reduced the risk of pressure ulcers and people's discomfort. Rossall was the only service to have maintenance personnel trained in replacing the system or fixing any issues. This meant any faults could be attended to immediately to retain people's safety. A relative told us, "We really like the systems they have with the alarms. It's so unusual and adds more secure ways of keeping [our relative] safe, without being intrusive."

Care files held thorough risk assessments to mitigate each hazard to people's safety and welfare. Records covered, for example, door locks, medication, environmental and fire safety, call bell cord, nutrition, personal care, continence support and pressure area care. The risk assessments were detailed, personalised to each person's requirements and were utilised with a highly adaptive approach. For example, we noted as soon as a change or new risk occurred staff amended or introduced a new record and process. Staff then updated the related care plan to provide continuous monitoring and management of people's safety. A relative commented, "They discussed the potential risks with us and what we think they can do to prevent them as much as possible. It so incredible because we go home with no worries about [our relative's]

safety." We found staff recorded the potential hazard, the level of risk and the person's usual behaviour that may impact on any risks. We saw the management team frequently completed an in-depth risk assessment matrix to monitor the efficiency of related processes.

Those who lived at Rossall had complex needs that directly impacted upon their ability to mobilise. The provider recognised this and had, consequently, discussed and agreed with one of their employees to train them to become a qualified physiotherapist. This was an exceptional and innovative approach to increasing people's mobility whilst maintaining their safety and wellbeing. The staff member told us, "We really want to really improve how we support the residents' mobility and physical health."

The registered manager had extensive systems to monitor and manage accidents and incidents to maintain people's safety and welfare. This included records of accidents, any resulting injuries and actions staff completed to manage them. An additional, documented process completed by the provider checked they completed their duty of candour and follow-up actions. Following any incident, we saw the management team and staff analysed and reflected upon events to ensure identified lessons were learnt. This was an in-depth and transparent process of identifying and implementing further control measures to minimise the reoccurrence of incidents.

During our inspection, we found Rossall had exceptionally high staffing levels and skill mixes to enhance people's safety and welfare. This also meant staff worked within a highly trained team and had ample time to support individuals in a meaningful way. The majority of people had one-to-one funding. However, the provider put this in place even before this was agreed to retain the person's safety and welfare. Additionally, extra staff were deployed on a two-to-one basis when an individual became very agitated. The management team developed a model to meet people's requirements, whilst ensuring staff were well rested to carry out their duties. The call bell system measured the level of support each person had and the demands this placed on staff. Consequently, the provider deployed additional staff to adapt to people's changing needs and manage these to a high degree. A visiting professional told us they found the level of staff on duty, including night shifts, was, "Incredibly amazing."

Rotas we looked at evidenced exceptionally high staff numbers with the ability to provide a holistic approach to care and people's safety. At the time of our inspection, there were 32 individuals who lived at Rossall. Rotas we reviewed showed there were a minimum of 24 care staff during the day and 18 at night. This increased to 31 staff during the day depending on appointments, activities, one-to-one support and other service requirements. A member of the commissioning team explained the very high staffing levels to meet people's complex challenging needs was extremely reassuring to them. Teams had a mix of skilled staff who had an in-depth understanding of their roles. Shifts consisted of a management team member, nurses, floor managers, care staff and team leaders. The registered manager said two senior care staff were on each unit to optimise people's safety and to provide a fluid approach to care. They added, "One monitors the communal areas. The other is a floater to support with anything that happens." They further explained the role of the 'floating staff' was to empower people to have meaningful lives. This was because they were deployed to provide additional activities and engagement.

When we discussed staffing levels with people, relatives and staff, they confirmed staff numbers and skill mixes were outstanding. One relative stated, "There's masses amounts of staff each shift, which is brilliant. It helps me to feel better when I know there will always be someone around." Another relative commented, "We cannot believe how many staff are on duty. It's amazing and it means [our relative] gets the support she needs immediately." We spoke with three healthcare professionals from the local Clinical Commissioning Group (CCG) who contracted services with Rossall. They said they were very impressed with the high staffing levels and skill mixes, which promoted a calm environment for people with complex requirements.

Staff files we looked at evidenced the management team followed robust recruitment procedures to safeguard vulnerable people from the employment of unsuitable staff. Files contained a checklist of dates and confirmation of when required documentation was in place. This included the candidate's application form, interview records, training and qualifications. We found consistent recordkeeping in the five staff files we reviewed. One employee told us they found their recruitment was very professional. They commented, "[The provider] clearly explained what was involved and gave me a really good idea of what I would be coming into. I really appreciated that."

Other documentation comprised of references and criminal record checks obtained from the Disclosure and Barring Service (DBS). The provider confirmed personnel had full employment histories and verified, where required, they had a current professional registration in order to practice. The management team put in place staff risk assessments as an additional control measure to protect people. A newly recruited staff member told us they felt well supported on commencement in post. They added, "The seniors speak with us regularly. They check how I'm doing and progressing and if there's anything else I need."

The provider ensured staff received training to underpin their roles and responsibilities in protecting people from harm. Staff had an excellent awareness and approach of safeguarding principles and where to report any concerns. One staff member told us, "I would have no hesitation in reporting to the manager, social services and the police. I am confident the managers would deal with them straight away." Following any safeguarding incidents, we found the registered manager met with staff to debrief and explore system improvement and lessons learnt.

We observed people received their medicines on time and when required. A relative told us, "My [relative] has lots of complex tablets so I'm very grateful the staff do it. They are so softly spoken and explain what they are doing. It's brilliant." We saw staff utilised evidence-based tools to monitor pain and when required medicines for people who could not verbalise their needs. This included the Abbey Pain Scale, which was a clear indicator of the presence of pain. The process enabled staff to quickly manage, relieve and assess the effectiveness of associated medicines. The impact this had on people who lived at Rossall was highly valuable because it meant they received the best pain management possible. The provider was the only service in the locality to train their nurses to provide intravenous fluids and antibiotics. The CCG confirmed hospital admissions from Rossall were consequently far below local averages. Ultimately, this meant staff did everything possible to help people, including those at the end of their lives, to remain within their familiar surroundings.

We found staff followed clear processes to meet high standards of the management of people's medicines. Specific care plans and risk assessments detailed the person's requirements and agreed support, along with symptom management and potential side effects. The highly personalised documents also assisted staff to understand any impact medication may have on the individual's mental and physical health. Documentation was built around consent, best interests and covert medicines protocols. Senior night staff completed weekly medication audits to review any administration, recordkeeping or other errors. We saw the management team addressed identified issues quickly to maintain the safe management of medicines at the highest level. A relative told us, "We have been so pleased and amazed at the way our [family member's] medication has been managed and really helped her to progress. From looking zonked all the time [at other services] she's become lively, even happy."

Is the service effective?

Our findings

People and relatives we spoke with said staff were extremely well trained and skilled. A relative told us they felt staff were highly experienced and knowledgeable. They added, "They sat down and explained everything about [my relative's] medical conditions. It's the first time I ever really understood what [my relative] was going through." Another relative said, "We've discussed and agreed everything. It's given us this amazing opportunity to understand [my relative] better, what helps and what doesn't." The CCG commented they found people were cared for by highly trained, very caring staff who understood their responsibilities.

We saw staff had extensive training to underpin their skills in supporting people at Rossall. This covered, for example, food hygiene, safeguarding, the Mental Capacity Act, movement and handling, environmental and fire safety, communication and medication. A relative told us, "The care is exceptional and provides utter reassurance [my relative] is assisted by staff who are very well trained." The provider had an appreciation of high standards of training and created an ongoing programme. A staff member told us, "[The management team] are interested in what we're interested in and help us to develop and get into training that's above and beyond what we already do." The registered manager checked staff implemented their learning in their care practice through competency testing and supervision. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their role and responsibilities. A staff member told us, "I'm getting lots of supervision to explore my progress and what else I need. The management are amazing with this."

The provider took a personalised approach to individual staff training by assessing their needs and funding them to improve their own abilities. For example, they employed staff whose first language was not English. They checked their related skills and, if necessary, funded them to complete external courses in English Language, as well as mathematics. Other staff with designated roles, such as dignity, mental health and infection control champions, received specific training. The provider empowered their nurses to meet the requirements of their registration. The management team regularly met with them on a one-to-one basis to support them with their portfolios and conditions of practice. Each nurse developed an action plan, which included training, reflective practice, competency testing and case studies to assist them in their professional development. Registration due dates and practice hours were closely monitored to ensure staff were on target. This was an excellent, proactive approach to support nurses. One employee said, "This is a career for me and I can see there is real opportunity for me to progress."

The provider recognised the highly important skills of its workforce and encouraged staff to progress. For example, they discussed with one employee about training to become a qualified physiotherapist at Rossall. The provider told us they wanted to have this post at the home and were aware of the staff member's career interests. They rewarded the employee with this exceptional prospect, paying for their extensive training. The provider also gave them time and the opportunity to observe community and hospital physiotherapists who visited people at Rossall. This was a significant investment in staff, which would provide an innovative and very effective approach to increasing people's mobility. The staff member told us, "They asked me if I would like to train as a physio. I was so honoured that they recognised my interests and desire to progress."

We found the management team had implemented multiple evidence-based, best practices to guide staff to provide highly effective care and treatment. For instance, staff utilised systems to quickly reduce people's anxiety or agitation and maintain their comfort. They did this through the Rating Anxiety in Dementia (RAID) tool, which measured people's anxiety symptoms to enable staff to provide appropriate support. Another example is the Cornell Scale for depression, which is designed to evaluate depression levels in older people who live with dementia. Additionally, staff utilised the Pool Activity Level (PAL) framework for providing activity-based care for people with cognitive impairment, including dementia. In training staff to develop their skills with these assessments, the registered manager had facilitated the provision of a fluid method of support. For example, we saw the registered manager deployed additional staff and distraction techniques to support someone if the tools demonstrated their moods had deteriorated. Staff skills and understanding assisted people to relax very quickly.

The provider completely redesigned the building to maximise the potential of people who lived with dementia. Wide, brightly coloured corridors had floor to ceiling murals to distract individuals who were agitated. All bedrooms, communal areas and washing facilities had pictures to show their purpose. Additionally, chairs and small tables were positioned at frequent points along the corridors to aid comfort and relaxation. We found one bathroom had special dementia lighting to assist people to relax and for their enjoyment and stimulation. At frequent points along the corridor handrails staff positioned dementia sleeves and similar equipment accessible anytime to those who lived at Rossall. They were designed to enhance each person's memories and dexterity and meant staff could utilise them immediately to support those who were anxious. We frequently saw these facilities helped to reduce their high levels of anxiety incredibly quickly. This showed the provider went above and beyond in having systems to maximise people's comfort and wellbeing.

Furthermore, various themed areas helped to stimulate people, provide activities, reminiscence therapy and as a remarkable way of reducing anxiety and behaviour that challenged. This included 'the bar', with pictures, a pool table, dartboard and seating to resemble a pub. Another space was 'the café' that had coffee making facilities, a television, chairs and tables. This was well used as a private space for family and friends to spend time with their relative. The 'bus stop' zone had a wall to floor picture of a London bus, a bus stop sign, seating shelter and timetables. Similarly, a post office area contained comfortable chairs, a post box and a large mural of a post office. Another secluded space was utilised as Rossall's library with seating and book cabinets. The 'telephone area' had a floor to ceiling frieze of a red phone box, seats and a wall-mounted telephone. We observed staff supported people and their relatives to utilise these areas frequently for comfort and this helped them to relax extremely quickly.

We found care records contained evidence people or their power of attorney had signed their consent to care and treatment. Furthermore, whenever documents were introduced we saw this was discussed with the person and their relatives and signed before implementation. One relative confirmed with us, "Every time there has been a new form, I'm asked to sign it if I agree. That's something important to [my relative's] care because it gives me the opportunity to run through everything." The management team and staff viewed consent processes as crucial to their roles and responsibilities in providing an inclusive environment where people mattered. We observed staff treated people as equals, offering them options such as what they wanted to eat or where they wished to go. Where there was no response from the person supported, staff continued to offer and explain various alternatives and checked their facial and body expressions. We noted staff followed, rather than led and remained consistently patient and highly respectful throughout.

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. The application procedures for this in care homes and hospitals are 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 were being met.

Where people were deprived of their liberty to safeguard them, we found up-to-date records were in place. The management team carefully and transparently evidenced the progress of required legal processes. This included best interest meetings, mental capacity assessments and decision-making practices. Staff completed assessments that followed evidenced-based best practice, such as the Abbreviated Mental Test score. This fluid process rapidly assessed people's changing memory conditions in relation to, for example, dementia. We found for each area of people's support, such as medication, personal care and finances, they had decision specific, individual DoLS care plans. The highly effective process detailed information to link each person's support to the least restrictive practice. This gave staff very clear guidance about what they were and were not permitted to do. Local commissioners said staff had an exceptional understanding of the MCA and used every alternative before they worked within people's restrictions. They found staff had not had to do so because they were so effective in their work. A relative commented, "What we like best is that we always go home feeling [our relative] is safe, but she's not in a prison."

We joined people for lunch and found there were menus of the day placed on each dining table to show what options were available. This added to the ambience of the dining area and people's eating experiences because it gave them a sense of being in a restaurant. We observed two individuals did not want what they were given, so staff asked what they would like instead. They returned immediately after their chosen meal was cooked. We were unable to discuss the quality of meals with people due to their complex medical conditions. We observed they were smiling and relaxed throughout lunch. When we spoke with relatives, they said food was of a very high standard. One relative told us, "The food is great and I know the staff will encourage [my relative] to eat as much as possible." Another relative confirmed, "The food is fabulous."

Care records we looked at held detailed documentation in relation to each person's nutritional needs. This included up-to-date, in-depth nutritional risk assessments and control measures to minimise the risk of malnutrition. Where additional, associated risks could potentially occur, such as choking risks or medical conditions, the management team implemented further, separate processes. This included a system called 'Teleswallowing,' which involved videoconferencing between staff, the person who lived at Rossall and a qualified professional. This innovative system assessed people's swallowing difficulties so that support actions could be applied immediately.

We found the chef had maintained the kitchen to a high standard and had all required documentation in place and up-to-date. Food standards were enhanced by an exceptional organisation of the kitchen. For example, fish, meats and other products were cleaned, prepared and cooked in separate areas that contained their own washing facilities. The chef was very enthusiastic about improving people's nutritional support. For example, they purchased multiple moulds to improve meal experiences of those who required soft or pureed food. These included for carrots, sausages, chicken, sweetcorn, peas, broccoli and fish. The inventive system meant people enjoyed their food much more because it resembled what they were eating. The chef said, "We got them because it really improves the resident's eating experiences and the presentation of their meals is far, far better."

In order to ensure an all-round approach to the continuity of people's care and treatment, the management team worked with other healthcare professionals. They promptly recorded actions taken when individuals

displayed changing health needs. A relative stated, "Any time, and I mean any time, someone's been in to see [my relative], like the doctor, they inform us immediately. Their records are brilliant." Meetings attended by professionals, the management team and people or their relatives underpinned this highly comprehensive approach. The purpose of the meetings was to discuss the person's progress and the availability of other treatments. Another relative said they found the registered manager and staff were very supportive. They added, "When I get home [the provider] rings me to reassure me. Where do you get that anywhere else? It's that extra mile they go." These exceptional processes ensured people received the most effective care possible.

Is the service caring?

Our findings

People and their relatives spoke extremely highly of staff and their experiences of care. One person told us, "The care is excellent, exceptional." A relative commented, "They are very respectful to [my relative], but at the same time they support him with a loving hand. It's almost like they see him as their own [relative]. Wonderful." Another relative said, "I see in their eyes that we matter to them, that we are their family." A third relative stated, "My [relative's] care is fantastic." A visiting professional told us they felt the home was fantastic. They added if they had to place a family member in care, Rossall would be the only place they would choose.

We saw space along one corridor was called the 'poppy area'. This contained a floor to ceiling mural of poppies and chairs to sit and reflect upon someone who had died. It was available for those who lived at the home, relatives and staff. It was being developed as a place of condolence, especially for relatives to return to as a part of their grieving process. The management team were clearly enthusiastic and exceptionally passionate about the provision of high standards in end of life care. This attitude filtered down to staff, who were profoundly compassionate and told us they felt honoured to support people at the end of their lives. A relative said on admission of their family member staff checked about end of life decisions with a very sensitive and caring approach. The relative commented, "I found it a bit weird and strange, but they explained all the options and gave me a long time to go away and consider them. I'm so glad they did this then rather than at the point of [my relative] dying."

End of life care plans we reviewed were very detailed, person-centred and had the person and their relatives at the heart of their support. They comprised of comprehensive symptom management to give people optimum peace and comfort. Support plans evidenced throughout continuous consultation between staff, people who lived at Rossall and their families to involve and keep everyone fully informed. This included end of life advanced decisions and each person's needs and wishes. Brief bullet points in care files and bedrooms provided staff with immediate access to people's information if they deteriorated. Staff fully completed all records we looked at and both they, the individual involved and their representative signed and dated documentation.

Furthermore, we found the management team implemented various systems and extensive staff training in the provision of excellence in end of life care. For example, they were the only service in the region to train nurses to provide intravenous fluids and antibiotics to reduce hospital admissions. This innovative approach enabled people to remain at peace within their familiar surroundings with staff they recognised. Relatives were proactively encouraged to stay with their family member as long as they wished to, including staying overnight. The provider worked closely with the local hospice for staff training and management of end of life care. They sought advice from the hospice for one person about their pain control. The hospice did not become involved because they identified staff and the management team were supporting the individual very well.

We observed multiple examples of the exceptionally caring and highly efficient staff approaches to assist people who lived with dementia or behaviour that challenged. For example, a visiting professional told us

they witnessed staff had an amazing manner that helped to reduce people's apprehension very quickly. Staff instantly sat with people if they became upset, making appropriate use of touch to provide assistance in a highly compassionate way. They stayed with the person for long periods talking quietly with them and offering a variety of activities. When people settled, staff continued to sit with them to have meaningful conversations, which valued and included them in their surroundings. A relative said when they were leaving at the end of a visit they and their family member often got emotional and upset. They added, "Oh, the staff are superb. We watch them taking her back with their arm around her and reassuring her we'll be back. They aren't afraid to show their love. Wow." Another visiting professional said they were very impressed at the calm and compassionate manner of staff.

Staff did everything possible to assist individuals to make their day-to-day decisions. All personnel were extremely empathic in their interactions and appropriately used lots of humour, gentle touch and hugs. A visiting professional told us staff had an exceptionally caring and compassionate attitude. We observed a person became agitated and started shouting out. Without invading personal space, a staff member knelt down to be at their eye level and spoke softly to them. They checked why the person was upset in an incredibly caring manner, offering options in response to their expressed needs. The staff member had in-depth understanding of the individual, including an awareness of strategies to assist them to settle. A relative explained, "They are really brilliant at their approach. They make sure they don't invade or step into the person's space, kneel down and speak in soft tones. Smiling and reassuring all the time."

We found the provider displayed 'Get to Know Me Boards' in people's bedrooms. These contained details about each person's background, life histories, personalities and interests. Consequently, the management team guided staff, including new employees unfamiliar with people who lived at Rossall, with immediate reference to their care. We found information matched each person's care plan and showed the provider's determination to ensure care was focused upon the individual. There was a real commitment to provide highly personalised care. A relative told us, "They respect my [relative] and they respect me. They don't just give it lip service. They have a really good care plan, but they also follow that exceptionally well in practice." Staff worked very hard to understand people and maximise their opportunity to lead meaningful lives. A visiting professional told us they found the care was second-to-none because staff took their time to get to know the person.

We saw all bedrooms had an en suite shower, toilet and sink, which was an excellent approach to the protection of people's dignity. They were supported with their personal care in a space familiar to them, which was their own bathroom. Their privacy was maximised because the provider had considered this and implemented it in the home's redesign. One staff member explained, "Good care is about reassuring the residents and treating them with respect, like I would want my parents to be treated. It's their home I'm coming into." The provider had a further outstanding approach to maintaining people's self-worth. This was because they installed alarm strips in each person's bed to alert staff to an episode of incontinence. Consequently, staff could attend to the individual's needs immediately. This was a highly caring and dignified way of maintaining the person's self-respect. A relative told us, "The staff treat [our relative] with dignity and utter respect."

Signs were discretely placed around the home to remind staff about the principles of excellence and dignity in care. For example, 'share what you learnt', 'keep an open mind', 'silent care is bad care' and 'put yourself in their position.' Under each statement was a description of their meaning and staff said they were invaluable as a gentle prompt about their responsibilities. Relatives said the signs were reassuring to them because it gave them confidence in care practices at Rossall. The registered manager assigned a member of staff as Rossall's dignity champion, whose duties included circulating current research and information to staff. The staff member received specialist training to assist them in their championing role. This showed

staff understood and highly regarded the importance of supporting people in an exceptionally dignified and respectful way.

Staff were happy and smiling in their work and had built very strong bonds with those who lived at Rossall. They consistently provided a warm, calm space within the home. A relative commented, "It's always welcoming. It's a very relaxing place to be." We witnessed staff delighted in people's activities and abilities, making appropriate use of encouragement and praise. They enabled each person to live in their own reality, whilst engaging in ways that promoted their independence and to lead meaningful lives. A newly recruited staff member told us, "I've worked in other places. This is the only place I've felt I would be happy bringing my mum." We discussed care with staff who demonstrated an understanding of people, their requirements and a gentle, loving approach. One staff member told us, "I love my job and the residents. I'm here 40 minutes early every shift and go straight out on the floor to have a chat and a laugh with them."

The service demonstrated a highly sensitive and compassionate ability to protect people's human rights. The registered manager provided equality and diversity training for newly recruited staff as part of their induction. All staff were required to regularly complete and update themselves to related guidance. This also covered Rossall's 'Care Code of Practice' and the 'Residents' Charter of Rights.' There was an extremely sensitive and caring approach, supported by awareness of the Equality Act 2010. We saw the diverse requirements related to the Act's protected characteristics were referred to in all policies and procedures. To prevent potential discrimination against people's religious needs, due to poor health, the registered manager had met with three local vicars. Following this, they agreed to provide spiritual support for people at Rossall. A relative commented, "The residents are treated with respect and are seen as individuals."

We saw Rossall valued people's human rights, as set out in the Human Rights Act 1998. For example, the Statement of Purpose stated, 'We place the rights of service user's forefront of our philosophy of care. We seek to advance these rights in all aspects of the environment and the services we provide and to encourage our service users to exercise their rights to the full'. Throughout our inspection, we saw staff consistently demonstrated this in practice. They enabled people to be the lead when they provided support. Those who lived at the home and their relatives said they felt staff consistently maintained their rights and life choices. One relative fed back, "[The provider] treats each person differently. They and the staff go with the flow and follow whatever the residents want to do. It's what's called personalised care."

Staff worked extremely collaboratively with people and their relatives in their care planning. For example, staff documented in care files discussions and meetings they held with family members as part of the support planning process. A relative told us the registered manager met with them to discuss their family member's care before the person was admitted. They added, "I was most impressed. They clearly wanted to get to know [my relative] and were keen on my input because they understood I knew [my relative] the best." Another individual fed back, "They go out of their way to involve us. It was refreshing to see someone who was asking us about [our family member's] needs." The provider made available to people who lived at Rossall information about advocacy services, such as contact details and reference to their purpose. Consequently, they could access this if they required support to have an independent voice.

We observed staff exhibited the same respect, care, empathy and kindness to relatives that they showed to people who lived at Rossall. Staff welcomed them as soon as they entered the building, giving them an update on their family member's progress and offering a drink. One relative who had tried other services before coming to Rossall said they found it way beyond anything they experienced before. They added, "For the first time since [my relative's] been in care I felt not just him, but I mattered." Staff assisted people to retain their vital relationships and social needs. For example, another relative told us they had obtained computer equipment for their family member. They stated, "It's incredible. When I can't visit, I'll ring the staff

and they'll sort the connection out. Then [my relative] can also see his granddaughter who he loves dearly." The provider made available a small, quiet lounge to people who lived at the home and their families and friends. Consequently, they were enabled to have privacy during their visits.

Is the service responsive?

Our findings

Everyone we spoke with told us staff were highly responsive to them and their requirements. A relative stated their family member had been at Rossall for a year and added, "In the years he has been in care services, this is by far the best home." Another relative stated, "[My relative's] care is highly person-centred." A third relative commented, "We can actually communicate with [our family member] and she responds now. It's wonderful." A visiting professional told us they found care records were so impressive because they flowed extremely well and were very in-depth. They added they observed this led to fantastic responsiveness to people's requirements.

We looked at how people's transition between services was managed in order to optimise the success of their placement. We spoke with three healthcare professionals from the CCG. They told us about a very complex situation of a person being moved from one service to Rossall. The professionals said the provider was fantastic in their approach by committing to and attending weekly pre-admission meetings or videoconferencing. They stated the provider's input level and passionate understanding provided the best possible care for this person. The CCG said it was the smoothest transition they had ever seen because of the home's excellent awareness of processes involved. They added contact between reviews was minimal because of Rossall's responsiveness.

We saw multiple examples of the exceptional care from staff and the management team to people who lived at the home and those waiting to come in. For example, we looked at the records of the person transitioned by the CCG, spoke with their relatives and discussed their support with staff. The registered manager told us, "The family were very reluctant because [the person who lived at the home] had many experiences of poor care and failed placements elsewhere." Records were very comprehensive and clearly detailed meetings held, best interests and decisions made prior to their admission. After admission, staff completed robust risk assessment and care plans.

Records showed this person and their relatives were involved throughout the process. One relative said they found it was amazing that it was the easiest decision to make in deciding to come to Rossall. This was despite all their past negative experiences. They added, "That's because right from the beginning meeting and ever since, [the provider] gave us the reassurance and confidence that we needed." Since their admission, this person had made remarkable strides in their improved social, physical and mental health. A staff member commented, "In the year she's been here she's made massive changes. She's not only come out of her 'safe space' for the first time, but she's going outside now and comes back beaming."

Rossall provided care and treatment for people who lived with complex needs and severe mental health conditions. In order to provide an exceptionally responsive service, a staff member was the designated mental health champion. It was their duty to work with the staff team, disseminate current guidance and drive up high standards of care. In conjunction with this, the provider had purchased a highly innovative scheme to enhance people's experiences of life. This was a computer programme to improve people's speech and comprehension. Staff were trained to work with each person and assessed their abilities and the aspects of the programme that would help them. We observed staff were very patient, encouraging and

appropriately praised people. It was a very versatile programme because it fitted the person, rather than the other way round. A staff member told us, "Already we've seen one resident able to communicate his needs much more clearly. He feels more confident engaging with other residents."

The provider had in place a new dementia mapping system, whereby staff had been trained to carry out their own observational framework. This involved discretely observing each person's behaviours, body language, expressions and mannerisms. The intention of this innovative approach was to better understand each person's routines and way of life. Consequently, excellence in care and response to personalised needs optimised people's wellbeing and individuality. A relative confirmed, "Because of how they have responded to [my relative's] care needs, he has become the 'wellest' I've seen him in years. All thanks to [the management team] and all the lovely staff."

Staff built support plans around initial and ongoing assessment, developed from a variety of sources. This included observations of people's normal routines, as well as discussions with them, their families and other healthcare professionals involved. Consequently, care records had strong foundations, flowed extremely well and we found them easy to read and understand. A visiting professional confirmed they found documentation was outstanding because care planning was highly informative down to the smallest detail. They added documents were comprehensive and extremely personalised so that staff provided the best possible care. A newly recruited staff member told us they applied to work at Rossall because they heard excellent feedback about the provider. They said they felt they made the right choice and added, "They are so person-centred. Everything is about the residents." This meant systems and care in practice was personalised to each individual's requirements. One relative commented, "Every time I come, I have seen them provide the best possible person-centred care."

The management team and staff reviewed people's care planning with an adaptive approach. For example, they regularly completed a 'care plan update matrix' as part of their quality assurance. A relative commented, "From the start and every time I've come since, they discussed [my relative's] care and ask how I am." The CCG explained they found if something did not work, then the staff would try something else. They described care at Rossall as fluid and immediate in order to continuously meet people's needs. The nurses carried out regular checks to document an outline of each person. This covered their general progress and all aspects of their mental, physical and social health. The detailed record was easily available to GPs and other healthcare professionals who came to Rossall. A visiting professional said staff monitored people's health effectively and adjusted their care planning immediately. They confirmed the person's self-reliance and general health was optimal as a result of the management team and staff approach.

Care records we looked at contained information about each person's preferences, likes and dislikes throughout all aspects of their support planning. This included choices about, for example, care and treatment, nutrition, preferred name, sleeping patterns, personal care, safety and activities. This meant the provider created opportunities to help staff understand each person, who they were and what they liked to do. A relative told us, "I mean they really, really know [my relative], what she likes and doesn't like, her background and her past life."

We found the provider maintained the environment to a high standard to enhance people's welfare and stimulation. For example, a cinema was provided for people to enjoy television programmes and for film afternoons. We saw this contained a floor to ceiling screen and comfortable chairs. It was very popular with people who lived at the home. This was an example of how the provider went above and beyond to maintain their social needs and interests. We observed one individual who was very agitated. They immediately became settled when a staff member asked if they wanted to go to Rossall's cinema to watch a film with them. This was extremely responsive to this person's welfare because the facility's availability

meant they could follow their favourite pastime. We noted the staff member remained with the person throughout this event because exceptional staff ratios meant they were able to do so. This had a highly positive impact upon their welfare.

Specifically designed areas in the home included the bar, café, bus stop, post office, 'river room', telephone space and library. These provided social stimulation for people who lived with dementia. We observed they enjoyed the visual diversions, which helped to reduce their high levels of anxiety or agitation. A vast range of programmed activities comprised of jigsaw puzzles, physical exercise, board games, team games, floor basketball, bingo and musical instruments. The programme was displayed in pictorial format to help people who lived with dementia to choose what they wished to participate in. A relative commented, "Things go on all day long. No matter what time of the day I come, there's always something going on."

We observed staff provided activities on a one-to-one basis and in group settings. Those who participated were very happy, smiling, laughing and relaxed. A relative said, "It's wonderful hearing staff and the residents laughing with each other and having great fun." If an individual became agitated, staff asked them if they wanted to go out for a walk along the promenade. They immediately went out with them if the person wanted to do so. A staff member commented they were encouraged to do this and added, "I love taking the residents out and having a real good social time together."

The provider went to great lengths to ensure people were supported to engage in activities they enjoyed and their known interests and hobbies. One person was being assisted to access a disabled horse riding school because this was their favourite pastime. Another individual, who was a car mechanic, had access to a static car outside his patio door and enjoyed tinkering with the engine. They were provided with the car keys and encouraged to utilise this as part of their activity provision whenever they wished. These were innovative approaches to maintain people's lifelong pursuits.

We found the management team deployed exceptional staffing levels to ensure staff had ample time to sit for long periods helping individuals to meet their social requirements. A member of the commissioning team described the home as fabulous because they found people were constantly engaged in activities. We observed staff participated with an extremely enthusiastic, patient and friendly approach. Additionally, because people who lived at Rossall had very complex needs, the provider ensured staff changed their support provision every two hours. This remarkable approach helped staff retain their interest and high levels of assistance, whilst giving each person a fresh face and different conversations. A relative told us they thought this was very important to their family member and added, "It means a different personality and new conversations to help my [relative] have a more meaningful life."

The provider had arrangements to manage complaints and concerns and carried out their duty of candour with a transparent approach. The registered manager told us they had not received any complaints in the last 12 months. We found information was provided for people about how to make a complaint if they chose to. Details explained response timescales and information about how their complaint would be dealt with. One relative told us, "Not once have I had a niggle or any concerns, the home is that brilliant. If I did, I would simply take it to [the registered manager] and from our relationship with her, I am absolutely confident she would sort it out immediately."

Is the service well-led?

Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and visitors we spoke with said Rossall was organised and managed to an extremely high standard. A relative stated, "None of this would be here if it wasn't for [the provider]. I know it's their business, but it doesn't feel like it. The residents are always put first." Another relative commented, "[The provider] is passionate, caring and treats [my family member] as an individual who matters." The CCG said the management team skills were exceptional, which reassured them in placing people at the home. Another visiting professional said they found the provider was very approachable and professional.

The provider had expanded Rossall in a slowly planned way. They said they did this to maintain high standards of care for people and to build an efficient staff team. This showed the provider had an exceptional understanding and organisation of the home and placed people at the heart of everything they did. A member of the commissioning team stated they found the management team was very proactive and caring. They added the home was brilliant because of that.

It was very clear during our inspection the provider went to great lengths to deliver a quality home. They had sought systems that were proven to work in order to enhance people's independence, welfare and life experiences. This included exceptional safety monitoring equipment, an innovative environment and strong, evidence-based procedures. The registered manager evidenced reflection on what did not work and then implemented new processes. For example, they recognised long waiting lists for community/hospital services negatively impacted upon people's wellbeing. Therefore, they obtained a recognised computer package that saw highly positive results in the health and care of those who lived at Rossall. Additionally, they worked with a university in carrying out observation frameworks to better understand people who lived with dementia. As a result, those who lived at the home were immediately assessed and exercises and care processes were instantly introduced. The adverse effect from long waiting lists was bypassed and we saw one person's health had quickly begun to improve as a consequence.

We observed the registered manager and provider were 'hands on' in their approach and extremely visible about the home. A member of the commissioning team said they treated people as individuals. They added because the home was exceedingly well-led, those who lived at Rossall had a great quality of life. A relative told us, "[The provider's] the first person we met who was really interested in [our family member] and spoke to us at great length to gain an understanding of who she was." We saw the management team had a very kind and gentle approach to people and visitors. Another relative commented, "The provider has created a service where people come first and foremost. Also, [the registered manager] is incredibly caring and knows what she's doing." A visiting professional said they experienced the provider as very impressive because they knew everything about people who lived there. They noted this was the same with the registered manager and staff because lines of communication were outstanding.

The management team set up multiple forums to involve and gain the feedback of people, visitors and other healthcare professionals. For example, regular 'afternoon tea' offered a comfortable, calm atmosphere for relatives. The management team invited them to come along and discuss any concerns or ideas for service improvement. This was an excellent way of obtaining feedback and engaging families/friends in the development of Rossall. Minutes from the last session detailed personal care satisfaction, other healthcare professionals involved and care plans. Other opportunities included a variety of surveys and the collection of suggestions.

We found people were at the heart of Rossall's quality assurance programme. Multiple questionnaires were sent out to check experiences of care. This included separate surveys for people who lived at the home, relatives, post-bereavement questionnaires, staff and health and social care professionals. Family members had taken the time to write 'thank-you' cards for the care and treatment their relatives received. They had recorded, 'Dignity and care given to residents could not be faulted,' and, 'We were both moved to tears today. Tears of happiness to see the complete change in [our relative].'

The management team analysed feedback from all surveys to check the quality of service provision. Areas covered included food, environment, infection control, safety and security, care and staff approach. Each section was given a score out of 10 and reviewed to see if any patterns or themes were identified. The results of the latest surveys combined gave an overall score of nine out of ten. The very high result was underpinned by positive comments. For instance, 'On first impressions, 100%;' 'Best home introduction ever;' and, "[My relative] is very well looked after and happy.' We found one individual had given a negative response about the food. Consequently, a new, four-weekly programme of menus was introduced to give a much wider choice and variety.

We saw feedback from professionals was actively encouraged and reviewed as part of the home's ongoing development. Comments seen included, 'I rarely visit a home where the residents and staff are so happy,' and, 'The residents we see are making such great progress due to the care, enthusiasm and hard work of the staff.' The local mental health team had fed back they, 'Have full confidence in the staff and know they are highly trained to manage challenging behaviour.' All the professional comments we saw were extremely positive about the quality of care.

The management team worked with other agencies in the oversight of Rossall's quality and safety. For example, the provider actively engaged with the CCG's Quality Innovation Productivity Project in reviewing the quality of people's care. Their last assessment was highly complementary of the home. The CCG found, for example, they were, 'Totally impressed with the high standards of care;' 'The professionalism and compassion shown by all staff;' and, 'Not one patient was given any recommendations to improve the quality of their care.' The CCG fed back the home was a model of excellence and their care methodology should be utilised by other homes.

The provider recognised the highly important skills of its workforce and assisted staff to progress. For example, they rewarded one employee with the opportunity to train and work as a qualified physiotherapist at Rossall. This was a significant investment in staff, which showed the provider went above and beyond in supporting its workforce. The staff member told us, "[The management team] are so fantastic to us staff. They're interested in what we're interested in and help." When we discussed the management and organisation of the home, without exception, staff told us they were accessible and extraordinarily supportive. Another staff member said, "The managers are brilliant. They are really inspiring leaders." A third staff member commented, "It's amazing. A really good company that's run exceptionally well. I feel very well supported."

Staff said they had regular meetings to raise concerns or suggestions for improvement and felt they worked extremely well as a cohesive team. The registered manager held separate day and night staff meetings to maximise opportunities for staff to attend them. Other meetings included those for senior care staff, nursing staff and the management team. The provider also set up ad hoc sessions when incidents, including safeguarding or other concerns, occurred to immediately review practice and any learning. We saw minutes from the last team meeting and noted areas discussed included, recordkeeping, residents' current welfare and requirements, personal care and training. A staff member told us, "The boss is just a part of the team. She always listens to new ideas and always asks us before implementing them."

Furthermore, the provider sought to gain an insight in to staff working experiences. They sent out regular staff surveys to check, for example, training, team working, communication and the organisation and management of the home. The questionnaire strongly encouraged staff to voice their opinions about what they liked and what they wanted to see changed. Comments seen included, 'I've learnt lots of new things. They make you part of the family;' 'Everyone is equal and works as a team;' and, 'I feel I can ask questions without feeling bad.' This evidenced the provider's high standards in quality assurance and desire to involve staff in service development.

The management team monitored the home as a high priority to ensure excellence in care. This included audits of, for example, staff recruitment, accident and incident logs, supervision/appraisal, training, infection control and DoLS processes. The registered manager frequently completed separate care plan and risk assessment matrices. These ensured people's risk management and care provision were continuously updated and met their needs to an optimal level. A wide range of communication systems kept staff up-to-date and maintained the highest level of care for people who lived at Rossall. This included the weekly handover sheet staff were required to sign once they had read and understood its content. Details included each person's current DoLS, Gold Standards Framework coding, progress, behaviour, activities, risks, food and fluid intake, changing health concerns and ongoing care planning. This was an excellent approach to ensuring staff and the management team shared in the provider's ethos of high quality service monitoring.

Additionally, the call bell answering system was analysed to check staffing levels met people's current and changing requirements. This system also enabled the provider to monitor how quickly call bells were answered and the length of time staff took to provide assistance. Staff undertook daily monitoring of each person's pressure areas to check they were intact. Where ulcers had occurred they assessed the effectiveness of the relevant care plan and amended this if it was not working. Night staff completed weekly medication audits to check recordkeeping, medicines stocks and other related procedures were safe and accurate. Records we saw evidenced audits were reviewed, discussed and then new systems were implemented to replace or enhance the old procedures. This gave the provider remarkable oversight of care provision, service quality and everyone's wellbeing.

The management team additionally completed weekly checks for all risk areas. This included call bells, health and safety, window safety and restrictors, water temperatures and fire management systems. We also found the home's safety requirements were up-to-date, monitored and recorded. This included environmental, fire, water, gas and electrical safety.