Keychange Charity

Keychange Charity Rose Lawn Care Home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

This comprehensive inspection took place on 23 November 2016 and was unannounced. The service was previously inspected in May 2014 when the service was found compliant with all the standards inspected.

The home provides accommodation and personal care for up to 29 older adults. At the time of inspection there were 28 people living at the home. The service provides care for older people, some of whom are living with dementia or physical frailty.

The home is a large well maintained detached house on the outskirts of Sidmouth. All bedrooms are for single occupancy, although some are large enough to accommodate couples if requested.

The home was well run by a registered manager who was supported by an experienced deputy and other senior staff. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager and staff were proactive in looking for ways to improve the home and the services provided. They did this in consultation with people living in the home and their families. Minutes of resident meetings showed how they had made suggestions about mealtimes which had led to the time of lunch being altered.

The registered manager described how the emphasis was on all staff taking responsibility for leadership. As part of this, the registered manager and her deputy had introduced a 'traffic light' card system to ensure that people's needs were dealt with in a timely manner by team leaders and care staff. This system was monitored regularly to ensure its effectiveness.

The registered manager took quality assurance very seriously. This involved getting feedback from people, relatives and staff. Staff were encouraged to be involved in quality improvements. Trustees and senior staff from the provider organisation visited the home on a regular basis and also monitored the quality and safety of the home. Regular audits were undertaken to ensure the quality of the home and the care provided was reviewed. Where shortfalls were identified, actions were taken to address the issues.

Meals were served so that people could select from a choice of dishes and accompaniments. People praised the standard of the food and were encouraged to discuss menus and preferences. People were supported to eat and drink in a relaxed and supportive manner by staff who worked to promote a pleasant meal time experience.

The atmosphere of the home was one of constant stimulation whether on a one to one basis or through group activities. People were encouraged to continue their own interests as well as join in a programme of

activities which ran throughout the day and evening. These included regular sessions of exercise, discussion groups, singing, musical entertainment and art classes. Additionally there were special events run which included a 'pub quiz' and a fashion show which people had taken part in. People were also supported to go out either individually or as a group. Trips had been organised including a visit to a local zoo. People described how much they enjoyed the wide range of activities. Staff were well-organised, working as a team while maintaining a relaxed and unrushed manner.

Visitors to the home, including relatives and health professionals, praised the care of the staff. Everyone we spoke with said the registered manager and her deputy were always available to discuss care and were open to suggestions about how the home could be improved. People felt safe and well cared for. Staff were attentive to people's needs and supported them quickly and effectively. Staff consistently demonstrated affection and warmth in their relationships with people. People commented how staff were "lovely" and "really wonderful." There was evidence that all staff were constantly looking at ways to enhance the home itself and the care provided. Staff had been trained to support people with specific needs and were being encouraged to undertake on specific areas of interest such as dementia and end of life care. Staff morale was very good with staff commenting that it was a nice home to work in. Staff were polite and friendly to visitors and were consistently smiling and positive.

People and visitors to the home were very complimentary about the home. One said "I would be happy to move in here." Other comments also described how clean and well maintained the home was. The registered manager clearly demonstrated their commitment to provide an innovative environment that enabled people to be as independent and engaged as possible. They had sought to involve people in choosing décor and furniture for communal areas as well as their own bedrooms. They had also recognised people's interest in having new and interesting experiences, such as going on safari and swimming in the ocean. They had organised a virtual reality system which allowed people to experience these from the comfort of the home. People were also encouraged to use their skills and experience with activities in the home. This had led to a fashion show and an art exhibition being staged.

There was sufficient staff to meet the needs of people using the service. Staff were very attentive and had time to talk to people about things that interested them. The registered manager paid particular attention to recruitment of new staff to ensure they were suitable and had the right skills and ethos for the role. Staff completed an induction when they first joined the home and also underwent training to refresh their knowledge and skills. Staff were supported to complete training to support care of people with specific needs, for example diabetes care and dementia care. Staff had completed training in how to recognise and take action if they had concerns about abuse.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions, and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. We discussed DoLS with the registered manager and looked at records. We found the provider was following legal requirements. At the time of the inspection, no DoLS applications had been made, although the home assessed the situation on a regular basis.

People and relatives said they were confident that if they had a concern or complaint, they would be listened to and that the issue would be addressed quickly and to their satisfaction.

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.

Recruitment processes were robust. Detailed interview processes and checks were undertaken to ensure new staff had the right attitude as well as skills.

There were sufficient numbers of suitable staff to keep people safe and promote their physical, emotional and social needs.

People were protected from the risks of abuse by staff who understood their responsibilities.

Medicines were stored, recorded and administered safely.

The home was very well maintained and provided a comfortable, safe place for people.

Risks to people had been assessed and supported people to be safe whilst minimising any restrictions on them.

Is the service effective?

Good

The service was effective.

The home had areas where people could mix and socialise in a relaxed and inviting environment.

People were supported by competent staff who had the necessary skills and knowledge. Staff were provided an induction when they first joined and refresher training from time to time.

People were supported to maintain a healthy, balanced diet. Menus offered choice. Meals were seen as important times to provide social stimulation as well as good food. People described the food as really good.

Staff understood their responsibilities and ensure they worked within the Mental Capacity Act 2005.

People were supported to access health services.

Is the service caring?

Good

The service was very caring.

People were supported by staff who were kind and compassionate.

Staff knew people well and showed concern for their well-being. The service recognised the skills and achievements of people and supported them to continue these.

People were involved in making decisions about their care.

People were treated with dignity and respect. People's families were able to visit when they wanted.

People were supported to have a comfortable and dignified death.

Is the service responsive?

Outstanding

The service was outstanding in providing responsive support.

People were able to make choices about all aspects of their daily lives. Staff took account of people's previous lifestyles and wishes when planning and delivering care.

There was an excellent programme of activities and social events for people to choose from, meaning people were well occupied and stimulated if this was their choice. This included intellectual stimulation such as discussion groups, arts, music as well as exercise.

People felt comfortable to make a complaint and said they felt these were dealt without delay and in a way that led to a resolution they were happy with.

Is the service well-led?

Outstanding

The service was very well–led.

The home promoted a positive culture and involved people, their relatives and staff in developing the service.

The registered manager looked at innovative ways to improve the service taking into account feedback from people, their relatives and staff.

Staff and people knew the registered manager and said they felt

they were supported by them. Checks and audits to ensure the quality of the service were undertaken and actions were completed to make improvements where issues were identified.	

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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.

One Adult Social Care Inspector carried out the unannounced inspection on 23 November 2016.

Prior to the inspection we reviewed information we held on our systems. This included reviewing whether any statutory notifications had been submitted to us. A notification is information about important events which the service is required to tell us about by law. We had asked the provider to complete 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. The provider had completed this in June 2016. We also looked at the information the provider had about the home on their website.

We spoke to the registered manager and 11 staff working at the home on the day of inspection. These included the deputy manager, a senior care worker, two care workers as well as maintenance, cleaning, catering and office staff. We talked with a volunteer who was visiting the home. We met and talked with a manager from another home run by the provider. We also met and talked with a senior manager from the provider's head office, who was undertaking checks on refurbishments at the home.

We met most of the 28 people living in the home and spoke to 12 of them about their experiences. We also spoke to one relative on the day of inspection.

We looked at a sample of records relating to the running of the home and to the care of people. We reviewed three care records, including risk assessments, care plans and four medicine administration records. We reviewed two staff records. We also reviewed policies and procedures and quality monitoring

audits which related to the running of the service.

After the inspection we contacted seven health and social care professionals. We received three responses. We also received feedback from three GPs at a local GP surgery.

Good

Is the service safe?

Our findings

People said they felt safe living at the home. Comments included "We are a big family here"; staff are wonderful, they make me feel safe" and "I love it here."

People were kept safe by staff who had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had received training in safeguarding vulnerable adults and were able to describe what they would do if they had a concern. This included reporting the concern to the registered manager and reporting to the local authority. The registered manager knew that any safeguarding concern should be reported to the local authority and to the Care Quality Commission. They said they would work with the local authority to investigate any issues.

Risk assessments were in place to support people to be as independent as possible. These protected people and supported them to maintain their freedom. For example, people were protected against hazards such as falls, slips and trips. Where people were at increased risk of falling, there were detailed plans which described how they should be supported by staff. This included descriptions of any equipment they needed and whether they required the support of staff to undertake activities such as getting out of bed or having a bath.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. For example, one person's care record contained details of a long term condition which required medicine to control it. The records also showed the person had been refusing to take the medicine recently. There was information in the record which described the actions staff took when this increased risk was noted. This included contacting the person's GP to determine what staff should do. The GP's advice was recorded in the risk assessment. Notes showed staff were following the advice.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. The information included a personal emergency evacuation plan (PEEP) for each person. These were kept in places which staff could easily access in an emergency. The home had arrangements with a local church should people need to be evacuated.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. For example, an accident which had recently occurred in a lounge area had been investigated thoroughly. Actions had been undertaken following the investigation, including a change to the way chairs were moved. This meant there was a reduced risk of a similar accident happening again.

There were sufficient staff to meet people's needs. The registered manager described the staffing levels, explaining there was a deputy manager and a care team leader. There were also five care workers providing care in the morning and three care workers in the afternoon. In addition, there was an administrator, two chefs, a kitchen porter, a maintenance person and a cleaner. They said there was also usually a laundry worker, although on the day of inspection, this person was not on duty. At night, there were two waking night staff to support people. The registered manager said they monitored staffing levels and altered them

according to people's needs.

Throughout the inspection, staff worked in a relaxed way with people, stopping to spend time with them to chat or help them with a particular request. One person commented how "nothing is too much trouble, staff always have time for me." A relative described how "staff are always around and helpful."

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. The registered manager explained how important it was that they got the right staff. They said they would not fill a vacancy if candidates were unsuitable. The registered manager explained that they undertook a detailed selection process to ensure this, which included observations, interviews and written tests. They also described how they involved people living in the home and staff in the interview process. Interview records showed that candidates not only had a formal interview but were also expected to complete a written test. For example candidates for a senior care role had had to read a case study and then answer questions as well as write a care plan.

Staff records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure people were suitable to work with vulnerable adults. The DBS is a criminal records check which helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Records seen confirmed that staff members were entitled to work in the UK.

Peoples' medicines were managed and administered safely. Medicines were administered by the care team leader on the shift from one of the two lockable medicines trollies. The team leader who administered the medicines during the inspection explained one trolley contained morning and lunchtime medicines while a second trolley contained evening and night-time medicines. Trollies were neat, tidy and clearly marked. Most medicines were provided by the pharmacy using a measured dosage system (MDS). MDS help to reduce medicine errors. Medicine administration records (MAR) were stored tidily and included a recent photograph of each person. MAR had information about people's allergies and were completed accurately and fully. Where people refused medicines this was also recorded.

During the medicine administration round, the team leader spoke to each person offering them their medicines and explaining what they needed to do. For example, they described to one person how they were going to give them three tablets and also some eye drops. They then gave the person each tablet separately, encouraging them to take a sip of water between each tablet. Having done this, they gave the person time and supported them with advice on how to angle their head before administering the eye drops. They confirmed with the person that they did not require anything else. They then returned to the medicine trolley and completed the MAR accurately to show the person and received their medicine. A health professional commented that staff "are quick to let me know if any concerns about the medicines prescribed. Also let me know if there are side effects."

Medicines were audited on a regular weekly basis by the deputy manager and action taken if there were any concerns.

People were protected from the risks of infections. The home was well-maintained and clean. Staff used personal protective equipment (PPE) including disposable aprons and gloves when supporting people with personal care. PPE was disposed of appropriately after staff had providing personal care to a person.

Laundry was sorted and dealt with in two laundry rooms, both of which had been set up to ensure high standards of hygiene. Soiled laundry was segregated and washed separately from other laundry at the

correct temperature. Records showed there were regular checks on water temperatures and cleanliness to ensure they met the required standards.

There were automatic hands free dispensers of soap and sanitiser gel in corridors and bedrooms, which staff used regularly to reduce any risk of cross contamination.

Good

Is the service effective?

Our findings

People and their relatives said they received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff said they had the training they needed when they started working at the home, and were supported to refresh their training. Staff completed training which included safeguarding, fire safety and safe handling. The training provided was a mix of online training and face-to-face training. For example the registered manager said they were qualified to teach staff how to support and move people safely. They described how they ensured new staff were trained and observed in practice before being allowed to support people to move on their own.

Records showed new staff were supported to complete an induction programme before working on their own. The induction was aligned to the nationally recognised Care Certificate. The Care Certificate was developed by Skills for Care. It is a set of 15 standards that all new staff in care settings are expected to complete during their induction. Staff described how they had also shadowed more experienced staff before working alone.

Staff training records confirmed staff had received training on a number of subjects to support their understanding of people's specific needs. For example staff had undertaken training in dementia awareness, diabetes management, arthritis care and end of life care.

Staff had received regular supervisions (one to one meeting) with their line manager. Staff said supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff described how they received supervision, but added "I can always ask [registered manager] or [deputy manager] if I have a concern."

People and their relatives had very positive views about the skills and caring nature of staff. Comments included "They really know what they are doing" and "[Care worker] is brilliant."

People's rights were protected because the staff acted in accordance with the Mental Capacity Act (MCA) 2005.

The MCA provides the legal framework to assess a person's capacity to make certain decisions at a certain time. When a person is assessed as not having the capacity to make a decision, a best interests decision is made involving people who know the person well, such as relatives or friends, and other professionals, where relevant.

The registered manager had ensured that where someone lacked capacity to make a specific decision, a best interest assessment was carried out. For example, where one person had chosen to refuse their medicines, the staff had involved health professionals including the person's GP. Records showed an assessment of the person's capacity to make the decision was recorded as well as the outcome from the best interests assessment. A health professional commented "Staff are 'very hot' on capacity, they always contact me if there's a problem."

People, or their legal representatives, were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Care records contained signed copies of care plans and other forms which showed people had been involved in decisions about their care.

Where people are deemed to not have capacity to make a decision about a particular issue, it may be necessary to consider whether they are being deprived of their liberty in relation to the issue. If this is found to be the case, an application for a Deprivations of Liberty Safeguards (DoLS) authorisation must be made. In these circumstances the provider must do all they can to find the least restrictive ways to meet the person's needs. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

Prior to the inspection, the registered manager had arranged for a member of the local authority's MCA/DoLS training team to visit and discuss whether applications for DoLS were needed. They described how the home had an 'open door' policy and did not restrict people from going out. However, they had recognised that some people were at risk if they chose to go out alone. The registered manager said staff would always offer to accompany the person if they wanted to go out. They also said they were assessing some people and would then consider whether they needed to make DoLS applications to the supervisory body. This meant the provider understood their responsibilities and were working to ensure that where people lacked capacity, they had taken steps to ensure they were working within the requirements of the MCA.

The staff were aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. For example, one of the chefs described how they worked with each person to discuss menus and food choices. People's needs and preferences were also clearly recorded in their care plans. For example one care plan described the food a person liked and disliked and that they needed a soft diet as they were at risk of choking.

One of the chefs described how when a person's needs changed, the care staff made sure that this was communicated to them. The registered manager explained that they saw the involvement of catering staff as essential to support people to remain healthy.

People told us they liked the food and were able to make choices about what they had to eat. During the inspection, people were served a roast gammon lunch. A vegetarian alternative, cauliflower cheese, was also available if people preferred. Gravy and vegetables were served to people at the table by staff who asked them what they would like from the selection. The meal looked and smelled appetising. People said it was "tasty" and "a very nice roast."

People were given the choice of eating in the dining room or in their room. Menus were displayed on the dining room wall as well as on each table. The menu was also read out in the dining room before the meal was served. People we spoke with all said they liked to have their breakfast served in their room but usually enjoyed coming down to the dining room for lunch and dinner.

There were sufficient staff at lunchtime to support people with eating if necessary. A health professional commented that they "have been there at mealtimes and would say staff are always around and people are supported well."

People were kept hydrated by staff who served both hot and cold drinks to them throughout the day. Cold

and hot drinks were also available in communal areas for people to help themselves if they wanted to. However, the registered manager said most people preferred to ask staff if they wanted any additional drinks. During the inspection, we observed staff bringing another cup of tea to a person who requested it, having finished the previous one.

Where people were at risk of mal-nutrition or dehydration, detailed records were kept of what and how much they had eaten and drunk each day. People's weight was also recorded. Where staff had a concern, action was taken, such as involving their GP or other health professionals such as a dietician.

People had access to health and social care professionals. Records confirmed people had had appointments with their GP, dentist and an optician and were supported to attend appointments when required.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. For example, one relative described how they thought staff were "very good, they take action and listen to concerns." They explained that staff had worked with them when their family member had first moved into the home, recognising that the relative knew the person well. This had meant that when the relative had identified an early warning sign, staff had listened and arranged for tests to be carried out. There was evidence that to ensure they remained well, they now had fortnightly health tests. Appropriate action was then taken if needed. A health professional said "staff are very good at contacting us, they err on the side of caution, which means they don't leave things to chance." Another health professional commented "They contact us appropriately if there are any problems."

The home was light and well-maintained. Tables in the dining room were laid with tablecloths and fresh flowers. The room had bunting and also displayed works of art, some of them drawn by people in the home. The main entrance hall was comfortably furnished and had information and photos of staff displayed. At the time of inspection, the main lounge had been just been redecorated and new carpets were due to be laid in the same week. The registered manager said people had chosen the colour scheme and décor for the room, which people confirmed. Bedrooms were bright and had sufficient space for people to have their own items of furniture if they chose. However, the home provided a matching range of white bedroom furniture if the person preferred. There were attractive spaces outdoors which people could use if they chose.

Good

Is the service caring?

Our findings

Everyone we spoke with said they were very happy with the care they received. Comments included "Staff are really lovely, they can't do too much for you. I love it here."; "I feel very lucky, staff are so kind."; "Staff are phenomenal." And "It's a lovely home, staff are really wonderful."

A relative said "Staff are so kind." A health professional commented "Staff are very caring. It could be difficult to cater individually for everyone's needs and wants, but there is always lots going on and lots of staff who support people individually." They added "Really cheerful, welcoming staff." Another professional said "People are cared for and appear very happy, it's a really nice home."

People were treated with kindness and compassion in their day-to-day care. Staff took time to stop and talk to people in a meaningful way to see they were alright and ask whether they needed anything. For example, staff stopped and chatted to people about their plans for the day and what they wanted to do next. Staff were cheerful and engaged in conversations with people. They knew about people's families and friends and talked knowledgably with them about forthcoming visits.

Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. Although the provider organisation is a Christian based charity, staff recognised the importance of supporting people with different spiritual needs and wishes. For example, before the lunchtime meal, a member of staff spoke to people in the dining room about a 'thought for the day' which had a religious context. They also said grace with the people gathered in the dining room. We asked the registered manager, what happened if people did not want to partake in this. She said that people were always given the choice and some preferred to come down to the dining room after this had taken place, although she added that most people chose to attend. People confirmed that it was their choice to be involved.

People's dignity and privacy was respected by staff. Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. For example, where a person needed help to use the toilet at lunchtime, staff discreetly supported them without rushing. They took time to ensure they selected the correct walking aid for the person. During lunchtime we also observed a member of staff discreetly administering medicines to people who needed to take their medicine with food. This was done quietly and tactfully.

Staff knocked on people's bedroom doors and waited to be asked to come in before doing so. Family and friends were able to visit when they chose. One relative said they "popped in" several times during the week at times which were convenient to them. They also said "I am always made to feel very welcome by staff who know me well." They said there were communal spaces as well as the person's bedroom where they could meet privately if they wished.

People's views were sought through care reviews and annual surveys. There was also a monthly resident meeting. The minutes of these meeting described discussions with people about the home itself, as well as

what activities they would like to do.

Staff said people were encouraged to be as independent as possible. For example, one person chose to go into town sometimes on their own. Staff said they always checked with the person whether they wished to be accompanied, in which case they would go with them. However they said the person would always make the decision whether to go alone or not.

People and their relatives were helped when making decisions about their preferences for end of life care. People were asked about where they wished to spend their last days and who they wished to be involved. The registered manager explained "This is people's home and we aim to support them to remain here if they wish to." They also added that they were working with staff who had shown a preference to supporting people with end of life care. They described how not all staff wanted to do this, so they were developing a role of End of Life champion. This member of staff would work with other staff to improve the end of life experience for people and their families. Staff supported people when they were near the end of their life. Where necessary, staff had contacted palliative care specialists to help them provide appropriate support for people at the end of their life. For example, staff supported one person to be comfortable and have what they wanted in their bedroom. They also recognised the changes in the person's diet and medicines requirements. Records showed they had involved the person's family and GP in discussing how they could support the person to have a dignified and peaceful death. This included arranging specialist equipment to be provided to reduce the risk of the person developing pressure damage.

Outstanding ☆

Is the service responsive?

Our findings

People's lives were enriched through the quality and quantity of activities and opportunities which were tailored to their preferences and interests.

Staff were knowledgeable about people's interests and were able to describe each person in the home in detail. For example, they described one person who was a gifted artist. Staff had supported the person to continue with their interests and had also arranged for their art work to be framed and hung in the dining room. The person had also been encouraged to run art classes for other people in the home and also stage an exhibition of their art. Another person, who had hairdressing and beautician skills, was supported to provide beauty therapy sessions for others in the home. The person had also helped to do the make up for a fashion show staged by people in the home.

People or their relatives were involved in developing their care, support and treatment plans. Care plans were discussed with the person who was asked to sign the plan to show they agreed with its contents. For example, a relative described how the staff had worked with the person and themselves to ensure that they had the care and support they required. They said this had included building a history and current picture of the person, including what was important to them and what their likes and dislikes were.

Staff supported people who could become anxious and exhibit behaviours which may challenge others. For example, one person sometimes believed themselves to be another persona. Because of this, two care plans had been developed to support staff understanding of how to work with the person when they had assumed a different persona. Each care plan had very detailed descriptions which explained how staff should support the person. Staff were able to describe how they recognised the different personalities and worked with the person in whatever persona they had taken on. For example they said one persona preferred to drink tea with one sugar whereas another persona drank coffee with two sugars. They also described how one persona preferred wearing different styles of clothing, which meant that they sometimes helped the person to change during the day from wearing trousers to a dress or skirt. Staff also ensured that they gave the person their medicines when the person had assumed the persona for whom the medicines had been prescribed. This was because, when the person had assumed a different persona, they were not happy to give consent to taking 'another person's' medicines.

People's needs were reviewed regularly and as required. The registered manager said it was important that all staff, including catering staff, were involved where necessary. For example they described how the chefs were expected to have read relevant parts of each person's care plan and be involved if and when the person's needs changed. They described how for one person who had been not eating well, they had arranged to serve the vegetables in a small pie dish. This had encouraged the person to eat them.

The registered manager also described how they had supported another person where they had had some difficulties when first moving into the home. They explained that they had worked with the person to understand their reactions and had made adjustments which had included involving the person's relative. They described how the person had settled in, with the help of another person living in the home. The other

person at the home enjoyed being involved with meeting and greeting visitors and new residents. The registered manager explained how they had been given an official title and badge showing them to be a 'volunteer befriender'. We talked to the person who clearly enjoyed their role.

People had a range of activities they could be involved in. Activities were run throughout the day and evening in the home. On the day of inspection, there was an exercise session in the morning and a discussion group in the afternoon. A pianist/singer entertained people prior to a 'pub quiz' which was run in the dining room in the early evening. People were served 'pub grub' and drinks from a bar. The registered manager explained that people had chosen to have a buffet style meal in the evening. They also had organised the bar to have a wide range of alcoholic and non-alcoholic drinks for people to have. The mood was very light-hearted with people enjoying being in quiz teams.

People were able to suggest other activities they would like to have run. For example, minutes of a resident meeting in June 2016 showed that people had wanted exercise sessions run three times a week instead of twice. They had also chosen not to continue with baking but wanted to go swimming. An over 60's ballet club ran sessions in the home with some people getting involved. People were also involved in running some of the activities, for example art classes and pamper sessions were run by people living in the home. People had also been supported to set up and join a choir in the home, which met each week. Records showed the home had also staged special events which included a ballroom dancing party and a fashion show. People in the home had been encouraged to take part in these events and portrait photographs of people were on display of them dressed and made up for the fashion show. The home had also one off events including a coffee morning, a cake sale to raise funds for a charity, a summer barbeque and a cocktail party to celebrate the Queen's 90th birthday. There were posters showing they were planning a Christmas party in December for people, friends and relatives. People had also gone on trips out including a visit to Paignton zoo. People were able to maintain hobbies and interests, staff provided support as required. For example, people were encouraged to knit, paint and go out to clubs. One person who was a talented artist had been supported to stage their own art exhibition at the home. This exhibition had been visited by members of the town's art club. The person described how they had enjoyed this.

A video of a session that had been run by a theatrical group showed people involved in staging The Sound of Music. People had been supported to take different roles including acting in the production, helping to design the backdrop as well as taking behind the scenes parts such as producer and production assistant. People and staff had enthusiastically joined in and were seen laughing and enjoying themselves.

The registered manager described how they had showed photographs to people of a holiday they had been on. People had expressed how they would love to see some of the sights the registered manager had visited. The registered manager had therefore purchased a virtual reality system which people had used to experience activities such as watching dinosaurs, going on safari and swimming with tropical fish. People said they had really enjoyed this. The registered manager explained that they had since bought a very large smart television for the newly refurbished lounge which meant that they would be able to support people to have virtual reality experiences on a better system.

One afternoon a week, a discussion group was led by a member of staff. They described how this group sometimes discussed religion but the conversation would usually be wide ranging and cover very diverse topics. They described how the group itself would lead the discussion in any direction they chose. For example, on the day of inspection, the member of staff described how they had started the discussion by asking people about 'People who have changed the world'. However they said the discussions had not only included this topic but also covered topics including decimalisation, art and people's own experiences. People who attended the group said they found the discussions were "stimulating" and "thought

provoking".

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The provider information return identified that nine complaints had been received in the previous year and these had been resolved satisfactorily. We saw evidence that complaints were investigated thoroughly and people and their relatives were satisfied with their responses. For example, a relative said they had raised a concern about their family member's care. They described how the registered manager had taken this very seriously and investigated what had happened. The relative said they had been reassured that systems had been put in place to ensure that it would not happen again. They said they were happy with the way their complaint had been dealt with. Some complaints recorded were about food, for example one was said 'portion sizes are too large'; two others said their breakfast had not been hot enough. These complaints were taken seriously. People received an apology and action was taken to ensure people were happy with the food served.

The service had also received over 40 compliments for the care provided over the previous 12 months. These had described the caring and kind attitude of staff as well as the attention given to planning individualised care, which had supported people to retain their independence.

Outstanding ☆

Is the service well-led?

Our findings

The registered manager described the Keychange Rose Lawn as "[People's] home, what they want is most important." They added "There's always room for improvement." The service promoted a positive culture which emphasised staff taking shared responsibility in the running of the home. The registered manager was a role model who described how they had worked in various roles and was "happy to roll my sleeves up if it is needed." They described how they felt it was really important that staff saw their roles were really important in ensuring the quality and safety of the home. A visitor described the home as one where "residents are at the heart of everything."

In 2016 the home had been awarded a 'Top 20 Care Homes in the South West' award by carehome.co.uk. The award is given to care homes based upon reviews by people living at the home, advocates and relatives and other visitors who came to Rose Lawn in 2016. The home had been rated as scoring 9.9 out of a maximum score of 10 on the website. This was based upon 10 reviews by people, their families and friends. In 2016, comments on the website included 'I find the home to be very good, friendly and professional - it's a home with care and love shown to the residents.'; My [relative], and each resident, is treated with kindness and respect. There is a happy atmosphere in the home. Residents are immaculately dressed and helped to look their best. There is an excellent programme of activities. My mum's health is well monitored and the home communicates with her family. We are very grateful for the care she is being given.' and '[relative] has been at Rose Lawn for two and a half years and as a family we have been very impressed with her care during that time. She is always treated with respect .... Staff are friendly and caring. Management is professional and detailed in their drawing up of care plans. Facilities at the home are constantly changing for the better, with a new call system, lift and redecoration of the lounge in recent months. Activities are innovative and appropriate. The food is second to none. Nothing is too much trouble for the staff, and visitors to residents are all welcomed into a warm and friendly family this is Rose Lawn.'

The registered manager clearly demonstrated their commitment to provide an interesting and innovative environment that enabled people to be as independent and engaged as possible. They had sought to involve people in choosing décor and furniture for communal areas as well as their own bedrooms. They had also recognised people's interest in wanting new and interesting experiences. They did this by encouraging people to talk about what they wanted at resident meetings and individually. People said they were really supported by the manager to try new experiences which kept both their bodies and minds active.

People's opinions and views about how the home was run were taken into account. For example, menus and mealtimes were discussed at resident meetings. At the meeting in May 2016, it was agreed that people would prefer to have lunch moved from 1pm to 12.30pm. This was reviewed at the June 2016 meeting where it was confirmed that the move to 12.30 had been successful.

Baskets of fruit were placed in communal areas around the home. Minutes of a resident meeting in June 2016 showed how this had been a suggestion from a previous meeting. People were asked at the meeting whether they were happy with the fruit baskets which they responded to by saying 'very happy and couldn't

wish for more.'

The registered manager was very positive about all the staff who worked at the home and described how they felt well supported by them. Staff described the registered manager and her deputy as "Really good" and "They are always there if you need support or help." A member of staff said "Staff are a good bunch, we cover each other and work well as a team. It feels like a team effort from the top down for example [registered manager] will cover if needed."

The registered manager and her deputy both described how they were always looking for ways to improve the service provided. For example, the registered manager said they had recently asked staff to consider 'champion' roles which would allow staff to focus on and learn about particular areas they were interested in, such as skin integrity, spiritual care, dementia and end of life care. They said they had recognised the importance on encouraging staff to take on increased responsibility and were trialling a new senior carer role which would support staff who wished to develop their skills.

The registered manager considered how the service could be improved to support people to remain independent. For example. A new lift had been installed. A senior manager explained that the registered manager had been involved in the choice of lift. The registered manager said the new lift meant some people could use it by themselves whereas the previous lift had had doors which had been difficult for them. During the inspection, we saw people using the lift to access different floors when they wanted. One person said how they found it had increased their independence.

The provider had also considered ways to enhance the home and make it a peaceful environment. For example, a new call bell system had also been installed which alerted staff to when a call bell was pressed but which did not make a noise in the home. This meant people were no longer disturbed by bells being rung during the day and night. The registered manager audited the system to check that staff were answering the calls within five minutes of being rung. Where there was evidence that calls were rung for longer than five minutes, actions were taken to investigate and identify how to reduce the risks of this happening.

The registered manager and her deputy had supported another home owned by the provider during a CQC inspection. Both described how they had found this to be a very positive learning experience which had helped them consider what aspects of Keychange Roselawn needed to improve. They said they were introducing a new electronic care record system to the home in December 2016. They believed this would support staff to do more accurate, detailed and immediate recording which would help with communications between staff. They described how it would support them both to monitor the quality of care records. The registered manager said the project was going to be managed by a team leader who had previous experience of electronic care records. This showed they had recognised the risks and issues associated with implementing a new system and considered how they could reduce these.

The service had a positive culture that was person-centred, open, inclusive and empowering. The registered manager and staff were keen to look for ways on how they could improve the service. For example, the registered manager had introduced a 'traffic light card' system. The system involved staff completing either a green, yellow or red card if they needed a team leader to do something. For example, if a member of staff identified a new health concern about a person, they completed a red card which was given to the team leader, who had to take action immediately. A yellow card was filled in if actions needed to be completed on the same day. Examples included requests by a resident to see a team leader or the deputy manager, or a current dressing to be reviewed. A green card could be completed for non urgent requests which had to be completed within seven days. The guidance on how and why staff should use the cards stated "You are

responsible for your own actions. 'Well Led' under [key lines of enquiries] is not just the management team – it is you, and how you lead your own practice.' When the action had been undertaken by the team leader, they were reviewed by the deputy manager who would add comments if necessary. Once the actions on the card had been completed these were stapled to the person's care record. This demonstrated that the registered manager understood the importance of staff taking responsibility and being involved in the management and running of the service. The registered manager and deputy manager said they kept the system under review, but had found it worked very well and helped staff to consider the priorities. This showed the home looked at ways to improve the quality of care, including improving the ways in which information was communicated.

There was a clear organisational structure in the home. The registered manager was supported by a deputy manager and a head of care. Each of these staff took responsibility for supervisions of staff who reported to them For example, the deputy manager took responsibility for supervision of team leaders, who in turn were responsible for the supervision of care staff. Completed supervisions were signed off by the registered manager. A head of care support was responsible for overseeing the work of domestic staff and kitchen staff as well as for monitoring the maintenance of the building.

There were systems in place to ensure the home was maintained and looked after. There were detailed audits which had taken place of the building and equipment. These were carried out by the head of care support and included checks on fire safety equipment, lifts and building maintenance as well as checks on equipment, for example machines used in the laundry. Where issues were identified, there were actions undertaken to address them.

An administrator was responsible for managing all cash transactions where people's money was concerned. They showed us records of the transactions and the information which people were provided with if they chose to have their cash kept in the office.

There were systems in place to monitor and check the quality of the care records. Care records were audited by the registered manager every four to six weeks. Any actions which arose were then monitored and reviewed by the deputy manager before being signed off.

The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

The registered manager kept up to date with current practices, legislation and national guidance. They were involved in meetings with other managers from the provider organisation. They also explained that the provider sent regular updates about issues including medication guidelines, The Care Act (2015) and Department of Health guidelines.

The registered manager was actively involved in with the local community with a view to enhancing people's lives. They had encouraged visitors to the home, including a local art club who had visited an exhibition in the home. The home also had links with local churches. For example, the home had arranged with a local church to act as a refuge for people in the event of an emergency People had been supported to maintain links with the local community through attending local clubs.

People, staff and relatives were encouraged to contribute to improve the service. For example there were meetings arranged where ideas and plans were discussed. One person described how they were able to make suggestions about the home and these suggestions were always considered. A relative said the

registered manager and her deputy were "always around and will listen to ideas". The registered manager said they valued feedback and acted on their suggestions, for example how the home was run and also suggestions for activities and trips. A member of staff said the home was really well run, describing a "sense of order, staff knowing what they are doing and very good systems."

People and staff had confidence the registered manager would listen to their concerns and would be received openly and dealt with appropriately. People benefited from staff who understood and were confident about using the whistleblowing procedure.

Trustees from the provider organisation visited the home each year. They produced a written report of their findings, which were fed back to the registered manager, who then took action.