

Mrs Carol Taylor

Rosegarth Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Our inspection of Rosegarth Residential Home took place on 8 May 2018 and was unannounced. At the last inspection in February 2017, the provider was in breach of legal requirements concerning good governance; effective systems or processes were not always in place to assess, monitor and mitigate risks to people who used the service. At this inspection we found improvements had been made and the service was no longer in breach of Regulations.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of 'is the service safe' and 'is the service well led' to at least good. We found this had been achieved at this inspection.

Rosegarth is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides accommodation and personal care to a maximum of 18 older people and people living with dementia in one adapted building. There were 17 people living at the service on the day of our inspection.

The service is owned and managed by an individual and therefore is not required to have a registered manager.

People felt safe and happy living at Rosegarth. Staff had been trained to recognise and report signs of abuse. Safeguarding concerns had been reported and dealt with appropriately. People were comfortable in the presence of staff and told us staff were kind and compassionate.

Accidents and incidents were reported, investigated and analysed for themes and trends. Actions were taken to mitigate risks, such as providing specialist equipment for people where required.

Medicines were managed safely and people received their medicines as prescribed.

The home was clean, well maintained and tidy. Safety checks were up to date. Staff wore aprons and gloves when carrying out personal care. People looked clean and well groomed. We saw staff had respect for people's privacy, dignity and the choices they made.

Sufficient staff were deployed to keep people safe and provide care and support to people living at the home. Staff spent time engaging people in meaningful activities which people clearly enjoyed. Staff were recruited safely and had received training, supervision and appraisal to equip them to carry out their roles effectively. Staff meetings were held and staff opinions of the service quality were sought through an annual survey.

People's nutritional needs were supported and special diets were catered for. The service worked with

health care professionals to support people's health care needs and to maintain people's independence wherever possible. People's consent was sought and the service was working within the legal requirements of the Mental Capacity Act 2005.

People's needs were assessed, plans of care formulated and reviewed regularly. People and/or their relatives were involved with these, which reflected the personalised care we observed during our inspection. People and their relatives were asked their opinion of the service quality through surveys and meetings. Actions were seen to have been taken as a result of responses received.

Complaints were effectively dealt with. Health care professionals, people staff and relatives praised the management team and commented on the good level of communication from the service.

Staff told us they were supported and morale was good. Staff worked well as a team to achieve positive outcomes for people living at the service.

A range of effective quality checks were in place to ensure the service worked well at all times. These were used as a means to monitor and drive improvements within the service.

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.

Medicines were managed safely and people received their medicines as prescribed.

Safe levels of staff were deployed and staff were recruited safely.

People told us they felt safe living at the service. Risks to people's health and safety were assessed and actions taken to mitigate these risks.

Is the service effective?

Good ●

The service was effective.

People's health care needs were met. Communication with health care professionals was good and people's relatives were kept informed of any health care concerns.

The service was working within the legal requirements of the Mental Capacity Act 2005. Care was delivered in the least restrictive way possible.

People's dietary requirements were met. People enjoyed the food which was varied and nutritious.

Is the service caring?

Good ●

The service was caring.

The atmosphere at the service was warm and friendly. People were comfortable in the presence of staff.

Staff knew people well and good relationships had developed. Staff respected people's likes, dislikes and their rights to privacy.

Relatives and visitors praised staff and said they were welcomed when they visited.

Is the service responsive?

Good ●

The service was responsive.

People's care records were person centred and reflected their care and support needs accurately. People were involved in planning and reviewing their care.

Activities were planned around people's interests and according to their choice.

Complaints were taken seriously and investigated.

Is the service well-led?

The service was well led.

People, relatives, staff and health care professionals praised the management team. The culture was one of positive empowerment for the people who lived at the service.

People's opinions were sought about the quality of the service and actions taken where required.

A range of quality checks were in place to monitor and drive improvements to the service.

Good ●

Rosegarth Residential Home

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 checked 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.

Our inspection took place on 8 May 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

Prior to the inspection, we reviewed the information we held about the home. This included information from the local authority commissioning and safeguarding teams and statutory information we had received from the home. The provider had submitted a provider information return (PIR). A PIR gives the provider the opportunity to tell us about the service, what they do well and any planned improvements they intend to make.

We used a variety of methods to gather information about people's experiences at the service. During the inspection, we spoke with seven people, three relatives and one visitor of people who use the service. We observed care and support and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the way people's medicines were managed, reviewed two people's care records and other records relating to the management of the service such as maintenance records, quality checks and meeting notes. We looked at two staff files and staff training records. We looked around the home at a selection of people's bedrooms and the communal areas. We spoke with three care staff, the cook/activities co-ordinator, the housekeeper, the hairdresser, the manager and the provider.

Is the service safe?

Our findings

At our inspection in February 2017 we saw some of the radiators in people's bedrooms were not low surface temperature radiators and did not have radiator guards fitted. We also saw the ground floor windows did not have restrictors fitted as a security measure. This meant the service was in breach of Regulations. At this inspection radiator guards were in place, window restrictors had been fitted and the service was no longer in breach of Regulations.

People told us they felt safe living at Rosegarth. Comments included, "Couldn't be safer; there are staff here all of the time" and "I feel safe in every way possible." One person's relatives also told us, "[Person] knows not to go up and down stairs. Apart from that, [person's] safe and sound." We saw the person had a laminated card placed on the table in their room which had displayed in large print, '[Name], please press the red button when you want to go downstairs and staff will come to help you. Please do not walk up and down the stairs on your own. You need staff to assist you on the stair lift.' This showed the service had taken steps to keep the person safe and the person told us they took note of the instruction.

Safeguarding procedures were in place. Staff had received safeguarding training and understood how to recognise and report any concerns about people's safety and welfare. The service had made appropriate referrals to the local authority and the Commission. We saw investigations had been carried out and actions taken where required, reducing the risk of recurrence.

Assessments were in place to mitigate risks to people's health and safety. These were clear, identified the risk and were updated with what actions had been put in place to reduce the risk, or if the risk had changed. Equipment such as movement sensors and large print notices were in place to keep people safe when they were assessed at risk of falls. Where people were assessed at risk of developing pressure sores, we saw referrals had been made to the district nursing team and appropriate pressure relieving mattresses and cushions were in place.

Since our last inspection, the manager had implemented a new medicines audit system which had led to improvements in the management of medicines. We found medicines were stored securely. Medication, which required refrigeration, was stored correctly in a separate medicines fridge. The temperature of this and the area where medicines were stored was recorded daily.

We looked at the medicine administration records (MARs) and found these were well completed. Where MARs were handwritten we saw these were checked and signed by two members of staff to mitigate the risk of documentation error.

Where people had medicines prescribed 'as required' (PRN) we found protocols in place to guide staff as to when, what dosage and how often to give these medicines. Some people were prescribed medicines which had to be taken at a particular time. We saw there were suitable arrangements in place to enable this to happen. We completed a random stock check of some PRN medicines and controlled drugs and found no discrepancies.

People had separate MARs in place for certain topical medications such as creams. We saw these had been signed by staff when a cream was administered, or information was recorded to show these were administered by the district nurse.

We looked at the maintenance and servicing records for the service, including fire safety, water, gas and electricity and these were up to date. People had personal emergency evacuation plans (PEEPS) in place which were relevant and up to date. However, we saw the risk assessment for fire had been completed by the manager rather than a qualified fire risk assessor. We spoke with the provider and the manager and they agreed to review this. From their response, we had confidence this would be actioned.

Sufficient staff were deployed to keep people safe and to keep the home clean. People who used the service and staff we spoke with told us they felt there were enough staff on duty on each shift to ensure people's needs were met. The manager told us staffing levels could be increased if people's needs changed and this was confirmed by staff.

The duty rotas were arranged to provide one senior care worker and two care workers from 8:00am to 8:00pm, with additional help from a 'tea time' assistant. The manager, deputy manager and care co-ordinator worked in addition to the care staff. At night there was one waking night care worker on duty with another member of staff 'on call' in the annex, should they be needed if an emergency arose. The manager told us senior staff were also available on an 'on call' rota and the provider lived close to the service and would attend in case of an emergency.

The care team were supported by housekeepers, chefs, two activities co-ordinators and a handy person.

We saw there was a good staff presence around the home and people's requests for assistance were responded to in a timely way. During our inspection, we saw staff took time to sit in the lounge, chatting and spending quality time with people.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

The home was clean, tidy and odour free. People who used the service and relatives told us this was always the case. One relative commented, "[Person's] room is always clean and tidy." Staff had access to personal protective equipment, such as gloves and aprons and they were using these appropriately during our inspection. The service had been awarded a five star rating for food hygiene by the Foods Standards Agency; this is the highest award that can be made and demonstrated food was prepared and stored hygienically.

Is the service effective?

Our findings

People were not offered a place at Rosegarth unless the provider was confident staff could meet their needs. Needs assessments were completed by the provider before people moved into the home. The assessment considered people's needs and choices, the support they required from staff and any equipment they may need. The manager then ensured any equipment they needed was in place before they moved in.

People using the service told us they had confidence in the staff. One person said, "I would think all of the staff have been handpicked as they are so good." Another person told us, "Staff are kind and they get on with their job. They seem to know what they're doing."

Staff received training and updates in a range of subjects including safeguarding, fire safety, equality and diversity, moving and handling, Mental Capacity Act (MCA), health and safety, and infection control. Staff new to care or those that did not have a qualification in health and social care were enrolled on the care certificate. This is a government-recognised training scheme, designed to equip staff new to care with the required skills for the role. We looked at staff training records and saw training was up to date or booked. Training was provided using a mixture of distance learning and face to face sessions. Staff told us the training was good and had equipped them with the skills to provide safe and effective care. One staff member told us, "They're good at sending us on courses... [Manager] has asked me if I want to do the dementia course. They're very good; keep you up to date."

New staff were subject to an induction programme which included initial training, familiarisation with policies and procedures and shadowing an experienced staff member for a number of shifts, dependent upon their experience.

A programme of supervision and appraisal was in place. We saw supervisions covered topics such as training and performance. Annual appraisals included a section for self-appraisal and covered a review of the previous year and staff personal development plans.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed. The manager had made a number of DoLS applications to the local authority and was waiting for these to be processed.

People were asked consent before care and support was provided and we saw people had signed their consent for medicines administration, use of photographs and for their information to be shared with appropriate people. We saw evidence throughout our inspection of the staff acting in people's best interests and this was reflected in people's care records. People could choose to get up when they wanted, spend the day where they wanted and choose the food they wanted to eat. We concluded care was delivered in the least restrictive way possible.

Some relatives/representatives had Lasting Power of Attorney and this had been documented in people's individual care files. An LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPAs can be put in place for property and financial affairs or health and welfare. The manager explained they had written to all relatives to check who had LPAs, what they were for and asked for documentary evidence of any orders. This showed us they understood their responsibilities to act within the legislation.

People's nutrition and hydration needs were met. People who used the service told us meals were good. Their comments included, "The food is quite good, there is plenty to eat and drink" and "The cook is marvellous and there is plenty of variety. They are very, very careful, for example, with the diabetics." Another person told us, "The food is good," and commented to a staff member about the trifle they ate at lunchtime, "Ooh, thank you; delicious as usual."

There was a four week cycle of menus which provided a wide variety of meals and snacks. The chef knew each person's preferences and catered for these. For example, on the day of our visit the main meal at lunchtime was meat pie, potatoes and cabbage. One person had a cheese omelette and another had fish. Meals featured a lot of home baking which was a very positive feature for people.

The chef's also catered for any special diets, for example, diabetic diets. We saw people with diabetes had specially prepared desserts which were beautifully presented. We sampled all of the lunchtime meals and found them very tasty and nutritious.

Hot and cold drinks were readily available throughout the day together with biscuits, fruit and homemade cakes. The homemade cakes were a favourite with people using the service and visitors. People enjoyed ice creams and ice lollies during the afternoon. Staff were attentive and made sure people always had a cold drink with them.

We looked at the care records for two people who had been assessed as being nutritionally at risk and saw their weight was being monitored closely and was reasonably stable. The chef explained how they fortified foods to provide additional nutrition.

We saw staff handovers were completed at the start of each shift, which included information about any concerns and updates about people. This ensured staff were kept updated and informed about what was needed to keep the service running smoothly and provide people with optimum care and support.

The service had policies in place to support people with effective communication. Although no one at the service had specific communication difficulties at the time of our inspection, the manager told us how they used various communication aids when required. For example, the manager had printed service information on coloured paper to assist one person, had used a 'looped' hearing system for another and kept another person with sight difficulties informed of current events through the 'talking newspaper' system. They also told us they printed some display information in large type so people could easily read this. We saw this during our inspection; for example, specific instructions to assist and remind some people about mobilising

safely were displayed in their bedrooms. We saw staff checked to make sure people who had a hearing impairment wore their hearing aids and checked these were working.

We saw one person had a telephone installed in their room to maintain contact with friends and relatives. Clear instructions were printed next to the phone for staff supporting the person to use the phone and respecting their right to privacy when making telephone calls. The activities co-ordinator told they used technology to assist with meaningful activities. For example, they used a mobile device to source different types of birdsong and filmed snippets of birds to use in activities. This showed the service used technology to effectively benefit people who lived there.

The healthcare needs of people who used the service were being met. People who used the service told us they had access to health care and if they felt unwell they would speak to staff. They told us they had been seen by a variety of health care professionals including GPs, district nurses, opticians and a chiropodist. We saw the home was visited weekly by a local GP and district nurses from the local practice came twice weekly. Other community nurses visited to administer insulin twice daily. The care records we looked at confirmed this. This meant people were seen wherever possible in their own home, minimising people's anxiety and disruption to their lives.

We saw two district nurses had returned satisfaction surveys during the current year and had made the following comments, 'Staff are visible and check on residents regularly' and 'There is a good relationship with the district nurses.' A GP had commented in the same survey, 'The residents are well cared for and the staff respond to medical needs appropriately. I have no concerns about this home.' People's relatives told us they were informed of any concerns about their loved ones health.

The building was furnished in a homely and comfortable style, with ornaments, quality furniture and fittings, and fresh flowers in communal areas. People were encouraged to bring personal items such as ornaments, photographs and pictures to decorate their bedrooms. A relative told us, "The place always looks lovely." People told us they had been involved in choosing the new carpet in the lounge and dining room. The manager confirmed they had brought samples of various carpets for people to choose from. We saw some people had signs on their doors indicating their bedroom and others had displayed 'do not disturb' signs when they wanted to have some quiet time in their bedrooms. A refurbishment programme was on-going and we saw the handyman was busy painting on the upstairs landing and corridors during our inspection.

Some of the carpets in the home, although of good quality, were highly patterned and there was a lack of dementia friendly signage on some bathroom doors. We spoke with the provider and the manager about how to create a more dementia friendly environment. They explained when the carpets were due for replacement they would look at a more appropriate style and agreed to research more dementia friendly signage. From our discussions, we had confidence this would take place.

Is the service caring?

Our findings

There was a strong, visible, person-centred culture at the home. Without exception, people who used the service and family members told us staff were very caring. Their comments included, "Home from home", "Staff are absolutely perfect, they can't do enough for you. Everything seems to be a pleasure for them. It's a marvellous place and I made the right decision to come here", "It's very nice here and the staff are very kind", "The staff are like daughters to me. The staff are wonderful, nothing is too much trouble and they do things with so much grace – any time day or night", "Staff are very good indeed, very helpful", "All have wonderful, wonderful natures" and "Staff are top. You couldn't get better care and attention." In recent surveys, relatives had made the following comments, 'The whole appeal of Rosegarth is of a business that includes a real quality of love and care in what it offers', 'Staff are always friendly, respectful, chatty and interested. We look forward to visiting' and 'My thanks to all staff who maintain a cheerful, friendly, positive and professional manner.'

Two people who used the service told us moving to Rosegarth was the best thing they had done. They said, "Best thing that happened to me in every way. I have been comfortable from day one and haven't wanted to move" and "I don't want for anything." We also saw a compliment from a relative which stated, 'I am pleased to reaffirm that Rosegarth's care of [relative] now results in a much healthier and happy person, who is now cheerful, has [person's] sense of humour back – something I haven't seen for two years.'

Staff were consistently kind, caring and compassionate. People looked relaxed and comfortable around staff. There was a calm, relaxed, friendly atmosphere and we saw staff took time to sit and chat with people. We heard some good humoured banter shared between people who used the service and staff which resulted in people laughing.

We saw people could choose to spend the day where they wanted; some people chose to sit in the lounge, others spent time in the conservatory or sitting and walking in the garden. People could get up at a time that suited them and choose if they wished to take part in activities that were of interest to them.

People were treated with dignity and respect and were being encouraged to be as independent as possible. We heard staff encouraging people to use their walking frames to mobilise independently, with staff saying to them, "That's it; well done." A lot of people had been to the hairdressers on the day of our inspection and staff complimented them on how nice they looked. Staff were attentive; for example, repositioning someone's cushion to make sure they were comfortable.

One person was brought a hamper of linen to fold, which they enjoyed doing. This showed staff were keen to make sure people retained a feeling of self-worth.

People who used the service told us birthdays were celebrated with a party and we saw the dates of people's birthdays were marked on a calendar in the kitchen. One person told us there was always a fabulous buffet put on which they enjoyed.

People's bedrooms were highly personalised and individual. There were lots of personal possessions such as ornaments, photographs and items of furniture. Clothing had been put away tidily in wardrobes and drawers which showed staff respected people's possessions.

Relatives told us they could visit at any time and were made to feel welcome. They said they were always offered a drink and homemade cake. Visitors could also stay for a meal if they wished and the chef would cater for any additional dietary requirements. For example, one visitor required a vegan diet and this was catered for.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the manager, staff, people and visitors demonstrated that discrimination was not a feature of the service.

Is the service responsive?

Our findings

People's care plans followed a standardised format which made it easy to find relevant information quickly. People and their relatives had been involved in developing and reviewing these plans.

Care plans clearly illustrated people's needs and wishes and were extremely detailed. They included information about the person's background, interests and hobbies and what staff should take into account when delivering their care. People's care preferences were included, and any religious or cultural considerations staff needed to be aware of.

Care records contained risk assessments relating to activities of daily living such as mobility, eating and drinking, skin integrity, continence and personal care. The risk assessments and care plans had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise the risk. For example, one person had been referred to the falls team for advice and had been given a new walking aid to use.

People's end of life care needs were met. People and their relatives had discussed their end of life wishes and these had been documented in their care plan. Practical arrangements had been documented together with more personal information. These included any particular music they would like, or flowers in their bedroom. One relative had left a special message to be given to their relative if they were unable to get to the home in time.

We saw staff had received a number of compliments from families for the end of life care they had provided. These included, 'The way you welcomed our dear [relative], into your home made [person] settle very quickly. The little touches of painting [person's] nails, doing [person's] hair, making [person's] favourite food, (shaving [person's] beard!), meant so much to [person] and us. To know [person] was well cared for and happy was such a huge relief to us, after months of concern about [person] in [person's] own home. We are also really thankful, that [person] was able to stay in your loving environment until the end, ensuring that [person] had the peaceful passing [person] so wanted. We feel very lucky to have found you. You are a really special team' and '[Name] had been in Rosegarth's care for over three years and I and my family wanted to register our thanks to you and all the staff for the exemplary care [Name] received. Rosegarth is a lovely environment, warm and welcoming and we will miss our visits.'

A pull out bed was available for relatives if they wanted to stay overnight and a pack containing essential toiletries and word search games was available to relatives if they needed them.

Activities were on offer daily to provide people with occupation and social interaction, both at the home and in the wider community. One person who used the service said, "Activities; they will adjust to what you like. We have done flower arranging, quizzes, talks on various things. We have been outside in nice weather with the brollies up, cushions out and had ice creams and ice lollies." The activities co-ordinator told us they looked at what people's interests were and then organised activities around them. For example, they had set up a gardening club and a bird watching club. This involved them bringing pictures of various bird species for

people to identify and discuss. They also used a mobile device to play various bird songs and show birds in their natural environment. They were enthusiastic about people's involvement in this activity and said it was fantastic how much people who lived at the home knew about birds. They also told us they were encouraging people to take part in identifying birds that came into the garden as part of the 'Springwatch' programme.

Activities people wanted were discussed at residents' meetings. At the last meeting it was decided a canal trip would be organised, a celebration would be held for the Royal wedding in May and another in June to celebrate a staff member's wedding. We saw trips out to the local community and local events had taken place and people recalled these with fondness. A relative commented, "They've even done yoga and keep fit. [Relative] joins in and enjoys it...I would like to see some photographic records of what they've been doing."

On the afternoon of our visit nine people were involved in an activity as part of the gardening club. The activities co-ordinator was very skilled at involving everyone and talking about the subject in an engaging manner. For example, they talked with people about growing vegetables and what items they may use in a salad. They then all planted cress seeds and looked at the lettuce seeds they had planted the previous week. Some of the group went outside to help water the seeds and flowers that had been planted previously, whilst others sat in the conservatory to watch. People then joined in a discussion about the flowers and plants in the garden.

The front of the home overlooked a colourful, well-tended garden and the car park. Security gates were in place at the entrance so people could safely go outside when they wished. It was a hot day when we visited and people who used the service were enjoying sitting outside or walking around the garden.

We saw volunteers from the local school visited the service on the afternoon of our inspection. We saw they spent time sitting, relaxing and chatting with people and offering manicures. People clearly enjoyed the company of the younger people who came to the service regularly. The manager told us several volunteers had gone on to careers in the caring profession after spending time at the service.

The complaints procedure was on display and people who used the service and relatives told us they would raise any concerns with a member of staff, but had not needed to do this. The manager had received one complaint in 2018 which had been investigated and resolved to the complainant's satisfaction.

Is the service well-led?

Our findings

At our previous inspection in February 2017, we identified concerns about the governance systems at the service. At this inspection we found action had been taken to ensure the service was no longer in breach of Regulations. A comprehensive quality assurance monitoring system was in place to assess, monitor and improve the service. This included monthly checks on areas such as health and safety, care plans, infection control and weekly and monthly medicines checks. These audits were effective in identifying concerns and we saw actions had taken place where concerns were identified.

People who used the service, relatives, staff and the hairdresser all told us they would recommend the home as a place to live or a place to work. A district nurse commented on a recent survey, 'I would be happy for any of my relatives to live Rosegarth.' One visitor commented, "I'd choose this one for myself."

Staff told us the management team were approachable and supportive and staff worked well as a team. Comments included, "Really good manager who is helpful and approachable. It's a nice place to work; everyone is jolly and gets on", "It's the only place I have worked where all of the staff are nice" and "It's a good team. We all work really well together; everyone gets on really well. Staff will help each other out when they've finished their jobs. Management are very approachable. I can go to them if there's any problems. I feel very much supported in my role."

People who used the service told us staff were always smiling and happy. We also found this and the atmosphere in the home was upbeat and jolly, with a culture of 'nothing being too much trouble.' We saw there was a clear vision about delivering optimum care, based around empowering people and achieving good outcomes for people living at the service.

The manager had worked at the home for a number of years. They told us they kept up to date with best practice information through researching information and reading articles on the internet and looked for guidance on best practice. We saw they and the provider were a visible presence in the home and chatted warmly with people during the day. The manager attended daily handovers and conducted a daily walk round to check the service was running smoothly and they were kept informed of any concerns or updates. They also conducted visits to the home at weekends and out of normal business hours to ensure the service quality was maintained at all times. People knew who the manager was and the manager greeted people by their name and clearly knew them and their care and support needs well. The manager told us they received good support from the provider and commented, "They are very good if something needs doing."

People who used the service, relatives and healthcare professionals were asked for their opinions about the service, what they were doing well or anything they thought could be improved. We saw a good relationship had developed between the management team, staff and health care professionals, putting people who lived there at the centre of the service.

People who used the service told us residents' meetings were held and they could make suggestions about things they would like and these were acted upon. The minutes of these meetings showed discussions took

place about housekeeping, laundry, menus, activities and staff.

Staff meetings were held and we saw from the minutes these covered issues such as making sure residents' clothing was returned to the right person and new legislation. These showed issues were identified, addressed and updates were communicated.

The last relatives' and healthcare professionals' survey had been completed during 2018. Although the manager still had to collate the results we saw the response from seven relatives, one GP and two district nurses had been extremely positive. One person had suggested the replacement of the stair carpet and this had been done. This showed the service listened and took people's views and suggestions seriously. One comment from the survey stated, 'I have wide experience of residential care; Rosegarth is probably the best standard I have come across.'