

# One Housing Group Limited

# Rosebank Park

## Inspection report

Apartments 1-71 (Exc.13), Rosebank Park  
Main Road  
Harwich  
Essex  
CO12 4FY

Tel: 03001237367

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18 June 2018  
19 June 2018

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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

Rosebank Park is a domiciliary care agency. It provides personal care to older people living in one independent living, extra care scheme which has two buildings at the same site and is located in Harwich, Essex. There are 70 flats overall, 58 are located in the main building and 12 were in the smaller building. People using the service lived in 48 of the occupied flats in the main building. The whole of the smaller building (12 flats) were vacant on the day we visited.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone using Rosebank Park receives personal care; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the registered provider was providing support to a total of 48 people in the independent living, extra care schemes.

The service has not been inspected before and this was the first rated inspection for the service. At this inspection we found the service had attained a rating of 'Good'.

People felt safe when staff supported them. Staff knew who to contact if they had concerns about people's safety. Risks to people's health and safety were assessed and acted on. Safe staff recruitment processes were in place. Enough staff were available to meet people's needs. Staff understood how to reduce the risk of the spread of infection.

Safe medicine management processes were in place and people received their prescribed medicines safely. Processes were in place to investigate accidents and incidents appropriately.

People's care was provided in line with current legislation and best practice guidelines, without discrimination. Staff were well trained and their performance was regularly assessed.

People's food and drink intake was monitored to ensure conditions such as diabetes were managed effectively.

Effective relationships with external health and social care organisations were in place and people's health was regularly monitored. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; there were policies and systems in the service support this practice. We noted the principles of the Mental Capacity Act 2005 had been correctly applied when decisions were made for people.

People felt staff treated them well and were kind, caring and respectful. Staff were compassionate and offered people reassurance when needed. Information about how to contact an independent advocate was available in communal areas. Staff treated people with dignity and formed positive relationships with them. People's confidential records were treated respectfully and stored securely.

Prior to starting with the service, people's needs were assessed and care plans developed to enable staff to respond to their needs. Staff monitored people's changing health well. External professionals were requested to offer guidance and support for people and staff. People's individual preferences had been taken into account when their care was planned. People's cultural and religious needs were discussed with them and staff were aware of the support needed with this. People were treated equally, without discrimination and systems were in place to support people who had communication needs.

People felt able to make a complaint and were confident it would be dealt with appropriately. People felt their opinions mattered and told us they enjoyed living at Rosebank Park.

Staff enjoyed their jobs and felt valued. Excellent staff performance was rewarded. People and staff told us they would recommend this service to others. The registered manager was a visible presence and worked hard to implement the provider's values into the service. The registered manager and the provider continually looked to improve the service. Quality assurance processes were in place and these were used to effectively drive improvement.

## 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.

People felt safe when staff supported them. Staff knew whom to contact if they had concerns about people's safety.

People medicines were safely managed.

Risk assessments in relation to people's health needs were in place and were updated in a timely manner.

People felt there were enough staff in place to support them. Safe recruitment processes were in place.

Staff were aware of how to reduce the risk of the spread of infection.

When incidents occurred, they were investigated and reviewed to ensure the chance of reoccurrence was reduced.

### Is the service effective?

Good ●

The service was effective.

Best practice guidelines were in place to enable staff to support people with identified conditions.

People were supported with maintaining good nutritional health.

People had access to other external health and social care agencies.

People were supported to make choices about their care. Staff supported them in the least restrictive way possible. Staff were well trained and their performance was monitored.

### Is the service caring?

Good ●

The service was caring.

People liked the staff and felt they were kind and caring and treated them with respect.

Staff treated people with dignity and ensured they received their care and support in the way they wanted.

People felt staff responded to their wishes and respected their choices. People's diverse needs were respected.

People were provided with information about how they could access independent advocates.

People's confidential records were treated respectfully and stored securely.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care records contained detailed information about how they wanted to be supported.

People told us staff cared for them in the way they wanted them to.

People's needs were met without discrimination. The registered manager had a good knowledge of the Accessible Information Standard.

People felt able to make a complaint and were confident it would be dealt with appropriately.

### **Is the service well-led?**

**Good** ●

The service was well led.

People's opinions mattered and told us they enjoyed living at Rosebank Park.

People and staff told us they would recommend the service to others. The registered manager was well liked and worked hard to implement the provider's values in the service.

Staff enjoyed their jobs and felt valued. Excellent staff performance was rewarded.

Notifiable incidents were reported to relevant agencies

People and staff felt able to give their views about how the service could be developed and improved

# Rosebank Park

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection. The provider was given 48 hours' notice of the inspection visit because the service provided was domiciliary care in people's own homes and we wanted to make arrangements to contact people. We also wanted the registered manager to be available in the office on the day of inspection.

The Inspection site visit activity started on 18th June 2018 and ended on 19th June 2018. We visited the office location on 18th June 2018 to see the registered manager and office staff; and to review care records and policies and procedures. It also included talking to staff and people who resided at Rosebank Park in the extra care service as the main offices were located at that site. Additionally telephone calls were made to people and relatives.

The inspection was completed by one inspector, who completed the site visit on the first day of inspection. Phone calls to people and relatives, were made on the second day of inspection by an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed the information we held about the service, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

A Provider Information Return (PIR) was not requested prior to the inspection. This is a form that would usually ask the provider to give some key information in relation to the service, what the service does well and what improvements need to be made. This was because the scheduled date of the inspection changed.

We would normally give the registered provider the opportunity to provide us with some key information about the service, such as what the service does well and any improvements they plan to make. We would then use all of this information to plan how the inspection should be conducted.

We met with four people and one relative to gain their views about the service. We observed people in the communal dining room area at the lunchtime meal and observe staff interaction. We also met with and spoke to four care staff, the care co-ordinator, the registered manager, the general manager and the head of service. Additional phone calls via telephone were made to 10 people, two relatives, and eight people who used the service.

During the inspection we looked at a variety of records. These included care records relating to five people, five staff recruitment and training records. We also viewed other documentation which was relevant to the management of the service.

## Is the service safe?

### Our findings

All the people we spoke with told us they felt safe when staff supported them in their homes. Several people mentioned the call cord they had round their neck or wrist which they used to call for assistance and helped to make them feel safe. One person said, "I feel safe. I know there are people around. I can call them if I need to." Another said, "There is a call bell in every room. They respond after a few minutes."

People were supported by staff who understood how to protect them from avoidable harm. A safeguarding policy was in place to inform staff of whom to report concerns to both internally and to external agencies. The staff we spoke with understood this process and had also received safeguarding adults training. The registered manager had a good awareness of their responsibilities to protect people by informing the relevant authorities of any allegations made and investigating them appropriately where needed.

Where risks to people's health and safety had been identified, regular reviews were carried out to ensure the support provided by staff reduced the risk to people's safety. These assessments included people's ability to manage their medicines independently, risks in people's homes, whether people may present behaviours that may challenge others and their ability to manage their own personal care. Where risks had been identified, care plans were put in place to guide staff on how to support people in the least restrictive way possible.

All the people we spoke with told us that their visits were generally on time and that if staff were late they were given an explanation, which was usually that there had been a delay or something untoward had happened or staff were off sick. Most people we spoke with told us the care staff usually stayed the full time allotted in their care plan however a few people said they did not all do this. One person told us, "They come but don't always stay the full time." Another person said, "Sometimes they stay only 20 minutes instead of the 30 minutes." This was important to this person as they only had one visit a day. People who lived in Extra Care accommodation told us the systems for calling for help worked well. One person told us, "I've got this safety cord alarm to use if I need help." Another person told us, "I pulled the cord once and it worked well. I got help straight away."

People living in this extra care housing scheme were able to undertake some daily living tasks independently and without staff support. People and relatives told us that there were no set times for the carers to come but that they usually arrived within an acceptable time frame. For people who were not reliant on the carers for personal care, timing was not a crucial issue. One person said, "There is no fixed time. We are asked to be tolerant over timing. They come anytime between 7.00am and 9.30am, I can manage but it would be better if it was earlier (it was 8.30am this morning). On one occasion it was not until 10.00am" Another person said, "The timings are the only thing. No one has a set time. Sometimes they are too late in the morning and too early in the afternoon. I don't want my tea at 4.00pm." Another person said, "There is no set times. They can't possibly keep to a time." Additionally, a relative said, "We don't always get calls at times we need them as sometimes they are late if they are busy or anyone has fallen or when they are under-staffed." And another person said, "Sometimes they don't always stay for the full half hour. But they will ask if there is anything else they can do before leaving." People also told us that whilst they were

not unhappy with the care given they did have a number of different carers and would prefer some consistency in the long term but understood that could not always happen.

Whilst we noted the service was not understaffed on the day of our inspection and the majority of feedback was positive. The registered manager told us there was a flexible approach to the time calls were made and how long they lasted. Staff were given task sheets which they worked to with times allocated for each person. They told us people were able to change their requirements to suit them and everything possible was done to accommodate them. We were also told by staff that some people liked to save their allocated hours and then use them for social activities with their preferred staff members. This flexible approach to staff support, meant people were not always restricted to set call times, giving them freedom to lead their lives how they wanted to.

Recruitment procedures were in place, which were designed to ensure people were protected from unsuitable staff. Checks were carried out on staff identity and past employment as well as a criminal record check. These checks contributed to people feeling safe with the staff who supported them.

People required varying levels of support with their medicines. Some were able to manage and administer these themselves, others needed some support from staff. One person said "I do my own. They always ask if I've taken them though." People did not raise any concerns with us about how they were supported with their medicines. Medicines were stored safely in each person's flat and when people required staff support, this was recorded on medicine administration records (MAR). MAR are used to record when a person has taken or has declined to take their medicines. It allows the registered manager to identify and act on any themes which could affect people's well-being. We looked at the MAR charts for three people and found these to be appropriately completed. Records showed staff had received training on the safe administration of medicines and received on-going assessment of their competency. A staff member we spoke with confirmed this.

Staff had completed infection control training to help them to reduce the risk of the spread of infection within people's homes. Staff wore protective clothing appropriately such as gloves and aprons. We noted where staff supported people with domestic tasks within their homes, the level of support needed had been recorded within people's care records. This ensured people's right to live in their homes in the way they chose was respected.

The registered manager had processes in place that ensured if an accident or incident occurred these were investigated and acted on, to reduce the risk of reoccurrence. The registered manager told us at the time of the inspection no accidents or serious incidents had occurred. They also told us that if improvements to staff practice were needed following an accident, this would be discussed during supervisions or team meetings.

## Is the service effective?

### Our findings

Most people using the service were able to make decisions for themselves about all aspects of their care and support. We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). 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. We checked whether the service was working within the principles of the MCA. We found the service was working within the principles of MCA and people's rights and choices were respected.

Care records we looked at contained evidence the service had identified whether a person could consent to their care. People in their own homes are not usually subject to the Deprivation of Liberty Safeguards (DoLS). Records showed that staff had received training in MCA and DoLS. The registered manager and staff we spoke with had a good understanding of MCA and were able to tell us how they involved people in the care they received and how they ensured people gave consent before care was provided. Records we looked at showed that people who used the service or where appropriate their representatives had given consent to the support they were receiving. One staff member told us, "We always offer choices." A relative told us "They understand my [relative] very well, I always hear them [staff] asking [relative] whether they want this or that." All the people we spoke with told us that the care staff sought consent for any care provided and explained what they were about to do.

We looked to see if staff received the induction, training, supervisions and support they needed to carry out their roles effectively. The registered manager told us that when staff started to work for the organisation they received an induction. This included working alongside experienced staff, completing essential training, an introduction to the organisation and competency checks to ensure staff could carry out their roles effectively. All the people we spoke with told us they thought the care workers were well trained and able to do the care tasks required in their care plans. One person said, "Oh yes they are well trained, they know exactly what they are doing." Another person told us, "They got me up and walking. I pushed their patience to the limits. They take their time and work to my speed." A third person said, "I have to have oxygen equipment. I've shown them how to do it." One staff member told us "I had a good induction, I went through all the e-learning and was shadowed for a week or so."

Staff had either completed or were in the process of completing the Care Certificate. The Care Certificate is a set of standards social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. Staff spoken with told us they felt well trained and supported by the registered manager. Staff received regular spot checks to assess the competency of their practice as well as on-going supervisions. During these supervisions staff members could discuss any concerns they had with the registered manager. The registered manager in turn, highlighted good practice and areas where improvement may be needed. Staff were also encouraged to

undertake external professional qualifications such as diplomas (previously known as NVQs) in adult social care. The comprehensive induction, training, assessment of competency and professional development, contributed to people receiving effective care and support.

Some of the people we spoke with received support from staff with food preparation and they were pleased with the support they received. People's food and drink preferences were recorded. The registered manager told us people's cultural or religious needs in relation to food preferences were discussed with people when they started to use the service. However, now there were no people who required support with this.

Some people had conditions that required their food and drink intake to be monitored. This was to ensure they did not consume anything that could cause them harm or, was needed to help manage the symptoms of a condition. Where specific support was needed, best practice guidelines had been recorded within their care plan for staff to follow. For example, guidance was in place to support a person living with a peg feeding tube and the need to ensure this was done in line with the specialist healthcare instructions.

People told us they received the help they needed to maintain good health. People had regular access to healthcare professionals and staff were vigilant to changes in people's health. Where people's health deteriorated professional input was requested in a timely manner. People's care records contained sufficient information for other health or social care services if people required treatment from them. Care records were detailed and contained enough personalised information to ensure the process caused minimal impact and disruption for people. Where people required assistance with attending external healthcare appointments, staff were available to support them.

## Is the service caring?

### Our findings

All the people we spoke with thought that the care workers were kind, caring, friendly and patient. People were very complimentary about the care workers. Comments from people included, "I suffer from anxiety and they sit and talk to me and calm me down. They help me relax and are caring. Brilliant," "They have lots of patience.", "They go above and beyond.", "They deserve a medal." And, "The male night staff do a marvellous job.", "They are all good. They do what I want them to do. They are friendly." Additionally, we were told, "They are nice - charming.", "They are all lovely" and, "They are very nice. You can laugh and joke with them. If I feel off they come and talk to me and in a while you feel totally different." And, "I have never had a bad carer."

Staff and managers we spoke with were caring and respectful in the way they spoke about people who used the service. They could tell us what was important to the people they supported, their likes and dislikes and the care they required. One staff member said, "We always do things the way people want them done. It's their choice and I am happy to help

Care records we looked at placed great importance on promoting people's independence and covered people's preferences and routines. They contained a personal profile and detailed what the person wanted to do and how they liked it to be done. Records also showed that the service identified what support people needed with communication, including ways of involving and informing people about their service. We saw that where people who used the service had difficulty communicating there was guidance to staff on how best to communicate with the person.

All the people we spoke with told us that the care workers showed them respect and upheld their dignity whilst delivering care. One person told us, "They are perfectly respectful." Another said, "They stand by so I can get in the shower then get dressed." Another said "They are very polite. They are led by what I am comfortable with. They treat me in a very dignified manner." Additionally, all of the people we spoke with told us that the care workers listened to them and respected their wishes, for instance doing tasks differently to respect their individual wishes. One person said, "Sometimes they will sit and talk." Another said, "When she showers me and when in the bathroom we chat. She is like a breath of fresh air. I can never thank her enough." Additionally, other comments included, "We have a chat but some do rush." And, "They have time to chat. We talk about holidays." All the people we spoke with told us they thought the care staff helped them to stay as independent as possible. We found that staff were friendly, caring and respectful with the people they supported. We saw that staff involved people and gave them time to communicate their wishes and offered people choice in how the support was provided.

Staff had completed privacy and dignity training and could explain how they supported people in a way that protected these areas. We observed staff speaking with people respectfully. We saw one staff member, when leaving a person's home, asked whether they wanted their door leaving open or closed to respect their privacy. The choice made by the person was respected. Staff spoke with empathy, understanding and discretion when we asked them about the people they supported. They were compassionate and offered reassurance to people when they showed signs of distress.

People were supported to lead independent lives. The flexible approach to allocation and use of the assigned weekly hours of support each person received empowered people to make independent choices about their care. The registered manager told us staff rotas were amended wherever possible to accommodate people's wishes and preferences.

Policies and procedures we reviewed included protecting people's confidential information and showed the service placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about confidentiality and data protection to guide them on keeping people's personal information safe. People's care records were treated respectfully within the provider's office ensuring the information within them was treated confidentially. Records were stored in locked cabinets away from communal areas to prevent unauthorised people from accessing them. The registered manager was aware of the requirements to manage people's records in accordance with the Data Protection Act.

## Is the service responsive?

### Our findings

Before people started to use the service, an assessment was carried out to ensure people could receive the support they needed. This assessment considered people's mental and physical health and detailed care plans were then put in place. People told us these care plans were discussed with them and they agreed with the content. One person told us they were, "Involved and I did get spoken to but I am not sure what it (care plan) says entirely. The carers use it and know what they are doing so that's enough for me." Another person said, "I know what is in my plan and am generally asked what I want and whether I am happy with the care given. I am."

We noted care plans were regularly reviewed and people had been involved with this process. Where people's needs had changed, care plans were amended to reflect these changes. This enabled staff to respond effectively to people's changing care and support needs. We spoke with one person about their care needs and they praised the staff by saying they did everything that they wanted them to do. In contrast only, a few people mentioned that staff did not complete tasks fully when they were in people's homes. We fed this back to the manager after the inspection who advised she would review this and ensure this does not happen in the future.

Staff completed detailed communication logs and task sheets which were used to record how staff had supported them that day. They also included key information that staff starting a new shift should be aware of. This included whether people had not eaten their meals, felt ill or had an external appointment. Daily handovers between staff shifts took place, which enabled staff to discuss people's care needs for that day. This ensured staff could respond effectively and to provide a consistent level of care for all people. Whilst most people were very happy with their care, we also received feedback that a few people would prefer consistent carers rather than different ones each time. We also fed this back to the manager after the inspection so they could attend to resolving this issue.

Processes were in place that ensured staff understood the changing health needs of the people they supported. The registered manager told us, and records confirmed, that permission had been requested from people when and if staff had to attend meetings with them or when visiting external health and social professionals liaised with people. There were occasions whereby staff needed to discuss people's health needs or changes. The registered manager told us communication was key and was vital to enable them and their staff to respond appropriately should people's health needs become more complex.

People's individual needs and preferences had been considered when care was planned for them. We also noted people had been asked how they would like to be addressed, with some people preferring shortened forms of their name to be used. We observed staff respecting people's wishes. People's preferences for how they would like staff to support them with their personal care were also recorded.

We noted people's religious beliefs had been discussed with them prior to commencing with the service. Some people we spoke to described themselves as 'non-practising'. However, one person said, "I used to attend church and am sure if I wanted to go to the local church someone would take me but I don't like to

go out much."

People told us they had been encouraged to take part in group activities that were organised for people who received support from staff, but also by others in the building. This offered people the opportunity to meet others and to reduce the risk of social isolation. One person told us there was a residents committee and they had attended coffee mornings and a cream tea held the weekend just gone. They also said, "I am friends with one lady here and she is setting up a games afternoon to help to get us all together."

The service building had large communal areas for people to sit in and join together if they wished. The foyer was large, light and spacious and fresh tea and coffee and homemade cakes were available for people. There was also a licensed bar area which was used frequently and especially currently for the World Cup Football games which were shown on a big screen there. We noted people were offered opportunities to attend activities and events in the local community and we were told activities were held on the front green in the good weather. Other activities were a knitting club, seated exercise, a lotto/bingo evening once a week and on Fridays a fish and chip evening.

Technology was used to ensure that people received timely care and support. People were issued with a pendant to help them alert staff if they needed urgent help. One person told us, "I press my call cord at night and they will come within five minutes." Another person said, "I have pressed the call cord a couple of times when I have had a fall. They were here within minutes. They are not allowed to pick you up. They move the chair in front of you. They encourage you to lean on the chair and get yourself up."

People told us they felt confident to raise a complaint and they would speak with either a member of staff or their family member to act on their behalf. Comments from people were positive and included, "I haven't made any complaints but I would do if I needed.", "No complaints but I would know who to contact.", "I know how to complain to the manager. If I really had a serious complaint I would say something or my daughter would." and, "They would sort out any issue." A relative said "There are small niggly things but I think they need raising. I generally speak to the carers and they do note it down and it is passed on. They do respond."

No formal complaints had been received at the time of the inspection. However, we were informed of a concern raised by a relative about their family member after the inspection. We spoke with the registered manager about this. The registered manager told us they hoped to resolve the matter with them and would keep us informed of the outcome.

## Is the service well-led?

### Our findings

People told us they enjoyed living at Rosebank Park and praised the quality of the care they received. One person said, "The Management is good. If we have a complaint they listen and try to sort it out quickly." Another said, "I go down and speak to them if I need help." And a third person stated, "We often speak. They are approachable." Two people we spoke to on the day of inspection spoke highly of the service provision, knew who the manager was and both told us they would recommend this service to others.

People were able to give their feedback about the service to contribute to the continued development and improvement of the service. People told us they were regularly asked for their views and we noted the service's first annual survey had been sent out to people and their relatives. The registered manager told us the results of this survey would help to identify any areas where improvements were needed and they would be acted on quickly. Most people we spoke with had confirmed they had opportunity to feed back on the service. A 'residents' committee' was in place. This committee was for all people who lived at Rosebank Park including those who did not receive personal care support. Management could attend these meetings as well so this ensured people's views were heard and acted on.

Staff told us they enjoyed working at Rosebank Park. One staff member said, "It is a nice friendly and calm environment to work in. I really enjoy it, it makes me feel like I am making a difference." Another staff member said, "I enjoy coming to work here, we all get on well as a team." Staff felt valued and their opinion mattered. Excellent staff performance was rewarded with nominations for 'Corporate Behaviour Awards'. to recognise outstanding performance.

People were supported by staff who understood how to identify and act on poor practice. A whistleblowing policy was in place. Whistle-blowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it. All of the staff we spoke to told us they felt confident in raising any concerns they had about poor practice. Staff felt empowered to raise any concerns they may have about people's care or to raise areas where they felt the service could be developed or improved. The staff we spoke with praised the open and welcoming approach of the registered manager.

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

The registered manager currently managed one other extra care housing scheme temporarily in addition to Rosebank Park. We asked them whether they had the time needed to manage both services effectively. They told us they did. They shared their time between the two and if there were any areas of concern at either service, they told us they gave it their full attention.

The registered manager told us they had confidence in the staff who worked at Rosebank Park to carry out

their roles effectively in their absence. A care co-ordinator was in place at Rosebank Park whenever the registered manager was not there. We spoke with the care co-ordinator during the inspection and had confidence that they understood their role. Staff were held accountable for their roles, and regular spot checks of their performance were carried out. When improvements in performance were needed, support was offered to the staff.

The registered manager had a clear understanding of their role and responsibilities. They had the processes in place to meet the requirements of a registered manager with the CQC and other agencies, such as the local authority safeguarding adults team. The registered manager had the experience needed to manage the service effectively. They were continually seeking to expand their knowledge and expertise. They told us they attended meetings with other registered managers from within the provider's group of services. These meetings enabled them to learn from others' performance and to act on provider wide requirements.

Quality assurance systems were in place to help drive continued improvements at the service. Audits included regular reviews of people's care records and medicines. These audits identified areas that were performing well, but also helped the provider identify areas that required some improvement. The registered manager and the provider worked together to help continually improve the quality of the service provided for people. Action plans were in place following provider audits with the registered manager held to account for ensuring any recommendations and improvements were made.