

Roselea Care Homes Limited

RoseLea House

Inspection report

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Tel: 01158462251

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on 8 November 2018 and was unannounced.

RoseLea House 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. RoseLea House is registered to accommodate nine people living with learning disability. At the time of our inspection there were nine people living in the home.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection on 23 March 2016 we rated the service good overall. We rated the key question Effective 'requires improvement'. This was because information in people's assessments of their mental capacity was not always consistent with information about their capacity in parts of their care plans. At this inspection we found that improvements had been.

At this inspection we found that evidence continued to support a rating of 'Good' for the key question Safe and that the service had improved to being 'Outstanding' in key questions Effective, Caring and Responsive. The overall rating was therefore 'Outstanding'.

Feedback from people who used the service, health and social care professionals and staff was consistently and unanimously positive. People spoke enthusiastically about how much they enjoyed living at RoseLea House. A healthcare professional attributed the success they had achieved with the treatment of a person to the service. They wrote, "I am sure that the success of this situation is down to the staff at RoseLea." The register manager and staff are proud to work at the service and equally proud that people had achieved 'golden aspirations' and greater levels of independence. People's diversity is celebrated through innovative and creative activities.

The service has built an outstanding model of care and support. The registered manager was invited to speak about the outstanding success of activities at a forum organised by a local authority. All the staff continually looked to find ways to improve the service. They are driven by their passion for caring for people. Staff supported people to develop skills, confidence and self-esteem beyond what they thought possible.

The registered manager and staff had an excellent understanding of people's needs. Staff found ways to improve people's lives by introducing creative activities that opened new possibilities for people. Innovative ways were found to support a person with access to healthcare that was essential to them but which they at times were reluctant to do.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The service had staff who were designated 'champions' for dignity, the Mental Capacity Act (MCA) 2005, end-of-life care and infection control. These champions continue to play an essential role in developing best practice, sharing learning and acting as role models for other staff. Staff had training from healthcare professionals to understand about health conditions that people lived with. This meant there was an exceptionally strong team of staff who worked at the service.

Staff have a good safeguarding matters and excellent understanding of behaviours that are challenging to others. Staff viewed people's behaviours that were challenging as behaviours that require 'positive support'. This meant that people were always treated with dignity and their behaviours understood. We saw people receiving excellent support with their medicines. Staff explained to people what their medicines were for and how they should be taken. People knew when they should have their medicines.

There was a stable exceptionally well skilled workforce to ensure people's wellbeing, safety and continuous development was embedded in the service. A robust recruitment and selection process is in place. People participated in the recruitment of staff and their opinions were considered before a decision was made whether to employ someone. This ensures prospective new staff have the right skills and are suitable to work with people living in the home. People chose who they wanted to be their key worker.

Staff are compassionate, kind and caring. Of the 22 staff who worked at the service, eight had worked there for over 10 years and most had worked there for over five years. This enabled staff to develop caring relationships with people. We saw that people were comfortable in the presence of staff and the manager. A professional advocate had told the registered manager, 'Staff interact well and it is obvious [person] was comfortable and relaxed in their surroundings.'

People were taught life skills that they were supported to develop further. This supported people in their aspiration of becoming as independent as possible. A person was supported to learn new skills which they turned into a hobby they were passionate about. People told us that the thing they enjoyed most were the activities they were supported to participate in.

Staff understand the importance of supporting people to live life to the full whilst they are fit and able to do so. They supported people to cope with bereavement of loved ones. Where people wanted, they had end of life care plans which included people's thoughts, feelings and wishes to ensure their passing is comfortable, pain free and as peaceful as possible and their funeral arrangements respected.

Staff spoke consistently about the service being an exceptional place to work and one that was exceptionally well led. The registered manager works in partnership with other organisations and had taken part in several good practice initiatives designed to further develop the service. The registered manager involved staff and people in the development of a continuous improvement plan for the service. Staff were highly motivated. A staff member told us. "The sky is the limit here."

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 remains Good.

There were policies and procedures in place to keep people safe from abuse and avoidable harm that were understood and practised by staff.

There were enough safely recruited staff to meet people's needs.

People were supported to have their medicines at the right times.

Is the service effective?

Outstanding 

The service has improved to Outstanding.

Staff put their training into effect to support people to achieve outstanding outcomes that were recognised and acknowledged by health and social care professionals.

Staff found imaginative ways to support people to enjoy a varied and balanced diet and celebrate people's diversity.

Staff had a very good understanding of the Mental Capacity Act 2005. They made decisions that were consistently in people's best interests and which had outstanding outcomes for people.

Is the service caring?

Outstanding 

The service has improved to Outstanding.

People and staff had developed very caring relationships which meant staff were able to provide outstanding emotional support to people.

Staff used creative communication styles to engage with people to support them to express their views and make choices.

Is the service responsive?

Outstanding 

The service has improved to Outstanding.

People received consistently outstanding support that was focused on their individual needs.

People participated in creative and challenging activities that fulfilled their aspirations and increased their independence and self-esteem.

Is the service well-led?

The service remained Good.

The was well-led. Staff were inspired by the registered manager's leadership and were involved in continually improving and developing the service.

The registered manager understood their regulatory responsibilities. Performance management processes were effective and were regularly reviewed to encourage rigorous challenge. There was a very strong emphasis on continual improvement.

The service was part of the local community and worked closely in partnership with health and social care organisations.

Good ●

RoseLea House

Detailed findings

Background to this inspection

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 unannounced inspection took place on 8 November 2018 and was undertaken by one inspector.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about.

During the inspection visit we spoke with four people who used the service, the registered manager and three care staff.

We looked at the care records of two people who used the service to see whether they reflected the care that was required and reviewed one staff recruitment file. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People told us they felt safe living at Roselea House. A person said, "I feel safe because all of the staff are really good and helpful." During our visit we saw people approach staff and it was evident that they were comfortable in their presence.

A person told us, "When I go out the staff make sure I am safe. They have helped me understand about money." People had been taught to understand the value of money and which coins or notes to use when they were shopping. For example, they were told to use coins rather than a five or ten pound note for an item such as a bar of chocolate. This helped to protect people from financial exploitation.

Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. Staff used the procedures to report incidents between people which the registered manager investigated.

The registered manager and staff team reviewed all incidents to understand why incidents had occurred. They developed strategies to minimise the risk of harm to people. This had worked because incidents had become less serious and people were not harmed. This showed that the strategies which staff used, such as supporting them to understand boundaries of behaviour, had kept people safe.

There were risk assessments in place, which gave staff clear instructions about how to keep people safe. For example, risk assessments had information for staff about how to recognise and respond to signs that a person was at risk of presenting behaviour that challenged others. Staff used non-physical intervention techniques they had been trained in. They were able to de-escalate situations by distracting people, providing them with an activity or supporting them to another area of the home.

The registered manager followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers before new staff began work at the service.

Medicines were safely managed. Medicines were safely stored and effective procedures ensured that there were always enough medicines. People took their medicines as prescribed.

The support people received when they were given their medicines was excellent. The staff member explained what the medicines were for, why they were good for the person and how the medicine should be taken. The staff member spoke to the person throughout. They explained to the person what their medicines were for, why they were good for them and how they should be taken. They supported people with clear guidance and people were not rushed. Where they had been prescribed medicines on an 'as required' basis, such as analgesia, plans were in place for pain management, including the use of pain scales to identify severity of pain.

People were protected by the prevention and control of infection. Staff were trained in infection control and

had the appropriate personal protective equipment to prevent the spread of infection. The service had the highest possible rating for food hygiene following an inspection by a food hygiene inspector in October 2017.

Is the service effective?

Our findings

Health, social care professionals had expressed their confidence in the staff, stating that the care and support staff provided made a difference to people's lives. One wrote, 'I completely trust their [staff] competence.' One person with a health condition who lacked capacity to understand the importance of hospital treatment was supported to attend outpatient appointments. Staff often overcame the person's reluctance to attend the appointments through skilful communications and support that made attending appointments a meaningful activity to them. A health professional wrote, 'I am pleased to tell you that it [treatment] is going well. I am sure that the success of this situation is down to the staff at RoseLea.'

The registered manager took great care in ensuring that only people who were suited to work at the service were employed. They involved people who used the service in the staff recruitment process. People took part in interviews or met candidates and were asked by the registered manager whether they liked the person interviewed and whether they would like to be supported by them. People's opinions were considered before a final decision was made.

The registered manager kept up to date with research and developments in adult social care, in particular about using activities that improved people's self-esteem and confidence. They considered initiatives that had been successful in care homes and after weighing up the risks selected trialled those that they considered were safe for RoseLea House, for example 'dog and pet therapy. This activity provided people with opportunities to take a dog for a walk which they had not done for many years. It was something that they looked forward to. This proved to be so successful that the registered manager was invited to speak about it at meeting organised by the local authority who were in a position to share information about best practice.

The provider invested in staff training that was focused on the needs of people who used the service. Staff had training from health professionals about how to support people with health conditions they lived with. The provider enlisted staff for training that was provided by a local authority. The aim of that training was to equip staff with the knowledge and skills they needed to 'champion' safeguarding and support people to make choices that had a positive impact on their lives. The 'champions' had raised the quality of support people experienced by broadening their horizons about what they could achieve and giving them more confidence. People were supported to have what the service called 'golden aspirations' which included activities that people had in the past thought of as unachievable, for example a helicopter flight or writing stories.

The registered manager had developed a staff training and mentoring programme that was built around the needs of people. This meant that staff developed an in-depth knowledge of people through that support. The 'golden aspirations' concept supported staff to think creatively. Staff told us they were highly motivated because of the quality of care and support they provided and that their training and support from other staff and the registered manager was an important factor in that. A staff member told us, "We now instinctively look at how we can open horizons for people. We want the sky to be the limit for them by giving them the confidence that they can achieve 'golden aspirations'." The impact for people was that they had more self-

belief in themselves.

A staff member told us how informative their training had been. They said, "The training covered everything. We understand how noise and sounds and light can upset people and how they have different sensory perceptions. We are careful to make sure people are protected as much as possible from noise, for example roadworks or heavy traffic. We find quiet areas for them." Staff had agreed a form of sign-language with a person who liked to listen to music through earphones so that they would not interrupt them. Staff had training on how to support people to understand the passage of time so that they knew what chain of events were required for something to happen. For example, staff would tell the person that they had to walk to a tram stop, wait for a tram, travel on the tram then walk to a café before they had coffee and cake. Each stage was treated as building block toward an activity outcome. This was helpful when people showed anxiety about how long they had to wait for an outcome. A person's advocate wrote to the registered manager, 'Staff have been very skilled to enable [person] to make choices. I have been out often with staff supporting [person] and have seen the positive relations [person] has with staff.'

Staff received continuous training opportunities irrespective of how long they had worked at the service. A staff member who had worked at the service for several years told us, "The training is great. Training is specific to our residents." The registered manager supported staff to put their training into practice and this had improved people's lives. For example, staff used their training about how to communicate with people in ways that supported them to better understand and modify their behaviours. As a result, incidents where people presented behaviour that was physically challenging had significantly reduced and the majority of incidents involved only verbally challenging behaviour. The registered manager told us, "We no longer talk of people's challenging behaviour, we talk about people's positive support." Positive support meant that people were supported to understand and respect other people's preferences, including how they communicated with others. An outcome of this was that behaviour that people had previously thought of as challenging as now understood as being part of a person's identity and character.

Staff received regular supervision meetings that supported their continuous development. Responses to a recent staff survey showed that staff unanimously felt that their supervision was helpful and constructive. When staff showed an interest in learning something new or something more about a subject, the registered manager arranged training. For example, a staff member wanted to learn how to support people to be comfortable about talking about how they wanted to be cared for towards the end of their life. This was something that had made people anxious in the past. The staff member, "The training was really good. It makes us think outside the box." An outcome of this was that people had begun to discuss what was an emotionally difficult subject for them.

The support staff had through training and mentoring meant that their skills, knowledge and competence was continually developed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that they were.

We found that decisions were consistently made in people's best interests often using creative and innovative means. For example, a person's anxiety about attending a hospital for essential treatment was reduced because staff included activities the person enjoyed into their journey to hospital and the treatment period. This meant the least restrictive means were used as opposed to other means which may have caused significant distress. Staff had benefited from training about the MCA and the support they had from the MCA champions. Staff we spoke with demonstrated a comprehensive understanding of the five principles of the MCA.

There was a strong emphasis on people eating well. People were involved in decisions about food shopping and planning and cooking the meals they wanted. A person told us, "I'm allowed into the kitchen, I make drinks, help with cooking." Another person said, "The dinners are nice." We saw that the kitchen was a hub of activity for people where they discussed what they would be having to eat. People's care plans included information about their food preferences and when they liked to eat. A person who preferred regular snacks rather than 'main meals' had those when they wanted. Staff had consulted and acted on a dietician's advice about how that could best be achieved without compromising the person's health. Creative ways were used to introduce people to new and varied foods that people from ethnic minorities enjoyed. For example, a 'world map' activity was used to introduce people to food and drink from different countries. Since the activity had been introduced this year people had enjoyed food and drink from the Caribbean, Mexico, Germany, Greece, Turkey and Thailand. This activity had been evaluated by the registered manager, found to have been a great success and was now an established feature of the service. Staff had collected recipes from around the world to be able to support people's choices. This showed an outstanding appreciation of people's diversity.

Staff supported people to attend appointments with health and social care professionals. They were alert to changes in people's health because of the training they had about health conditions people lived with. Care plans had detailed information about people's health needs. Staff were required to read the care plans at least twice a year. They were informed about changes to people's care plans at staff meetings and everyday communication with the registered manager and were required to read updated sections of care plans before supporting a person.

People received support with their nutritional and health needs through the creative and innovative use of activities. This demonstrated a holistic approach to people's care by the service which a health professional acknowledged in feedback to the service. They wrote, 'Staff have always shown a holistic approach to patient care.' A staff 'champion' for infection control raised staff awareness about supporting people to understand the benefits of better oral care. They taught staff how to detect signs of gum infection and involve people in making appointments to see a dentist. Staff reported in supervision meetings that their increased knowledge gave them a greater sense of self-esteem because of the value of their care and support to people.

The premises and environment met the needs of people. People's rooms were individualised because they were furnished and decorated to their taste. A person invited us to see their room. We saw that it was personalised to their taste to make a place where they could follow hobbies and stimulating activities. People were involved in how communal areas were decorated and laid out. Pictures were used to support people to recall places they had visited. People had quiet areas to use if they wanted. For example, a person had an area away from the larger rooms where they enjoyed assembling jig-saws. A sensory room was being developed based on people's choices about the kind of lighting, textures and tactile objects they wanted. An area of garden was set aside for people to remember deceased relatives in ways that were very personal to them. For example, a person used a small monument for leaving written messages for deceased family members and friends which was a 'protected area'. This showed that staff thought in innovative and creative

ways to support people.

People were involved in choosing new carpets, floors and furniture as part of an on-going refurbishment of the premises. They were shown samples of carpets, floor coverings and furnishings that they made selections from.

Is the service caring?

Our findings

People told us that one of the two things they liked most about the service was that staff were kind and caring. A person told us, "I like it here because the staff are nice." During our inspection it was evident that the service had a strong person-centred culture. Staff did not assume that people's priorities about what was important to them remained the same. Staff asked people at monthly reviews of their care plans and at resident's meetings about what was important to them and what they wanted to achieve. People most often said that leading active lives and keeping in touch with family and relatives were the most important things to them.

Staff focused their support in a way that demonstrated that people and what they said mattered to them. We saw that staff interacted with people in a warm and friendly manner, showed an interest in what people had done or said they would do.

Staff provided people with emotional support with kindness and understanding. A person who had suffered a family bereavement was helped to understand what was involved at a funeral. Staff took them to the chapel where the funeral was to take place so that they could become familiar with the surroundings. Staff made a book of photographs to reflect the deceased relative's life story and used this to explain to the person what had happened. When the person asked about the deceased relative staff sat with them and went through the book to explain why the relative cannot visit them. This was done in a kind and sensitive manner so that it did not upset them. A staff member who was 'End of Life Champion' was supporting staff to use their skills to broach the subject of end of life care with people in a way that did not upset them. This was something people had been reluctant to do before, but staff support meant that people who were entering older age were now discussing this.

Staff supported people to maintain contact with their relatives. A person had a favourite photograph of their family that staff arranged to be made into a canvas print that hung in the person's room. Another person was supported to remember deceased relatives in a very personal way. They were supported to write messages and placed them under a memorial in the garden that staff had arranged for them. Staff who did this had an in-depth knowledge of the person's life and family history and they used this to help the person write the messages. Staff knew what activities people wanted to share with family relatives when they visited. For example, a person liked to share watching a television programme with their family that met their cultural and spiritual needs.

Staff ensured they and the family members were able to meet in the privacy and comfort of their room. Staff's kindness was recognised and acknowledged by feedback from health and social care professionals. One had written to the service, 'Staff interact well and it is obvious that [person] was comfortable and relaxed in their surroundings. Family relationships are important to them and they have regular support from staff to visit their family home.' A relative that had regular visits from a person told the service, '[Person] is always happy to return to RoseLea after visiting.'

Staff supported people to be respectful of each other. A person told us, "I like the other people here." We

saw people mixing and interacting with each other. People told us how much they enjoyed a seaside holiday together. A person made drinks for people. The kind and compassionate nature of staff showed that they understood and put into practice the values of the service which included creating a family like atmosphere for people. This respected people's human rights to family life.

Every person had been registered to vote and to attend polling stations to vote. This was another example of how staff understood people's rights and ensured, where people wanted to, to take part in local events that could affect them in the future.

The registered manager and staff had reviewed every person's care plan with their involvement. All care plans included sections in an easy to read format that people had put together. At reviews of care plans the registered manager asked people, "How do you want me to put in here what you want us to do for you?" A person with limited verbal skill had selected pictures to express that they wanted staff to remind them to brush their teeth. These were put into their care plan. This was an example of how people were involved in making decisions about their care.

As part of the care plan reviews people were asked which staff member they wanted to be their key worker. A person had written 'I like it' when they were asked about their care plan. The registered manager told us, "I'm proud of the care plans and how personalised they are and how much people are involved in them."

People were supported to express their views at reviews of their care plans, monthly resident's meetings and any time they wanted. At resident's meetings people were asked what they had liked most and least since the previous meeting, where they'd like to go on holiday, which activities they enjoyed and about meals they'd like. People were supported to make informative choices. For example, when discussing holidays people were shown photographs of where they had been before and places they had not been to. A person's advocate complimented the service on how it supported people to make choices. They wrote, 'Staff have been very skilled to enable [person] to make choices.' People's choices were respected. For example, a person who chose not to go away on holiday was supported to enjoy time by themselves whilst others went away. The registered manager told us, "That was the person's holiday. They really enjoyed being the only person at home for that time."

Staff were skilled at supporting people to resolve the conflict and tensions that sometimes arise between people. When incidents took place between people, for example disagreements and arguments, staff intervened and supported people to respect other people's rights and preferences.

Staff respected people's privacy and dignity. They did not interrupt people when they were spending time in quiet areas or in their rooms.

At resident's meetings people were asked whether staff respected their privacy and people always said that they did. People said that staff always knocked on their door before entering their room. We saw that happen. Relatives who participated in a satisfaction survey consistently said that staff treated people with dignity. Professional visitors said that when they wanted they could see people in the privacy of their room.

The family atmosphere of RoseLea House was reinforced from outside the building. It was in a residential area and there was no indication outside, there was no sign, that it was a residential home. It was a family home like neighbouring properties.

Is the service responsive?

Our findings

People told one of the two things they liked most were the activities they were supported to participate in. The activities were designed to give people more confidence and a sense of independence by supporting them to learn new skills and develop and maintain hobbies.

A person told us, "There are lots of activities. I go to college on three days. I've learnt to write stories." They told us that they read their stories to people. The registered manager was considering how the person could have their stories published. This showed how the service thought about celebrating people's achievements.

Among the skills people had been taught were understanding about their medicines and when and how to take them. A person who once relied wholly on staff for the medicines was going out for the day and was given their medicines to take with them. The registered manager told us, "[Person] cherishes their independence and we support them to do things they want to do alone." Other people who previously relied on staff support now required only reminders about when to take their medicines. This was they had been taught what their medicines were for and how they should be taken. This was an important stage of supporting people to be more independent and less reliant on staff.

A person had not previously been active at RoseLea House had been shown how to keep their room tidy and to assist staff with meaningful housekeeping tasks. They had been taught to make drinks for themselves and other people. They made us a drink and offered to make more throughout our visit. The registered manager told us this person now had more confidence and self-belief in themselves. Another person who lacked confidence was asked to organise the Halloween party with staff support. The registered manager told us, "This did wonders for the person's self-esteem."

People were supported to aspire to exciting challenges. Staff and people called these 'golden aspirations'. Staff asked people what they wanted to do to fulfil their dreams. A person had been supported to have a flight in a helicopter, another to attend archery classes. People went swimming and ice skating, went to concerts, cinema and pantomimes and enjoyed those activities because staff participated in them too. Staff supported people to understand the value of money and what things cost. They supported people to budget their money so that they had enough when they went shopping. People were taught that some activities, for example a helicopter flight, cost a lot more than other activities, for example going to a cinema. Staff supported people to budget for the more expensive activities.

These examples demonstrate that staff skilfully used activities to increase people's independence by incorporating essential life skills. This was particularly important for those people who had at times expressed a wish to have their own flat. The activities stretched people and allowed them to use newly acquired skills.

People were active in the wider community's Remembrance Day commemoration by making poppies that were to be part of a large public display at a local recreation ground. This and the other activities supported

people to be active members of the West Bridgford and Nottingham community. The activities had recreational value but also supported people to increase their confidence and self-esteem.

The registered manager drew on ideas from activities from other services and what they read in the media and social care journals. They had arranged for weekly visits by a service that brings dogs to care homes. This proved to be a success. People, including a person who had a fear of dogs, took the dog for walks and this had become an activity that people looked forward to. The registered manager was about to involve people in decisions about permanent pets at RoseLea House after evaluating the success of the dog therapy.

People's care plans documented their likes, dislikes, preferences and personal history. All staff we spoke with had an excellent knowledge of what people liked, and how they wanted to be supported. They had used that information to develop some of the activities people participated in. Staff used their knowledge about people to identify activities that would build their self-esteem and confidence that people would not have thought of themselves. We saw that religious and cultural beliefs were documented in people's care plans and people were supported to follow their faith or beliefs if and when they wanted. For example, a person sometimes wanted to share spiritual moments with their family members and staff arranged for this to happen.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard (AIS). From August 2016 onwards, all organisations that provide adult social care are legally required to follow the AIS. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. The registered manager had reviewed every person's care plan and included information in formats that people understood. Where pictures were used these represented the diversity of people living and working at Roselea House and the wider community. Staff were exceptionally skilled at communicating with people who had limited verbal communication. Staff understood each person's communication style and knew which words to avoid using. We saw that people had actively participated in the development of their care plans and the setting of objectives. This was possible because the service had so successfully implemented the AIS.

The complaints procedure and questionnaire surveys people completed were in an easy to read format. No complaints had been received. However, the provider had a procedure for investigating and resolving complaints and identifying and making improvements. People were given information about independent advocates that could assist them with making a complaint.

No end of life care was being delivered at the time of inspection. The service worked closely with health care professionals who were treating a person with a serious health condition. Those professionals had said that the success of their treatment had been made possible because of the support of staff at RoseLea House. People who were comfortable doing so were involved in discussions about their funeral arrangements. This was done sensitively and with respect.

Is the service well-led?

Our findings

There was a registered manager. 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 understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

There was a clear vision and culture that was shared by the registered manager and staff. The culture was person centred and staff knew how to support people to achieve their desired best outcomes. The registered manager encouraged the staff team to be innovative and creative, for example with the types of activities provided for people. Staff were clear that the aim of their support was to create a family like atmosphere at the home and to increase people's confidence, self-esteem and independence.

People had done things they thought were beyond their capability and this resulted in staff being highly motivated and proud to work at the service. The registered manager told us, "I'm proud about the way the residents have developed and what they have achieved. I'm proud of the staff team. Every day I wake up wanting to be here." The registered manager had inspired the staff team. They supported staff members to become successful 'champions' in areas that were of interest to them. This resulted in a highly motivated staff team which was reflected by a very low turnover of staff. This benefitted both staff and the people they supported to achieve outstanding outcomes. RoseLea House was a place that staff were proud to work at.

The registered manager had created a culture where staff and people were inspired by challenging objectives. People achieved levels of independence they had not previously experienced. Staff achieved the skills that enabled them to develop their careers and support people to continually develop their life skills and independence. Health and social care professionals spoke very highly of the service. It was evident that staff provided care and support that combined compassion, innovation and professionalism under the leadership of the registered manager. This demonstrated a holistic approach that encompassed staff and people. People were encouraged to be involved in decisions about their care and support. For example, people helped decide who worked at the service, who their key worker was, the refurbishment of the home.

The registered manager made themselves available to people and encouraged them to talk about their experience of the service. We saw several people come into the manager's office to talk with them and tell them about what they had done and enjoyed that day. The registered manager praised people for what they had achieved. They valued people's feedback as a crucial indicator about the quality of the service.

Staff told us they felt that the service was very well led. They were motivated by the positive outcomes that people achieved with their support, especially the 'golden aspirations'. They appreciated that they were encouraged to think creatively to suggest ideas about improving people's experience and they benefitted from the training they received. A staff member who returned to RoseLea House from a training course on the day of our inspection told us that their training has made them, "So enthusiastic to think of new

activities for people. A person mentioned an interest in steam trains the other day and it's made me think about what we can do for them, perhaps get them involved in a local steam train society and model railway exhibitions. There is no limit to what we can do." This showed that staff training was provided with a clear purpose of empowering staff to make decisions.

Staff were included in making decisions about the development of the service. For example, staff suggestions about training and their preferences about learning styles were listened to. As a result, staff had a mix of on-line training, practical training, 'classroom' training and attending training provided by external providers. Staff had input into a 'continuous improvement log' into which they made suggestions or observations about things they believed required improvement.

The registered manager welcomed constructive challenge and advice from the local authorities that funded the care of people living at RoseLea House and from CQC. They had made the improvements to mental capacity assessments that CQC highlighted as an area that required improvement at the last inspection. They were looking at asking an independent organisation to carry out or advise about audits of the service. In 2017, the provider arranged for an independent consultant nutritionist to advise the service about the quality of people's food could be improved.

The service was forward looking. For example, although no people at the service had controlled drugs amongst their medicines a controlled drugs cabinet was purchased and fitted in anticipation that it would be required.

The registered manager and staff encouraged people to take risks where these increased people's confidence, self-esteem and independence. This happened through a wide range of activities that included a risk of injury, such as ice skating, horse-riding, archery. All activities were risk assessed to minimise risk of injury or distress. For example, the 'dog therapy' activity was introduced in a way that alleviated a person's fear of dogs. The activity was such a resounding success for everyone that the registered manager had been invited to speak about it a meeting organised by the local authority. The service was a role model for how to use activities creatively.

There were effective systems in place to monitor the quality of the service. Audits were undertaken, which ensured that the systems in place to monitor the standards and quality of the service were being managed effectively. An important part of the monitoring of the service were the arrangements for encouraging people's feedback, for example reviews of care plans and resident's meetings. People's views and the views of their relatives, staff and health and social care professionals were sought through annual surveys. We saw that even though the results were consistently positive, the registered manager and staff continually strove to further improve the service. The service was not constrained in this approach because staff had faith in 'thinking outside the box' and believing that 'the sky was the limit'. That culture has supported people to achieve outstanding outcomes through supporting people to have 'golden aspirations' that were challenging and creative.

RoseLea House was a part of the local community. People were known to neighbours who engaged with them; and they were known in local shops and recreational centres. Staff supported people to play an active role in the 2018 Remembrance Day commemoration in West Bridgford.

The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.