

Eminence Care Limited

Rose Lodge Exmouth

Inspection report

Rose Lodge
2 Isca Road
Exmouth
Devon
EX8 2EZ

Tel: 01395227071

Website: www.roselodgecarehome.co.uk

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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

Rose Lodge provides accommodation for up to 34 people who require personal care; 33 people were living at the service at the time of this inspection. The service provides care for older people, who are living with all stages of dementia. There are two communities; The Cottage and The Lodge and all rooms are single occupancy. People living in Rose Cottage tended to be more independent. There is a secure and accessible garden.

This was a comprehensive inspection carried out on 14 and 20 December 2018. It was unannounced on the first day and announced on the second. At the last inspection in April 2016 the service was rated as 'Outstanding' in effective, caring and responsive. At this inspection we found the evidence continued to support the rating of Outstanding.

There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Outstanding

The service was outstanding in providing effective support. The internal and external environment was designed using best practice guidance for dementia care. This enabled people to maintain their independence and help them make choices. People were supported by exceptionally well-trained staff, whose approach had been influenced by best practice trends and policies. Excellent partnership working had been developed with other professionals, who repeatedly expressed their confidence in the service. Varied and nutritious meals were provided and all feedback about the food was very positive. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service was outstanding in providing caring support. Staff promoted a person-centred culture and provided sensitive, compassionate care. They responded very promptly to people's needs and requests with empathy and a friendly approach. They understood each individual person's diverse requirements and ensured they were met. There was an emphasis on promoting independence and inclusion.

The service was outstanding in providing responsive support. There was an exceptional 'Active Living Programme' meaning people were well occupied and stimulated. People were supported to pursue their hobbies and explore new experiences. Music, singing and dancing featured as part of people's daily life. People made choices about all aspects of their daily lives. Staff took account of people's previous lifestyles and wishes when planning and delivering care.

People continued to feel safe. The provider had taken action during the inspection to ensure recruitment was robust. Staffing levels ensure people's individual health, emotional and social needs were met. People

were encouraged and involved to manage their risk taking wherever possible to ensure they were in control of their lives. Staff were knowledgeable about how to identify and respond to safeguarding concerns if they arose. Medicines were managed and administered safely by trained staff. The environment was safe and exceptionally clean.

The service was well-led. It had been developed and designed in line with good practice for dementia care. The provider was keen to introduce innovative models of care to improve people's 'lived experience'. Effective monitoring of the service ensured continued improvements and that the service provided was safe.

Further information is in the detailed findings below.

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

Is the service effective?

Outstanding ☆

The service remains Outstanding

Is the service caring?

Outstanding ☆

The service remains Outstanding

Is the service responsive?

Outstanding ☆

The service remains Outstanding

Is the service well-led?

Good ●

The service remains Good

Rose Lodge Exmouth

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 comprehensive inspection was carried out on 14 and 20 December 2018. The first day of the inspection was unannounced; the inspection team consisted of an adult social care inspector, and an expert by experience. An expert by experience is a person who has experience of using, or caring for someone using, this type of service. The second day of the inspection was announced and completed by two adult social care inspectors.

We reviewed all information the Care Quality Commission (CQC) held about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law.

We reviewed the Provider Information Return. 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 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.

During the inspection we spoke with eight people who lived at the service; six relatives and one professional. We also spoke with the company representative, the acting manager, 12 staff, including care staff, catering and housekeeping staff. Following the inspection, we received feedback from three health and social care professionals. We looked at records relating to the management of the service including six people's care plans and associated records including medicines administration records. We looked at three staff personnel files including staff training and recruitment records. We reviewed a selection of compliments and the complaints log as well as the accident/incident records. Documentation relating to the maintenance and safety of the premises was also inspected.

Is the service safe?

Our findings

At our last inspection we found the service was safe. At this inspection we found the service continued to be safe.

Recruitment records viewed at the last inspection had been robust. However, we found important information missing from three personnel files for staff recruited over the past three months. For example, employment histories had not been obtained for three staff and a reference from a former employer had not been returned. The provider took immediate action to protect people. A member of staff due to work was replaced on full pay until their reference was returned. By the second day of the inspection employment histories had been obtained as had the missing reference. The provider said they would add recruitment to their regular schedule of audits.

Disclosure and Barring Service (DBS) checks were completed prior to staff working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People continued to feel safe and risks were monitored, assessed and managed in a positive way to promote people's independence. One person said, "Oh yes I am safe here. Staff make sure of it...you can't fault it here." Relatives were confident their loved ones were safe and well cared for. Comments included, "I feel Mum is safe here...they soon reassure her" and "It's great here. We are really happy with the care. They are doing a great job." Visiting professionals also expressed their confidence that the service was safe. One described Rose Lodge as being "In the top 10% of care homes we visit and I would happily recommend it if asked by a friend". Another said, "I have always found the staff and the building to be suitably safe...Staff are always mindful of equipment safety, for example always ensuring brakes are on wheelchairs."

Risks to people's health and well-being had been identified. Where necessary equipment was used to reduce falls, such as sensor mats to alert staff to people's movements. Referral were made to the local falls team for advice about how reduce the risk of falls. A relative explained their loved one had several falls at home but they had not experienced any falls since living at the service. They added, "She is absolutely safe."

People were encouraged to manage their risk taking wherever possible to ensure they were in control of their lives. For example, one person who went out on a daily basis had details of their clothing recorded. In the event the person did not return when expected staff would be able to provide a description of the clothing they were wearing. This person had also been given a laminated card detailing the address and telephone number of the service.

Safeguarding systems and practice protected people from abuse and avoidable harm. Staff understood their responsibility to report any concerns. Staff were aware they could contact external agencies, including a local authority team who are responsible for investigating safeguarding concerns. One safeguarding alert had been received since last inspection. The provider had taken appropriate steps to protect people and worked with the local authority team during the safeguarding investigation. A visiting professional

commented, "The staff seem brilliant here. We have no concerns and have never seen poor practice."

Peoples' medicines were managed and administered safely by trained staff. Records showed people received their medicines as prescribed. Allergies were recorded to ensure staff followed safe practice. All medicines were securely stored, at the temperature recommended by the manufacturer. Secure storage was available for medicines which required additional security. Regular medicines audits had been undertaken and where minor errors had been identified they were addressed. For example, where staff had forgotten to sign the medicines records, additional learning support was in place.

There were sufficient staff to meet people's care needs. Since the last inspection the provider had increased staffing levels to better meet people's physical, emotional and social needs.

People said staff were available when needed. One person said, "The staff are great. They are always around to help me. You can't fault anything here." A relative said, "I leave happy... (person) gets help with everything they need." Staff had time to spend with people throughout the day, providing assistance, reassurance and social interaction. Staff said there were enough staff on duty to enable them to meet people's needs and requests. One said short notice sickness sometimes impacted on the activities available but the provider tried to cover shifts with existing staff or agency staff when necessary. Sufficient numbers of ancillary staff were also employed, such as housekeeping and kitchen staff, and maintenance staff to undertake cleaning, laundry and the preparation of meals.

The environment and equipment were regularly monitored and serviced to ensure people's safety. Fire safety was well managed and emergency evacuation plans were in place for each person to ensure emergency services were aware of people's needs.

Potential health and safety hazards had been addressed. Radiators had low surface heat protection to reduce the risk of burns to people. The temperature of the hot water supply was controlled and was within the 44 degrees limit recommended by the health and safety executive (HSE). Windows on the first floor had been restricted to reduce the risk of people falling.

The provider had suitably robust infection prevention and control and basic good hygiene arrangements in place. The home was clean and free from odours. The laundry was well equipped, clean and organised. The service had achieved a food hygiene rating of five (the highest rating), demonstrating hygienic and well-managed food preparation areas.

Is the service effective?

Our findings

This key question was rated as 'Outstanding' at the last inspection. We found the service continued to be 'Outstanding'.

People and their relatives described the environment as, "Homely"; "Cosy"; "A home from home" and "Bright and stimulating". We observed people freely moved between various parts of the home, making use of the space for activities or spending time with visitors.

The environment was laid out and decorated specifically to make life easier for people living with dementia. Specialist advice had been sought about the use of colour, lighting, flooring and furniture, to provide an environment that enabled people to be as independent as possible. The service had received a Gold award from Stirling University for the design of the environment within The Cottage.

Special flooring and navigation signs helped people to move around and recognise communal areas and their bedrooms. The provider had used innovative design features, for example in people's bedrooms. Individual thermostatic controls enabled people to set the room temperature to their preferences. Automatic night sensor lights were used to prevent people being disturbed by staff at night and to help reduce falls. Some bathroom mirrors had blinds which could be used if people became distressed by their reflection. There were also specialist wardrobes and storage units with cut away sections, to enable people to see what was stored and encourage them to look inside. This helped people become involved in choosing clothing and supported them to dress independently.

In the Cottage there was a kitchen area available for people to independently make themselves drinks and snacks. We observed people using the space to help themselves to drinks; to choose their food and snacks and to assist with the washing up.

People had access to a secure and interesting garden space. They told us how much they enjoyed spending time pottering in the garden; feeding the chickens and fish and looking after the guinea pigs. One person said, "I love the animals. I worked on farms all my life. I feed the chickens and tuck them up at night..." There were raised beds for people to plant flowers and vegetables.

People received excellent care from well trained, motivated and skilled staff. People using the service said staff were attentive, kind and understanding. One person said, "The staff are all you could wish for and more." Another said, "Staff are good at what they do, well trained, I think". Relatives and professionals expressed their confidence in the staff team. Comments included, "The staff all appear well trained, organised and caring, with excellent management."; "All staff seem brilliant. They make a relaxed and happy atmosphere here." and "I am very impressed by the provider and staff. I can relax knowing (person) is happy and well cared for here."

Staff said they were well supported to enable them to undertake their roles. Comments included, "This is a good place to work. I love it here." and "I love my job. (The provider) is a stickler for making sure we have

training."

The provider information return (PIR) confirmed staff had received accredited dementia training to help them understand people's needs and deliver effective care. Staff had undertaken 'Immersive dementia training', which uses technology to immerse participants into the world of a person living with dementia. The aim of workshops was to reflect on staff's approach to dementia support and to think about ways in which to make environments and care delivery more supportive. We observed staff practice to be person centred and very responsive to individual needs. Staff demonstrated how their training influenced the way they provided care and support. For example, when a person became distressed a staff member responded immediately, providing reassurance with gentle hand holding, smiles and comforting words. During an afternoon tea dance, staff engaged positively with people, dancing and singing, which elicited many smiles and much laughter.

All care staff had been enrolled on an eight month 'Butterfly Household Model of Care' training course to ensure they understood the philosophy of the model. Staff were very enthusiastic about the course and committed to further developing person centred care. One said, "The first session opened our eyes."

Training to ensure staff worked safely was provided in house and by external bodies and covered a wide range of care areas. Supervision and appraisal of staff was effective at motivating staff and aiding their professional development. All staff were trained on induction to Care Certificate or NVQ 2 level in health and social care. The deputy manager was supported to complete NVQ5 training. Heads of Care were trained to NVQ level 3 or were completing NVQ3. NVQ is National Vocational Qualification, which recognises the skills and knowledge staff need to do their job.

There was a holistic approach to assessing, planning and delivering care and support. Staff worked in partnership with people and their families to ensure each person's needs were understood. Prior to admission, people's needs had been assessed to ensure the service could meet those needs and expectations. One relative described how staff had travelled to Cornwall to meet their family member prior to their move to the service. They said, "They are a very responsive and friendly service." Another relative described the transition period for their loved saying the move was managed well and the person had settled due to "staff's perseverance..." They added, "We felt totally supported during this difficult time."

People were supported to eat a varied and balanced diet, which met their needs and preferences. The menu was adjusted seasonally and following feedback from people. People were positive about the quality of the meals. Comments included, "The food is super. Good home cooking. You can't go wrong with the food here" and "I have never had a bad meal. There is always a choice and the cook knows what we like. I would give them 10 out of 10." A relative explained that their loved one had a poor appetite and had lost weight prior to admission. They said, "They got her back eating and give her supplements. Her weight is steady now. This is absolutely the right place for her."

People had an extensive breakfast menu and many enjoyed a full cooked breakfast. Pancakes were also on offer. Breakfast was available all morning. If people had a late breakfast, lunchtime was flexible for them or staff might suggest a lighter breakfast so they could enjoy lunch. It was very much up to the individual. People in The Cottage were encouraged and supported to help themselves to breakfast, and make their own tea and toast, which we saw throughout the morning. A fish and chip supper from the local chip shop, was being organised for the last Friday of every month following feedback from people.

People were assisted with lunch by attentive staff, who ate their meals with people, making a sociable mealtime. Staff anticipated people's needs, for example, we heard staff ask, "How's everything on this table?"

Does anyone need anything" and "Shall I heat that up for you". People who required assistance were helped on a one to one basis in an unhurried manner. Teas, coffee and juices were continuously served with biscuits throughout the morning and afternoon.

Individual diets were catered for to ensure people were safe when eating. A speech and language therapist reported, "I am always impressed when I go to Rose Lodge by how well the manager and staff know the residents and how they show they are interested in our assessments and recommendations. I have recently sent an email to the manager commending one of the staff for how good he was when I was there...He was very helpful...and clearly knew the resident and her difficulties really well. Based on my experiences with it recently, I would say the service is safe, effective, caring and well led."

People's health care needs were met by the excellent partnership established with health and social care professionals. Professionals expressed confidence in the staff team and praised them for their commitment and caring attitude. Comments from health professionals included, "We have very good communication with the team here. They are aware of people's changing needs and report any concerns immediately. It is a really lovely place and has a very good reputation...people's health care needs are definitely being met..." and "If I feel specialised treatment is required for a client, any instructions I leave are carried out well..."

One person had lost weight in the preceding two months and staff had monitored their food and fluid intake for a week. The food and fluid intake sheets clearly identified the person's food and fluid intake for breakfast, lunch and supper so that an overview could be obtained and any patterns promptly discerned. Staff had requested a GP visit for this person to ensure the weight loss was addressed without delay.

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 be as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted applications to the local authority for a range of restrictions.

We checked whether the service was working within the principles of the MCA. Staff had a good understanding of how to apply the principles of the MCA when delivering care and support. People were involved in all aspects of their day to day life and decision making, and restrictions were kept to a minimum. One person was supported to access the local shops and activities independently, which was extremely important to them. Another person was in receipt of covert medication (this is when medicines are administered in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them). The person's best interest had been central to the decision to use covert medicines and due process had been followed. A mental capacity assessment had been completed, and a best interest meeting involved the staff, the general practitioner, pharmacist and family members.

Is the service caring?

Our findings

This key question was rated as 'Outstanding' at the last inspection. We found the service continued to be 'Outstanding'.

People were respected and valued as individuals. There was a strong, visible and person-centred culture and staff had built positive relationships with people. This was confirmed by people we spoke with. Without exception, people, their relatives and professionals said all staff were extremely kind and compassionate. Comments from people using the service included, "I can say I like each and every one of them (staff). They do so much for us. They are very good and work very hard" and "The staff are kind and friendly...we often have a good laugh". One person said it was "a lovely place". When asked why, they added, "Because they (staff) listen, and that's important".

Relative's and professional's comments included, "Throughout, I am always impressed how caring, respectful and understanding the staff are of the clients and their needs, likes and dislikes. I have always found them to treat clients with utmost dignity"; "We visited several places and this was by far the best. The level of care is excellent; the facilities are very good and (person) is happy here. We are very pleased she is here..." and "I have every admiration for the staff here. They are very kind and gentle".

Individual characters were acknowledged and appreciated by staff. For example, a relative said their loved one had a "flirty nature" and loved the banter with staff, which was always respectful but great fun. They added, "Staff are brilliant with her. She is looked after so well..." Another told us, "I believe (person) receives a good level of support and all staff are kind and caring. He can be quite aggressive at times and they seem to be able to cope with him and distract him when it's necessary". One professional told us they were so impressed by the service they were considering placing a relative there. They added, "It certainly passes the 'mum's test'. It is one of the best homes around..."

The PIR stated, "Our community size, ethos, culture, staffing levels, admission policy, and physical environment helps to minimise behaviours that challenge. Fundamentally our approach is one of prevention. Where such behaviours do occur, staff are trained to de-escalate and minimise impact on other residents." We observed staff were exceptional at recognising and responding to people who were distressed or anxious. For example, one person was getting anxious to see their daughter. Staff gently reassured them, saying "Your lovely daughter will be here this afternoon." The person responded by saying, "Oh lovely. Thank you." A relative said the way staff coped with repetitive behaviour and requests was "beautiful." They added, "The staff just have a way with them."

Where a person's behaviour could challenge staff or others, staff managed the situation in a positive and calm way. This protected people's rights and dignity. Staff were perceptive and recognised people's anxieties, reassuring them to alleviate those feelings. For example, by using distraction techniques. One person became fixated with getting to their car. Staff were quick to respond, listened to the person, acknowledged what they were saying and reassured them. Staff then engaged the person with collecting their laundry and taking it to the laundry room, providing meaningful activity. The person was soon relaxed.

A professional reported, "When a client becomes agitated or aggressive I have always admired the staffs' ability to quickly and efficiently diffuse the situation in a caring manner." One relative said, "Staff are sensitive to the dynamics between people. They have an excellent approach..." Support to people in these circumstances was reviewed and referrals were made to professionals, such as the mental health team, for assessment in a timely manner.

Staff did not wear uniforms to promote equal relationships rather than the staff being "in-charge". Staff were encouraged to express themselves with their appearance to share some of their own character with people using the service.

Staff ensured people were always treated with kindness and that their privacy and dignity was respected. They demonstrated empathy in several ways. People's person care was very well attended to. People were smartly dressed and women had their makeup and jewellery on. One person told us this was very important to them. They said, "I do like to look smart. You have to keep your standards." Relatives also commented on the high standard of personal care. One said, "Mum is always smart and clean. Just as we want her to be." Staff complimented people's appearance, which boosted their self-esteem. For example, one person had been to the hairdresser and several staff and the provider commented on how lovely they looked. The person responded with a huge smile. Staff were constantly attentive to people. They ensured they were warm, comfortable and had drinks and snacks throughout the day. One person said, "They are always fussing, making sure I am ok. I want for nothing."

The service recognised the importance of people's relationships. Visitors said they visited regularly at various times and were always made to feel to welcome. They were offered refreshments and meals to enable them to spend sociable time with their loved ones. The provider had installed a large screen smart TV to enable people to have conversations with family and friends over the Internet.

One person had brought their dog to live with them at the service as this was very important to them. Staff accommodated this and ensured the person was supported to care for their pet. The person was supported to walk their dog several times a day.

The provider used a daily blog to share information about what was happening at the service. This included photographs and videos of activities. People's consent had been obtained prior to posting information on the bog. Two relatives said how useful this was in keeping them informed. Meetings were held to up-date people and their families about events and changes at the service. Relatives said they had found a recent meeting about the introduction of the 'Butterfly Care Model' very informative and said they felt the service was already following the many good practice guidelines from the model.

People were encouraged to maintain their independence. People had freedom to choose what they wanted to do, at the time that they wanted to do it. The staff team were fully committed to ensuring people were treated as individuals. People were involved in several daily living activities. For example, taking their laundry to the laundry room; folding and sorting laundry; light household chores such as washing up and laying tables. This gave people a sense of purpose and provided meaningful activity. People were supported to move independently where possible with staff ensuring they had any necessary equipment to keep them safe. For example, walking frames and sticks. Staff also remained nearby to provide additional assurance.

People were supported to participate in a range of physical activities to improve their stamina and core strength. This help to promote their independence and reduce the risk of falls for some people. Chair based exercises, Tia chi; yoga; dancing and games were used to improve people's physical strength and abilities.

Detailed 'individual life history' books had been created for some people and others were in progress. This enable staff to engage with people about their past life and interests. We saw staff sharing some time with one person, who took great pride in talking about their past life as a teacher.

The CareHomeUK website uses feedback from people and relatives from online reviews of services. The comments and ratings are independently verified by CareHomeUK. The score at the time of the inspection for the service was 9.8. On-line feedback demonstrated the caring ethos at the service. Comments included, "I know well the warmth and care from a very dedicated staff. I have always found a calm atmosphere, where individual attention ensures that every resident feels part of the family." and "The staff at Rose Lodge are amazing. They treat my relative with respect and give lots of time talking to her and patiently answering her questions. The staff are also very welcoming and supportive of me, as visiting isn't always easy. Rose Lodge gives me peace of mind."

Is the service responsive?

Our findings

This key question was rated as 'Outstanding' at the last inspection. We found the service continued to be 'Outstanding'.

The service was proactive in understanding the needs and preferences of people and provided care that promoted equality and inclusion.

There was an extensive 'Active Living Programme' that encouraged activity, sociability and positive relationships between people using the service, families and staff. Meaningful activities and occupation were central to people's day. Music and singing featured as an everyday part of people's daily life. A Rose Lodge choir had been formed and we viewed video footage of some performances. Regular dances were held. During the inspection a music and dance session was held, which was very much enjoyed. One person said, "This is great fun. Having a twirl on the dance floor!" Another said to us, "It is always like this here. You should come more often!" We saw this activity formed bonds between people and staff enabling them to build relationships and participate as equals. Staff were creative when organising events. For example, some had arranged for their young children to visit the service and have a sing along with people.

People participated in activities within the local community. Regular skittle games were organised at a local skittle alley. Several people were involved in the Exmouth in Bloom festival; they sponsored and maintained one of the raised beds within the local town. There were regular outings to the seafront; local parks and clubs, shops and cafes, as well as trips to music and drama performances. The garden provided people with familiar jobs and activities, which people enjoyed, such as watering, pruning and weeding. People were supported to care for the animals, ensuring they were clean, feed and watered.

Regular art sessions were provided by a local artist. One person had been a talented artist, and although their ability had declined, their relative said they were always included and enjoyed the sessions very much. They added, "Staff here are genuinely interested in (person) and make sure she is included in the activities." During the inspection the artist worked with people one to one or in small groups to create lovely art representing Christmas time.

The service used technology to access things that interested people on the internet. For example, one person loved opera and staff were able to share various clips from the person's favourite performances. One person was a big sports fan so the provider had purchased a sports channel in order for them to watch their favourite sporting events.

Touch was also central to activities and people were offered pampering sessions and hand massages. We saw several people relaxing and enjoying a hand massage during the inspection. One person said, "We are really spoilt..." Special events, such as birthdays and holidays were celebrated.

People said they really enjoyed the variety of activities organised. One person told us how skittles brought out their competitive side; another said how much they enjoyed shopping trips to the local town. Relatives

said activities and occupation was a particular strong point of the service. One commented, "They keep the atmosphere calm and provide a variety of activities and trips out to the seaside... The garden is well used and very important for my (relative). Above all, I appreciate the sense of fun that staff show in dealing with the residents." Another said, "We are happy to see (person) join in with the activities. They had been a bit of a loner but now she is enjoying the company..." A professional said, "The activities offered to clients are many and varied. The staff always seem to be actively engaged with the clients, looking at photo's, doing crosswords, reading newspapers or enjoying a sing song or Tai Chi".

People, their families or advocates were involved in compiling people's care plans. This meant people received the support that best suited their wishes and met their needs. Care plans contained comprehensive personalised details about individual health care and social needs. They considered people's mental capacity; their life histories, and preferences about how they wished to receive their care. All aspects of the person's daily activities were considered and there was guidance for staff on how to support people. Care plans were reviewed regularly to reflect people's changing needs.

The provider complied with the Accessible Information Standard (AIS). The AIS sets out a specific approach to identifying, recording, sharing and meeting the information and communication support needs of people with disabilities, impairment or sensory losses.

Care plans provided information about people's sensory or hearing impairment and communication needs. Staff were aware of those people who relied upon hearing aids or glasses to enhance communication. People had access to optician appointments and to the speech and language therapist to improve opportunities for communication. One person with a sensory loss liked to use a white board to communicate with staff. We saw this used effectively to ensure they could express themselves and staff used it to explain to the person what was planned for the day. Subtitles were used on the TV in the Lodge for those who may be hard of hearing.

Good communication had been established within the team. Senior staff, held daily meetings to discuss and share concerns and any changes. In addition, regular handover sessions were held to ensure staff had up to date information about people's needs and preferences. Staff confirmed communication was good. Relatives said they were always informed of any changes to their loved one's health or well-being. One said, "There is excellent communication with the staff. I am totally reassured by the place. We feel like part of the family here." This sentiment was echoed by other relatives.

The service aimed to provide care at the end of people's life. No one was receiving end of life care at the time of the inspection. People's wishes regarding their end of their life care were discussed with them when they felt able to talk about this sensitive subject. Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.

People and their relatives said they would not hesitate to speak with the provider or staff if they had a complaint or concern. There was a clear complaints process in place. Two complaints had been received by the provider in the past 12 months. These had been investigated and resolved. A relative said the provider and staff were very willing to listen to act on any suggestions they had made about their family member's care. They said, "This gives me confidence in the place."

Is the service well-led?

Our findings

This key question was rated as 'Good' at the last inspection. We found the service continued to be 'Good'.

People, their relatives, professionals and staff expressed their confidence in the provider and the overall management of the service. Comments included, "I would absolutely recommend this place. The care has been fantastic for (person)", "It's an impressive home. We can't do better than here for (person)" and "This is somewhere that people are devoting themselves to improving life for the people living here. They bend over backwards to improve."

Professional's comments included, "I have been visiting Rose Lodge regularly over many years and see an ongoing effort to improve the quality of life for its' clients" and "I would have no hesitancy in recommending Rose Lodge as a care home for anyone needing dementia care." Staff told us, "This place has got just better and better. It's a home, not just a work place. It feels like a family." and "I enjoy coming to work every day. The support is amazing and I couldn't imagine working anywhere else."

The registered manager had left the service shortly before the inspection. A new manager had been appointed and was due to start in post in February 2019. In the meantime, the deputy manager and provider were in charge of the day to day running of the service.

The provider led a culture that ensured models of best practice were followed. The service delivered care and support in line with best practice standards and guidance, such as dementia care. The use of national guidelines on living and care environments had resulted in people living at a service that provided them with an enabling, homely and interesting environment. Training and support for staff meant they followed good dementia care practices, trends and policies. This had resulted in excellent outcomes for people and improved the quality of their life.

The vision and values of the service was to ensure people were at the heart of it. From our observations, people's comments and staff's approach the visions and values were being achieved as they were fully understood by staff.

The provider shared planned improvements for the service to further enhance the 'lived experience' for people living with dementia. They continued to explore innovative ways of improving people's lived experience. They were investing in becoming accredited with the 'Butterfly Household Model of Care'. This is a scheme of dementia care standards designed by an organisation called 'Dementia Care Matters'. The project provides a focus on improving the lived experience for people living with a dementia through a mix of methods, including enabling and stimulating environments. The scheme's quality checklist was being implemented and staff had begun to attend training over an eight-month period. Staff were enthusiastic about the new approach. This showed a continued financial and ethical commitment to improve people's experience at the service.

The culture was open and transparent, with an emphasis on promoting inclusion. People and their relatives

said staff and the provider were very approachable and they felt they could raise any concerns or make suggestions and these would be listened to. People and their relatives were involved in the care planned and provided. The care delivered was extremely responsive to people's individual needs and preferences. Feedback was positive and people and their relatives expressed complete satisfaction with the care provided.

Staff were well supported by the management structures within the service and all understood their role and responsibilities. There was always a senior member of staff on duty and a senior member of the management team on call should additional support be required out of hours. Staff with any sensory loss were supported to access training in a way that suited them.

The provider monitored the service to ensure improvements were made. For example, the provider information return (PIR) stated "On an ongoing basis the manager assesses the staffing levels required to enable our residents to live active and social lives. This is done through direct observation, and feedback from residents, staff, and relatives. Over the past months we have added 30 care and domestic hours daily, seven days a week in response to feedback and observations." Regular audits were completed to ensure the service was safe and well maintained. Actions resulting from the audits were recorded and checked by the provider or senior staff to ensure they had been completed.

People who used the service; their relatives, professionals and staff were asked for their views about the service. Questionnaires were used to explore various topics such as meals and mealtimes, accommodation, housekeeping, staff approach and activities. Results from the last surveys in August 2018 were overwhelming positive, with the majority of areas being scored highly. Comments included, "We are very grateful to you for all the care you provide. We know she is in a good place and this gives us real peace of mind."

Lessons were learnt when things went wrong and actions taken to reduce the risk. There were systems to record and review any accidents to look for patterns and trends. There was a clear description of the action taken to reduce the risk of repetition. For example, some people had been referred to the falls team for additional support or advice about equipment.

Staff continued to work in partnership with professionals from different agencies to maintain good standards of care. Professionals were confident the service was well managed. They all described good working relationships, which benefitted people using the service.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager and provider had informed us of significant events including significant incidents and safeguarding concerns. The most recent CQC rating was prominently displayed in the hallway area of the service and on the service's website.