

Spemple Limited

Rosebery House

Inspection report

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Date of inspection visit:
01 August 2016

Date of publication:
06 September 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Rosebery House is registered with CQC to provide residential care for up to 30 older people. At the time of the inspection there were 27 people living at the home.

Rosebery House specialises in providing care for people with dementia and memory loss.

This was an unannounced inspection which took place on 28 July and 1 August 2016.

At the last inspection undertaken on the 1 and 2 June 2015 we asked the provider to make improvements in relation to the safe storage and administration of medicines, safe staffing levels in relation to evacuation procedures and peoples preferences and needs not being met. The provider sent us an action plan stating they would have addressed all of these concerns by August 2015. At this inspection we found the provider was meeting these regulations.

Rosebery House had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager was in day to day charge of the home, supported by a deputy manager. People spoke highly of the home and the way it was run. And staff told us that they felt supported.

Staff felt that training provided was effective and ensured they were able to provide the best care for people. Staff were encouraged to attend further training, with a number having achieved National Vocational Qualifications (NVQ) or similar. New staff received an induction and staff received regular supervision annual appraisals and had regular staff meetings. This meant that staff were supported to develop skills, knowledge and training.

Staff demonstrated an understanding around safeguarding and were able to tell us how they would report any suspected abuse. People were involved in day-to-day choices. All staff and management had a good knowledge and understanding of Mental Capacity Assessments (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant that any decisions made had followed this process to ensure they were made in peoples best interest and supported by health professionals and Next of Kin (NoK).

Staff recruitment systems were in place and staffing levels were reviewed to ensure people's needs could be met. A training programme was on going to ensure staff were appropriately trained to support people's needs.

The home had a designated maintenance employee who was available at the home. Systems were in place to ensure emergency procedures were in place. And equipment and services were well maintained and

checked regularly. There were systems in place to assess and monitor the service. This included auditing and feedback from people. All findings were analysed and used to make improvements to the day to day running of the home.

Staff provided care and support for people with kindness and patience. People's dignity and privacy were respected and people were involved in decisions about how they received care and spent their time throughout the day.

Medicine administration, documentation and policies were in place. These followed best practice guidelines to ensure people received their medicines safely. Regular auditing and checks were carried out to ensure good standards were maintained.

People's nutritional needs were monitored and reviewed. People had a choice of meals provided and staff knew people's likes and dislikes. People gave positive feedback about the food and the registered manager was developing photographs of meals to enable people to have a better understanding around meal choices available.

Referrals were made appropriately to outside agencies when required. For example GP visits, community mental health teams and community nurses. Notifications had been completed to inform CQC and other outside organisations when events occurred.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff had a good understanding about how to recognise and report safeguarding concerns.

Medicines policies and procedures were in place to ensure people received their medicines safely.

The environment and equipment was maintained including fire safety and evacuation procedures.

Staffing levels were regularly reviewed based on people's level of care and support needs.

Is the service effective?

Good ●

The service was effective.

Staff had a good knowledge and understanding of MCA and DoLS. People were involved in day to day decisions about their care and how they spent their time.

There was a choice of meals and alternatives available for people. People who needed assistance at meal times had this provided.

Staff felt supported and told us they received appropriate training and supervision.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff. Relatives were complementary about the care provided by all staff.

People were encouraged to make their own day to day choices and had their privacy and dignity respected.

Relatives were made to feel welcome in the service.

Confidential records were kept securely in locked cupboards in the staff area.

Is the service responsive?

Good ●

The service was responsive.

Care records were personalised and included specific information about people's backgrounds, important people and events.

Improvements to activity provision were on going. People had access to sensory items and staff were aware of the importance of encouraging people to engage and participate in activities.

Care plans had been written for peoples identified care needs. Care plans and risk assessments were regularly reviewed and updated.

A complaints procedure was in place. When complaints had been received these had been investigated.

Is the service well-led?

Good ●

The service was well led.

There was a registered manager at the home. We received positive comments from staff, relatives and people living at Rosebery House.

The registered manager encouraged and invited feedback to facilitate the on-going development of the home.

There was a system in place to assess and monitor the quality of service provided. Audit information was used to continually improve and develop the service.

Rosebery House

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 inspection which took place on 28 July and 1 August 2016 was unannounced and was undertaken by two inspectors.

The last inspection took place in June 2014 where no concerns were identified.

Before our inspection we reviewed the information we held about the home, including previous inspection reports and the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information and notifications which had been submitted by the home. A notification is information about important events which the provider is required by law to tell us about. We also reviewed any other information that has been shared with us by the local authority and quality monitoring team.

We observed care in the communal areas and throughout the home. We spoke with people and staff, and observed how people were supported during their meals. Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) in the main communal lounge. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke to five people living at Rosebery House, three relatives, three visiting professionals and nine staff. This included the registered manager, deputy manager, carers and senior carers, domestic, maintenance and kitchen staff who are all involved in the day to day running of the home.

We spent time looking at care records and case tracked three people. This is when we look at care documentation for that person to get a picture of their care needs and how these are met. This included one person who had recently moved into Rosebery House. We also looked at documentation in two further care

plans to follow up on specific areas of care including risk assessments and associated daily records and monitoring charts. We reviewed four staff files and other records relating to the management of the home, such as complaints and accident / incident recording and audit documentation.

Medicine Administration Records (MAR) charts and medicine storage and administration were checked. We read diary and handover entries and other information completed by staff, policies and procedures, accidents, incidents, quality assurance records, staff meeting information, maintenance and emergency plans.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Rosebery House. We were told, "I am fine here." And "I sit here and I am happy." Relatives told us, "I visit regularly, I go home feeling I know what is happening as they keep you informed, and I feel happy that she is safe here." And, "They look after Dad well, I am very happy with everything." Relatives also felt that people were looked after and staff were always around to provide support if needed.

At the last inspection on 1 and 2 June 2015 we asked the provider to make improvements in relation to the safe management and storage of medicines to ensure all medicines were administered safely and appropriately. The provider sent us an action plan stating this would be addressed by August 2015. At this inspection we found that improvements had been made to ensure the home was meeting this regulation.

There were systems in place to ensure the safe administration of medicines with medicine policies and procedures for staff to follow. We observed medicines being given to people and saw that staff followed correct procedures to ensure this was done safely. People were offered 'as required' or PRN medicines if prescribed. PRN protocols were in place to advise staff what the medicine had been prescribed for and the safe dosage. If PRN medicines were given Information was then completed to identify why they had been given, the dosage and time. This meant that people received their medicines in a safe and consistent manner.

Medicines were stored in locked medicine trolleys or in locked cupboards in the medicine room. Stock items and those requiring refrigeration were locked in an allocated fridge within the medicine cupboard. Daily temperature monitoring had taken place to ensure medicines were stored appropriately.

Medicines were administered by trained care staff. MAR charts were completed after medicines were given to reflect they were administered in accordance with individual prescriptions. When people refused or declined medicines this was recorded. MAR charts included individual information and photographs to support safe administration including information about allergies. Staff who administered medicines were regularly observed by senior staff to ensure correct procedures were followed and maintained.

At the last inspection on 1 and 2 June 2015 we asked the provider to make improvements in relation to the fire risk assessment and to ensure this reflected correct and adequate staffing levels for the day and night evacuation procedure. The provider sent us an action plan stating this would be addressed by August 2015. At this inspection we found that improvements had been made to ensure the home was meeting this regulation.

Rosebery House provided care and support to people with dementia and memory loss. The registered manager had reviewed safe evacuation procedures looking at the dependency levels of people living in the home. Due to their dementia most people would need guidance and support in the event of an emergency evacuation and some were unable to mobilise independently and needed assistance of two staff using a

lifting hoist. Fire evacuation procedures were in place along with individual evacuation plans for each person living in the home. Staffing levels at night had been increased from two to three to ensure that adequate staffing levels were in place in the event of an emergency evacuation at night.

The building was suitably maintained with a maintenance employee available to carry out repairs when required. Minor issues had been responded to promptly and details of emergency contacts for example in the event of water, gas or electrical issues were available. Systems were in place to ensure equipment and services were well maintained and checked regularly. This included water checks, legionella and electrical (PAT) testing.

Relatives told us that staff were always busy, but that staff were available when they visited. Staff confirmed that there were times of the day when they were very busy, this included first thing in the morning and meal times. We looked at the staff rota and discussed staffing levels. Currently the designated staffing level was five care staff in the morning, and four in the afternoon/evening with one senior staff member in charge. The registered manager had implemented an extra staff member between 2pm and 5pm to assist with laundry or help with care delivery. The registered manager was available at the home throughout the week and was available on call at all times. They carried out regular checks working alongside staff to assess competencies. This included working night shifts and at various times/days to assess and help maintain effective and safe standards of care throughout the home. They were supported by a deputy manager, who also had designated shifts to complete staff assessments and paperwork.

There was one full time and one part-time domestic employee to cover a seven day week. The full time domestic person worked weekdays. Relatives told us they were happy with the way the home looked and that they had always found the home to be clean and well presented. We observed that there were a lot of areas to cover throughout the home each day and that this could be difficult to complete especially if an area required attention, for example if there had been a spillage or if a room required a deep clean. Some minor areas were noted that required further attention to detail, for example commodes in peoples rooms. We discussed this with the registered manager during the inspection.

Staff recruitment records showed appropriate checks were undertaken before staff began work. For example, disclosure and barring service (DBS) checks. A DBS check is completed before staff began work to help employers make safer recruitment decisions and prevent unsuitable staff from working within the care environment. This ensured as far as possible only suitable people worked at the home. Application forms, confirmation of identity and references were also completed and stored in staff files. The registered manager told us that when new staff were being recruited and arrived at the home for an interview, they would be asked to sit and wait in the communal lounge. This gave other staff and people the chance to observe whether the person appeared comfortable interacting with people with dementia and people were able to feedback their thoughts and feelings regarding the potential employee to the registered manager.

To keep people safe and minimise risk, risk assessments had been completed for environmental and individual risks as identified during care reviews. This included falls, pressure area care, nutrition, mobility and pain management. The registered manager and staff understood the importance of learning from incidents to facilitate continued improvement within the service. For example if a person's health had deteriorated resulting in a fall, referrals had been made to appropriate outside agencies. Risk assessments were regularly reviewed and provided information for staff on how to manage the identified risks. For example, pressure mats had been put in place in people's rooms who may be at risk of falls to alert staff if people got out of bed.

The registered manager had oversight of accidents/ incidents and falls within the home. Accident forms

were completed and this information used to refer to other agencies if needed. We found that although information was completed after an accident or fall this had not always consistently been included in all of the necessary documentation. For example one incident was documented on a body map, details included to show the injury had been reported to the community nursing team and the wound documented in the handover book, but no details had been recorded in the daily notes or elsewhere to say what had actually happened to cause the injury. This meant that it was not always clear what had actually happened. We discussed this with the registered manager and senior staff who told us this had been an oversight and they would ensure that information about incidents and incidents was recorded consistently.

People were mostly independently mobile, some with the use of Zimmer frames. Some people required the use of a lifting hoist and used a wheelchair assisted by staff to move around the home or travel longer distances. We observed people receiving care and being assisted using safe moving and handling techniques.

Before people moved into the home the registered manager or senior member of care staff carried out an assessment. This information was used to identify people's care and support needs and facilitated the development of risk assessments to ensure people's safety was assessed and reviewed. We saw that for a person who had just moved into the home a full pre admission assessment had been completed. Information had been provided by the relative and this had been included to inform staff of the person's specific health needs, their personality and likes and dislikes.

Staff understood they had a responsibility to protect people in relation to safeguarding in order to protect them from the risk of abuse. Staff had on going safeguarding training and told us they would report any issues to the senior, deputy or the manager. Staff had access to relevant and up to date information and policies, including whistleblowing and safeguarding. Policies were reviewed and updated when changes took place. Staff were able to demonstrate an understanding of different types of abuse and senior staff understood the local reporting procedures and discussed safeguarding alerts that had been made in the past.

Is the service effective?

Our findings

People were supported and encouraged to be involved in decisions and choices. We saw that people were given choices and involved in day to day decisions about what they wore, what they ate and how they spent their time. Relatives told us, "They look after him really well, Dad doesn't always let them help him shave, but that's his choice and they respect that."

People were actively involved in decisions about their care. The home placed emphasis on people receiving care which considered their privacy, dignity and involvement. Staff asked for people's permission before giving support, and were clear that they would always include the person in any day to day decisions. We observed staff speaking to people and involving people in decisions. For example, people were reminded who was coming to visit them, what was happening that day and what was for lunch. People then made decisions about what they wanted to do, whether they sat in the lounge or other communal areas, walked around the home, returned to their rooms or went into the garden.

Staff understood the principles of the Mental Capacity Act (MCA). Mental capacity assessments had been completed for people living at the home and these were reviewed. Where people had been deemed to lack capacity for a specific decision of daily living for example, leaving the building unaccompanied, a Deprivation of Liberty Safeguards (DoLS) application had been completed. Best interest meetings had taken place and these had included all relevant persons responsible for making decisions. For example next of kin, local authority and Lasting Power of Attorney (LPOA) if appropriate. Staff were aware what DoLS meant, and that the decision related to specific restrictions.

People were supported to have access to healthcare services and maintain good health. We saw that people were supported to attend appointments and GP visits were requested when people became unwell. Some people had visits from a community nurse, and the home liaised with the community mental health team and other associated healthcare organisations involved in people's care.

Rosebery House had a separate dining room on the ground floor; this led to a smaller quiet area which had a dining table which was also used at meal times. People chose whether to eat in the dining room, the main lounge or remain in their rooms if they wished. Menus were displayed around the home, and people were asked for their choices and provided with alternatives if requested. The registered manager was in the process of taking photographs of each meal provided in the home to assist people in choosing meals. These were being placed into two books and were almost completed as it had taken a few weeks until the full menu had been served for each picture to be taken. This would assist people in choosing a meal they enjoy.

Staff assisted people with meals and drinks throughout the day. Staff sat with people at mealtimes to support and encourage them. We saw that dietician involvement was on going for some people and there was information recorded when people had been identified as having a poor appetite. We spoke to the chef who was aware of people's specific dietary needs. These included diabetic, allergies, fortified and soft dietary needs. Meal lists were used each day to show what choices people had made. These included information including whether the person was diabetic or needed soft or pureed food for example. We saw

that people's likes and dislikes were catered for. One person did not like fried egg, so she was given extra ham to go with her chips. When people were reluctant to eat, staff spent time with people offering choices. One person who was new to the home did not eat their lunch and appeared agitated sat at the dining table. We saw that staff offered support and encouragement but the person declined all offers of alternatives. However, we saw this person sat quietly after lunch in the reception area eating sandwiches. Staff told us it was important not to crowd people and when someone was new to the environment they may wish to sit quietly until they feel more orientated to the surroundings.

New staff completed a period of induction and training before they were assessed as competent and confident to work alone. This included shadowing a member of permanent staff. The deputy manager worked with new staff to complete the Care Certificate. The care certificate is a set of standards and provides support and training for new staff who have not worked in a care setting before. A training schedule was in place for all staff. Staff told us they felt that they received all the training they needed to support them in providing care for people. Telling us, "I had a good induction and the training has been really good I can't fault it, I feel really supported, it's a great team." A number of staff were in the process or had completed further training, including National Vocational Qualifications (NVQ) and two staff were being assessed as part of this training during the inspection. Staff displayed an understanding of dementia and when people became anxious or upset support was provided. We saw that when a person was verbalising loudly staff attempted to distract them. It was clear that some staff were more confident than others in providing support and using distraction techniques when people displayed behaviours that were challenging. However, the home were working at continually improving person centred care and support and the registered manager and staff felt that this in turn should build staff confidence.

There was a schedule to ensure staff received supervision throughout the year. Supervisions were completed by senior staff. Staff told us they found supervision effective as it gave them an opportunity to discuss their role and identify any issues or concerns if they had them. Staff handovers were also used to inform staff of any changes and discuss any issues or concerns which may need to be addressed. Staff told us, "We all support each other."

Is the service caring?

Our findings

People we spoke with and their relatives referred to staff as 'kind and caring'. We received only positive feedback about the staff and registered manager. People told us "I like the staff and (managers name), he is very nice, I can ask to speak to him if I need anything." Relatives told us, "I am really happy with the way they look after people; we came to visit before we chose a home and just liked the feel of it here." And, "Staff talk to you when you come in and the manager keeps me informed of anything that's happened and they talk to me if anything needs to be updated in the records."

We saw positive examples of the way staff interacted with people. Promoting their independence whilst supporting them to make decisions. We observed staff assisting people in communal areas. This was unhurried and done with patience. One person wanted to walk from the lounge to the dining room for lunch. A staff member gave verbal instructions to assist the person in standing safely, and reminded the person to use their walking aid, they then allowed them time to ensure they felt comfortable and were orientated to the direction they needed to go. The staff member then gave simple instructions, offering praise and encouragement and allowed the person to walk at their own pace to the dining room.

People were supported to maintain their personal and physical appearance in accordance with their own wishes. People were dressed in clothes they preferred and in the way they wanted. Relatives told us, they keep people looking nice, my aunt has her hair done every week, people always look presentable.

Someone who had recently moved to Rosebery House had information in their care file which reminded staff to remember that they were new to the home and may need time to familiarise themselves with the home. We saw that the deputy manager spent time providing one to one support to this person when they appeared upset and anxious. The deputy manager was aware that when someone moved into a new environment it was important to give them space and time to get used to the surroundings. Telling us, "Its all new for them and we need to take things slowly so they settle in."

People's dignity and privacy were considered when care was provided. We saw that staff discretely asked people if they needed assistance to the toilet. When one person stood up and their clothing was wet, staff spoke to them quietly and offered to help them return to their room to change. However, staff need to be mindful that when people are going to the toilet or bathroom independently staff should be alert to checking that the person closes the door behind them as we saw two occasions in the lounge when people accessed the toilet independently and did not fully close the door. The deputy manager was the designated dignity champion and staff had completed a dignity survey, which had been devised by the manager using a dignity tool. This provided useful feedback on how the service could continually improve to ensure peoples dignity was respected at all times.

Relatives told us they were made to feel welcome and encouraged to visit at any time and were involved in all aspects of their loved ones care provision. The registered manager told us that family was an integral part of holistic care and they worked with families to ensure relationships were able to continue despite the fact that their loved one may no longer be living with them at home. Staff were aware this transition could be

difficult for families and worked to provide support for them and the people they cared for.

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. Staff were aware of the importance of protecting people's personal information.

Is the service responsive?

Our findings

Relatives told us that Rosebery House was responsive. One relative told us, "I have come in today and the manager has come to speak to me about something that happened earlier. They always keep me updated. If I hadn't come in they would have telephoned." If there were changes to people's health, or when accidents or incidents occurred, referrals took place to healthcare professionals and actions were documented to show the home had responded to any changes.

At the last inspection on 1 and 2 June 2015 we asked the provider to make improvements to ensure people's preferences and needs were met. The provider sent us an action plan stating this would be addressed by August 2015. At this inspection we found that improvements had been made to ensure the home was meeting this regulation.

The registered manager and staff had worked to improve care and documentation to ensure it was more person-centred. This included improvements to the way activities were provided for people. We saw that the main communal lounge layout had been changed to make it appear less formal. Pictures and photographs were displayed throughout the home and the overall atmosphere in the communal areas was brighter and appeared more relaxed. The home did not have designated activity staff and we were told that all staff were encouraged to be involved in providing activities. One staff member had received some support from the Sussex Partnership 'In reach' team. In reach work with staff and providers to develop and improve person-centred care and activities for people with dementia.

The registered manager also attended forums to gain further information and share ideas with other care homes. We saw that people had access to rummage baskets which contained a number of sensory items which were stored in the main lounge. Staff interacted with people and encouraged them to pick up items and this sparked conversation and activity. One person was seen knitting whilst others were reading newspapers and magazines or enjoying conversation with others. It was clear that staff were more aware of the need to encourage and support people to remain active. Staff felt that things had really improved but that they could still improve further. We discussed with the registered manager that it was important to continue this development and ensure staff felt appropriately supported and trained to continually develop the activity format within the home.

There was a clear system in place to assess, document and review care needs. Care files included personalised care planning and risk assessments. Information had been sought from people, their next of kin or significant people involved in their care. This meant that documentation was individualised. We saw that during pre-admission assessment and information sought after people moved into Rosebery House included important details about people's background and significant life events. Care plans and daily records included information about the person's choices. For example, what time they liked to go to bed, or get up in the morning. Daily records were more person-centred, and included information about people's mood and behaviours. For example, one person's records included that they had sat with another resident at lunch and enjoyed a nice chat and another stated that the person had seemed happy and relaxed after lunch.

People with specific health needs had information in the care plans to inform staff how to provide effective care, for example, one person had been admitted with a specific health care need. Staff had received training to be able to support this person with this and information around how to provide care for this person was included in their care file.

We discussed with the registered manager how information was documented around people's specific behaviours that may challenge. Information was included in people's care files including pain assessments and an agitation scale, however this did not give specific information around what may trigger their behaviour or what specific action staff should take. The registered manager felt the impact of this was reduced as this information was shared with staff during handover and discussed at staff meetings. However, they informed us they would ensure this information was added to relevant care documentation. A complaints policy and procedure was in place and displayed in the home. The registered manager understood the importance of ensuring even informal concerns were addressed and documented to ensure all actions taken by the service were clear and robust. There was opportunity for people to give feedback and all staff were reminded that if any issues were raised with them they would ensure the registered manager was aware and steps would be taken to address concerns. Previous complaints had been responded to and this information had been documented in the complaints folder. This meant that the provider had a clear audit trail to show they acknowledged and responded to people's concerns.

The registered manager told us they had an 'open door policy' and we saw that people and relatives came to speak to them in the office when they visited. People and relatives were clear they had no concerns but if they did they would be happy to raise concerns and would speak to staff or management if they needed to.

Is the service well-led?

Our findings

People we spoke with told us they thought Rosebery House was well led. Staff told us they felt supported by their colleagues and senior staff. One told us, "The manager is the reason I came back to work at Rosebery, I was impressed with the way he worked with regards to dementia care. He's open and approachable, it's a team." Staff told us they were happy and enjoyed their work. Relatives gave positive feedback about the atmosphere and the management of the home. Telling us, "We always speak to the manager when we come in; they are usually available for a chat so we can catch up."

The registered manager demonstrated a clear understanding of their role and responsibilities. The vision and focus of the home was to ensure that dementia care was person centred. The registered manager worked full time at the home and told us they worked varying hours to ensure they had a clear picture of how the home ran at all times. The manager demonstrated a good knowledge and understanding of people, their needs and choices. They strove to ensure the service was open and transparent, working collaboratively with outside organisations to gain further information and advice around meeting people's dementia and care needs and welcomed comments and suggestions to take the service forward and make continued improvements.

People had the opportunity to share their views and give feedback. Staff meetings took place. We saw minutes from meetings detailed discussions and actions taken. Minutes were available for people to access and we saw these included passing on information to staff regarding any changes and improvements needed. People and relatives were aware they could approach the registered manager or staff at any time to discuss any issues or concerns. When activity days took place the registered manager used this as an opportunity to engage with relatives who attended.

Relative surveys had been completed annually, feedback from surveys were analysed and suggestions taken forward. For example one relative had suggested a photograph of staff in the entrance hallway so people could identify staff as they did not wear name badges. The registered manager showed us this was in development.

The registered manager had completed the Provider Information Return (PIR) and had provided us with detailed information about how they continually assessed the service to ensure standards of care were provided and best practice was maintained. They told us about areas they were reviewing; this included generating action plans from audits to improve the service. For example, continually developing the activities provided and on-going development of staff training and understanding to ensure good practice. We were also told that there were plans to further develop outside areas and the development of a memorial garden which was suggested by the relative of someone who had passed away. This would enable people to have somewhere to remember friends and relatives.

There was a system in place to assess and monitor the quality of the service. This included an annual audit completed by an independent auditor; this looked at all aspects of the service provided and care provision. Staff completed dignity surveys to identify areas for development, and what they felt was being done well at

Rosebery House. We saw that the surveys returned were positive. Further environmental and care audits had been completed and analysis of accidents, incidents and falls were analysed to identify trends to continually improve how care was delivered safely. The provider visited the home regularly; however they did not document any checks or audits they completed. We discussed with the registered manager that this would evidence that the provider had sufficient oversight of the home as part of their responsibility as the registered provider of the service.

Policies and procedures were available for staff to support practice. There was a whistle blowing policy and staff were aware of their responsibility to report any bad practice. Information was displayed around the home in relation to equality and diversity. The registered manager had a good understanding around 'duty of candour' and the importance of being open and transparent and involving people when things happened. The registered manager told us that they were always keen to learn from incidents to improve future practice.

Staff were aware of the organisation's policies and that these underpinned safe practice. Policies and changes to procedure were discussed during supervision and at meetings to ensure everyone was aware if changes occurred.

All of the registration requirements were met and the manager ensured that notifications were sent to us and other outside agencies when required.