

Mr Adelindo Pavoni & Mrs Rosemary Adele Pavoni Rosedale Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Rosedale Care Home provides accommodation with personal care for people over age of 65. The service is registered to accommodate up to 18 people, and was providing personal care to 18 people at the time of the inspection. Any nursing needs were provided by community nursing services.

People's experience of using this service:

- People received care and support that was safe. The provider had a robust recruitment programme which meant all new staff were checked to ensure they were suitable to work with vulnerable people. All staff had received training in safeguarding vulnerable people.
- There were risk assessments to identify any risk to people and staff understood the actions to take to ensure people were safe. There were sufficient staff to support people with their daily living and activities.
- People received effective care and support. Staff demonstrated a clear understanding of people's needs and received training relevant to their role and the needs of people living in the home. People enjoyed a healthy balanced and nutritious diet based on their preferences and health needs.
- 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.
- People received care from staff who were kind and caring. Staff respected people's privacy and dignity always. Staff supported people to be fully involved in their care planning and reviews. People were supported to express an opinion about the care provided and the day to day running of the home.
- People received responsive care and support which was personalised to their individual needs and wishes and promoted independence. There was clear guidance for staff on how to support people in line with their personal wishes, likes and dislikes. People were supported to access health care services and to see healthcare professionals when necessary.
- People were supported by a team that was well led. The registered manager demonstrated an open and positive approach to learning and development. Staff said the registered manager was open to suggestions and approachable. Everybody spoken with said they felt the management team was open, approachable and the home was well led.
- There were systems to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and complaints and learnt from the issues raised.
- The registered and deputy managers worked professionally with agencies outside of the service and ensured a transparent, honest and open approach to their work which was valued by others.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection:

At the last inspection in August/September 2017 the service was rated Requires Improvement (report published on 14 March 2018). At that inspection we found two breaches of Regulations. They related to safe care and treatment and quality monitoring systems.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The provider is no longer in breach of the two Regulations identified at the last inspection. At this inspection the service has made sufficient improvements to be rated Good.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Rosedale Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was completed by one inspector, one bank inspector and one expert by experience [ExE]. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE's area of expertise was in older people.

Service and service type:

Rosedale is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was carried out on 26 February 2019 and was unannounced.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about. We used information the provider sent us in the Provider Information Return [PIR]. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with six people who used the service and three relatives to ask about their experience of the care provided. We looked at four people's care records and at their medicine records. We

spent time in communal areas observing staff interactions with people and the care and support delivered to them. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, who was also the provider, deputy manager, care manager and with the activities coordinator who also acted as a carer when required. We spoke with one visiting community nurse. We looked at three staff files around staff recruitment, supervision, appraisal and staff training. We looked at quality monitoring records relating to the management of the home such as audits and quality assurance reports, as well as records of accidents, incidents and complaints.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely:

- At the last inspection in August 2017, this key question was rated, 'Requires Improvement' and a breach of Regulation for Safe Care and Treatment was made. This was because medicines were not always managed safely. There were areas of concern in relation to the handwritten Medication Administration Records (MAR), some medicines which were out of date but not disposed of, the temperature of the room where medicines were stored and the administration of medicines.
- At this inspection the necessary arrangements had been made to ensure the proper and safe use of medicines. There were reliable arrangements for ordering, administering and disposing of medicines. Improvements had been made and the provider met the previous breach of the Regulation in relation to medicine safety.
- There was a sufficient supply of medicines and senior care staff who administered medicines had received training. Records demonstrated arrangements had been made for all trained staff to be assessed to ensure their competence to undertake this annually. This is an observation of how staff safely handle and administer medicines, which is recommended in the Royal Pharmaceutical Society guidance, 'The Handling of Medicines in Social Care.'
- We observed that unused medicines were discarded safely and in accordance with the administration of medicines policy. Stocks of medicines showed people received them as the prescriber intended. When people had their medicines administered on an 'as required' basis there was a protocol for this which described the circumstances and symptoms when the person needed this medicine. The temperature of the medicines storage room was monitored as was the temperature of the fridge used to store medicines. These were within the recommended safe limits.
- Medication audits were completed on a weekly and monthly basis. The registered manager reviewed and analysed the findings of the audits to ensure that they took action that may be required to safeguard people. An external pharmacist audit took place the week before our inspection who made minor suggestions, which the registered manager had acted on. For example, using a paper shredder already on site to destroy confidential information, instead of the information being removed from site to shred. It was also recommended a second staff member was nominated as a back-up person to take the fridge temperature checks. We found no gaps in the temperature records.

Preventing and controlling infection:

- Overall the home was clean however there was an increased risk of cross contamination due to fabric towels being used in the communal toilets/bathrooms. We found one cracked tile in the shower room, which meant it could not be adequately cleaned. We fed this back to the registered manager at the time of our findings who immediately made arrangements for six hand towel dispensers to be fixed in the toilets/bathrooms in the communal areas. We found no person's safety had been impacted. Following the inspection sufficient evidence was provided to the Commission of actions taken, including the replacement

of the cracked tile. This included how the provider audited the environment of Rosedale Care Home.

- Housekeeping staff completed a daily cleaning schedule and confirmed they had all the cleaning materials they needed. Staff used personal protective equipment when assisting people with personal care. For example, gloves and aprons. A Food Standards Agency inspection in July 2018 had awarded the service the highest rating of five.

Systems and processes to safeguard people from the risk of abuse:

- The registered manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm. Records showed staff had received training in how to recognise and report abuse. Staff had a clear understanding of how to report abuse and felt confident that management would act appropriately. A relative said, "[Person] is very happy. I'm happy they are here because [person] is safe and well looked after."

Assessing risk, safety monitoring and management:

- Risks to people had been assessed and the potential risks to each person had been identified. For example, the risk of malnutrition, falls or pressure ulcers. Staff knew how to mitigate risks and took measures to reduce risks to people. One person said, "I feel safe. The staff are very good."
- Where a person was at high risk of falls, staff sought the advice of the community falls team and acted on that advice, which successfully reduced risks for the person. Sensor pads had been introduced for people at high risk of falling. These set off the call bell system, when the person moved around their room. This prompted staff to go to those rooms immediately to check on the person's wellbeing and offer them assistance. Care planning was clear about how people should be supported to move safely and staff had regular training in this subject.
- To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety.
- Fire safety at the home was well-managed. This included a fire risk assessment; regular checks and maintenance of fire safety and firefighting equipment; personal emergency evacuation plans (PEEPs) for people living at the home; fire safety training for staff and regular fire drills.

Staffing and recruitment:

- People were supported by enough staff to meet their needs. People told us they felt there were enough staff in the home to respond to their needs in a timely manner. During the inspection bells were answered promptly. Staff told us they felt there was sufficient staff as they could take time to talk with people and not be task orientated.
- People were protected by safe recruitment practices. New staff were appointed after robust checks were completed which ensured they were of good character to work with people who had care and support needs. All pre-employment checks had been carried out including criminal record checks, and getting references from previous employers. People had developed a good relationship with care staff who knew them well. This supported people to feel safe.

Learning lessons when things go wrong:

- Lessons were learned when things went wrong. The provider had learned following the last inspection in August 2017 and had put checking systems and processes in place to make sure that people received their medicines safely.
- Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was recorded to establish patterns and monitor if changes to practice needed to be made.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People confirmed they were offered choices, and their consent sought before they received personal care.
- People's needs were assessed before they started to receive support from the service. The information gathered included people's preferences, backgrounds and personal histories. This enabled staff to know people well.

Staff support: induction, training, skills and experience:

- People received effective care and treatment from competent, knowledgeable and skilled staff with the relevant skills to meet people's needs. People felt staff were competent to give them the care they needed, and that staff were flexible with the support they provided. One person told us, "I can get confused, but staff are trained in this area to support me when this might make me anxious. They understand my condition." Staff had completed infection control, basic life support, moving and handling, safeguarding, equality and diversity. Staff had also completed a dementia awareness course.
- New staff had completed a comprehensive induction and worked alongside more experienced staff to get to know people. Where staff were new to care, they completed the Care Certificate, a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well.
- Staff told us they were supported by the registered manager through regular supervision and an annual appraisal. Records showed staff were given the opportunity to discuss working practices, what went well and what did not go well and explore ways of improving the service they provided.

Supporting people to eat and drink enough to maintain a balanced diet:

- People reported positively about the quality of food and choices. People were provided with a choice based on their individual needs. Comments included; "Very good choice of food available." Another person said, "It's quite good really."
- People were provided with the support they required to reduce the risk of malnutrition and dehydration. Care plans set out the support people required. Kitchen staff were knowledgeable about people's needs and providing for special diets, such as for diabetics. They had knowledge of how to fortify foods (fortification is adding vitamins and minerals to foods to prevent nutritional deficiencies) effectively to increase their nutritional value.
- We observed lunch which had an informal, social feel. People were offered drinks regularly throughout the day, in their rooms and in the lounge and dining areas.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support:

- The service worked well with external healthcare professionals and advice obtained was transferred into care planning. The registered manager met with the district nursing team to discuss people's nursing needs and how the care staff could best assist them. The visiting community nurse said, "The staff are extremely helpful. The home is dated but comfortable, homely and clean. People's choice respected. People are well cared for." Staff said they really appreciated their input and advice, for example, on room layout, falls prevention, pressure area care and equipment.
- A GP from the local surgery held a clinic at the home each week, which meant people could plan their appointments. It meant staff could discuss any health concerns or questions about people and about their prescribed medicines. Where people need to be seen more urgently, staff contacted their local surgery to request a visit.
- People were supported to improve their health through a weekly exercises class, being encouraged to mobilise and complete exercises. They could access in house optician visits, a flu prevention vaccine clinic and were supported with health appointments.

Adapting service, design, decoration to meet people's needs:

- Improvements had been made since the previous inspection. The carpet in the lounge had been replaced and the bathrooms decluttered. The home was adapted to meet the needs of the people living there. For example, there were raised toilet seats in the bathrooms to provide additional comfort and pressure relief. People did not need additional signage/adaptations to help them recognise where their room or the toilet was.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. Any decisions made on their behalf must be in their best interests and as least restrictive as possible.
- Where people lacked capacity, mental capacity assessments were undertaken. A staff member described how a best interest decision had been made on behalf of a person who lacked capacity. People's legal representatives, relatives and professionals were consulted and involved in best interest decisions. For example, regarding a person's finances.
- 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager had submitted DoLS applications to the local authority for two people who lacked capacity and were subject to some restrictions for their safety, and so far, one had been authorised. We found the staff had complied to the conditions of the DoLS.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- We observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. We saw there was a strong rapport with staff which could be seen when they were talking and laughing with people.
- People received care from staff who developed positive, caring and compassionate relationships with them. People's comments included; "Staff are very kind, they listen to me." Another person said, "The girls [staff] can't do enough for you. They are a friendly bunch." One relative said, "I'm happy with the way things are going, I don't worry about it when I go home. Staff are doing the best they can."
- Staff described the ethos of Rosedale Care Home. One staff member said, "I treat residents as I would want to be treated or how my parents would be treated, that is with respect, dignity in a safe environment. The home provides this." Another staff member said, "The home promoted values of equality and diversity, which was discussed at staff meetings." The staff member showed us an exercise where staff had described how they would feel if they felt their rights to dignity and respect were not adhered to. The staff explained the values of treating people equally and in an inclusive way extended to staff who were supported well. There was a 'dignity corridor' and a 'tree' was used to describe peoples' views about whether they felt safe at the home and what made them feel safe.
- The home celebrated the recent wedding of a staff member, by re-enacting the special day. The care home was decorated with balloons and bunting. People were informed of the special occasion and invited to celebrate. The registered manager informed us, this promoted the ethos of the 'Rosedale community'.
- People were part of their local community. People enjoyed a communion service from their local vicar, who visited monthly. People enjoyed visiting local shops, attending local church services and going out with family members.

Supporting people to express their views and be involved in making decisions about their care:

- People confirmed they were involved in day to day decisions and care records showed they participated in reviews of their care. Their views were reflected in care records. Where people needed support with decision making, family members, or other representatives were involved in their reviews.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care a person could manage for themselves and what they needed help with.
- People's rooms were personalised with family photos, personalised mementoes and furniture. Staff supported people to keep in touch with their family. People said visitors were always made welcome and offered a drink, and some privacy to talk. Staff kept in contact by telephone and email with relatives who lived further away.

Respecting and promoting people's privacy, dignity and independence:

- Staff told us how they supported people's privacy and dignity. This included giving people private time, listening to people, respecting their choices and upholding people's dignity when providing personal care. Confidential information was held securely in locked cupboards. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018. Our observations confirmed that people were treated with dignity and respect. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.
- People were enabled to be as independent as possible and care records made clear the parts of tasks people could complete by themselves. This reduced the risk of people being over supported and losing the skills they still retained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's care plans included clear information about the support they required to meet both their physical and emotional needs. They included information about what was important to the person and their likes and dislikes. People told us they had been involved in developing their care plan and were kept involved during reviews and when updates were required.
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with their care plans. For example, we observed a staff member attentively kneeling down and assisting with putting support socks on a person, chatting to the person throughout. They asked them if they had their hearing aid in and the person said no it needed new batteries. The carer took the hearing aid away and returned with it fully functioning and assisted the person to put it back in their ear.
- People were provided with opportunities to engage in a range of meaningful activities which met the needs of everyone using the service. People told us there was enough to keep them occupied and they did not get bored. Where people chose not to participate in group activities, staff spent one to one time with them, talking about topics of interest to them, which helped people avoid becoming isolated. A relative said, "One of the girls [staff] does her nails and she has her hair done every week. [Person] is well looked after." Another relative said, "[Person] has her newspapers, still tries her crossword. The home has someone to come in and do the old songs, which she will join in. I have no worries about her treatment, they [staff] are all just lovely. Whenever I visit there is something going on quiz, cards, people coming in."
- We looked at how the provider complied with the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can get information they can access and understand. Written information was available in bigger print for people who needed it.
- The SOFI (SOFI is a way of observing care to help us understand the experience of people who could not talk with us) took place in the lounge when people were playing skittles with an external activities person. People were observed taking part in the game which they enjoyed. They took it in turns to play. The activities person was patient and spoke to people with respect. People of all abilities were encouraged to join in. People were able to walk around the lounge or home without any restriction, support was provided for those who were confused. A member of staff spoke to each person to ask them what they wanted for the early evening meal which was fish cakes and chips or anything else they wanted. People spoke to each other and enjoyed each other's company. There was calm atmosphere. One person was observed to use a quieter area overlooking the garden where they read the newspaper provided.

Improving care quality in response to complaints or concerns:

- There was a concerns, complaints and compliments procedure. This detailed how people could make a complaint or raise a concern and how this would be responded to. People and their relatives had access to the policy and knew who they could raise a concern or complaint. None of the people we spoke with as part of this inspection said they had raised any formal complaints.

- We reviewed the records of complaints that had been received since the last inspection. The records demonstrated that the concerns had been thoroughly investigated and people (and their relatives) had received a detailed response to their complaint. Changes had been made to how laundry was managed as result of the complaints.

End of life care and support:

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. Documents to record the arrangements, choices and wishes people may have for the end of their life were made available to people and their families for completion, should they choose to do so. Where known, people's wishes were recorded and families were involved as appropriate.

- Systems ensured that people who did not wish to be resuscitated when this had been formally agreed with them, or in their best interests, by a medical professional and appropriate others, were known to staff. This meant that people were able to die with dignity. This is known as a 'DNACPR' which means; Do Not Attempt Cardio Pulmonary Resuscitation. Care staff knew which people had DNACPR's so that people's wishes were known and respected.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- At the last inspection in August 2017, this key question was rated, 'Requires Improvement' and a breach of Regulation for Good Governance was made. This was because people's care records were not always held confidentially or securely. Daily logs relating to people's care were stored in unlocked drawers in a communal area. This room was not locked and was accessed by staff and people living at the home. We saw that some notices attached to a wall in this room contained sensitive information about people's individual needs. Improvements were required to ensure effective oversight and delivery of sustained improvement in the service.
- At this inspection, the service had improved sufficiently to be rated 'Good' in this key question. The provider had met the breach of Regulation in relation to Good Governance. The registered manager had implemented an improved quality assurance system. This included ensuring a lock was implemented to the cupboard where confidential information as stored. This was observed to be locked throughout the inspection when not in use. The notice board had been removed and replaced with a 'communication book' which staff used to record sensitive information, as part of the formal handover meetings that took place between staff shifts.
- There was a range of systems to measure and monitor the quality of the service overall. This included observations of staff practice and audits of medicines, care planning, infection control, recruitment, incidents and accidents, training and risk assessment. We saw that these were capable of identifying shortfalls. Senior staff and the registered manager undertook daily, weekly and monthly checks with evidence of actions taken in response. For example, replacing carpets, equipment and making improvements to the environment.
- Staff at all levels were aware of their role and responsibilities. An on-call system was available so all staff could contact a manager at any time of the day or night for advice and support. There was a contingency plan to make sure people continued to receive a service if adverse weather was experienced during the winter.
- The registered manager was aware of their responsibilities to notify CQC about safeguarding concerns, and accidents resulting in injuries. Regular notifications had been received since the last inspection, which included detailed information about ongoing steps being made to further reduce risks. This included making people and families aware of any issues of concern and the steps being taken to address them.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things

had gone wrong. This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

- Important information about changes in people's care needs was communicated at staff handover meetings each day. Summary written information about people's care needs and any risks was available for new staff who hadn't yet got to know people well.
- Staff consistently told us there was a positive management structure in place that was open, transparent and supportive. Staff felt able to bring any matters to the attention of the registered manager.
- People and relatives told us they knew the registered manager well. This confirmed our observations. One relative said, "[Registered manager] is one of the best." Another relative said, "[Registered manager] is friendly and genuinely got the interest of the people at heart. It's more than a business, she is very approachable." We observed that the registered manager was visible in the service, spent time engaging with people and helped staff with delivery of support to people where needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People and relatives were consulted and involved in day to day decisions about the running of the home through quarterly forum meetings. Areas discussed included activities people would like over the next few months, and menu planning.
- A survey of people and relatives completed in September and October 2018, stated they were happy with their care and quality of life. Comments included, 'We feel that this is a very special care home where residents are taken great care of within an exceptionally friendly environment. The owner and all of the staff are very friendly, helpful and caring', 'I always find Rosedale very welcoming. [Person] is very well looked after and is very fond of your team', 'We have always found the team to be helpful, competent and friendly. We are happy with the care and consideration that the home has always provided' and, '[Person] is safe, happy and well looked after therefore I am happy too.'
- Staff were consulted and involved in decision making and 4 weekly staff meetings were held. They were encouraged to raise issues, and records showed action was taken in response. One staff member said, "Agenda items can be added by staff which are always looked into and resolved."

Continuous learning and improving care:

- Staff were encouraged to take on Champion roles within the home. For example, for wound care, infection control, end of life care, dignity, safeguarding, mental capacity, first aid, moving and handling, nutrition and hydration and medicines management. Each champion was supported to enhance their knowledge in these areas by the undertaking of external training. This knowledge was then cascaded to the rest of the team through team meetings to improve on these areas of care being provided. A relative said, "It's managed very well I can't think of anything they could improve on."
- The registered manager kept up to date with developments in practice through working with local health and social care professionals. They used the national skills for care and social care institute for excellence websites. This was to enable the sharing of experiences, tools and good practice ideas.

Working in partnership with others:

- The registered manager had set up links with a local primary school and children had visited the home and enjoyed chatting with older people. One person said, "We are all happy with a baby and children around."
- The provider worked professionally with external agencies such as West Sussex County Council [WSCC] social services. This demonstrated that the management of the service conducted themselves in an open and transparent way.

- The registered manager was the chair of the Local Care Association and for Skills for Care Sussex Networking Group, Dementia Care Pathway (Horsham Dementia Care Alliance) and the Local Workforce Action Alliance and Mental Capacity Networking Group.' This enabled the registered provider to network with others and share information to inform good practice.
- The registered manager worked to foster positive relationships with other healthcare professionals. We reviewed minutes of meetings the service had with professionals such as district nurses to discuss how to best support people with nursing needs.
- The provider has been accredited under the Gold Standards Framework and has recently been reaccredited to achieve Platinum Status. The accreditation process involves continuous assessment against 20 standards of best practice across a two-year period and an official inspection visit at the end. This award's demands compassionate and clinical excellence which is assessed against high standards. The provider's portfolio of evidence (and accreditation) showed their dedication and commitment to develop their person centred end of life care and the understanding of and embedding of excellent practice.