Keychange Charity

Keychange Charity Rosset Holt 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

Rosset Holt is a residential care home offering personal care and accommodation to older people and people who are living with dementia. The service is registered to accommodate a maximum of 18 people. The service does not provide nursing care. There were 13 people using the service at the time of the inspection. Rosset Holt is part of a charitable organisation that operates within Christian values. The registered manager told us that people of all faiths and of no faith were welcome to use the service.

This inspection was carried out on 18 January 2017 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

There was a manager in post who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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.

At our inspection on 5 January 2016 we found breaches of regulation relating to personalised care, medicines, managing risks and governance. At this inspection we found that improvements had been made and sustained and the regulations were being met.

People told us they were very happy using the service and felt safe and well cared for. The registered manager had ensured the culture of the service was person centred and flexible to meet people's needs and wishes. People's spiritual and cultural needs were met. The values of the service were based on Christian beliefs, but people were supported to practice their own beliefs.

People were protected by staff that understood how to recognise and respond to signs of abuse. Risks to people's wellbeing were assessed and staff knew what action they needed to take to keep people safe. Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced. The premises were safe, clean and hygienic. People had individual evacuation plans outlining the support and equipment they would need to safely evacuate the building. Staff understood how to reduce the risk of infection spreading in the service and they followed safe practice.

There was a sufficient number of staff on duty at all times to meet people's needs in a safe way. We saw that staff had time to chat with people and support them with social activities in addition to meeting their health and care needs. The registered provider had systems in place to check the suitability of staff before they began working in the service. People and their relatives could be assured that staff were of good character and fit to carry out their duties. Staff had completed training and qualifications relevant to their role. The registered manager monitored staff training needs to ensure that staff were skilled and competent to meet people's needs.

Staff identified and met people's health needs. Where people's needs changed they sought advice from healthcare professionals and reviewed their care plan. Records relating to the care of people using the service were accurate and complete to allow the registered manager to monitor their needs. People had enough to eat and drink and were supported to make choices about their meals. Staff knew about and provided for people's dietary preferences and restrictions. Medicines were stored, administered, recorded and disposed of safely and correctly.

Staff communicated effectively with people and treated them with kindness and respect. They knew people well and understood what was important to them. People's right to privacy was maintained. Staff promoted people's independence and encouraged people to do as much as possible for themselves. Personalised care and support was provided at an appropriate pace for each person so that they did not feel rushed. Staff were responsive to people's needs and requests.

Staff sought and obtained people's consent before they helped them. People's mental capacity was assessed when necessary about particular decisions. Meetings were held, when needed, to make decisions in people's best interest, following the requirements of the Mental Capacity Act 2005. The requirements of the Mental Capacity Act 2005 had been followed in respect of depriving people of their liberty. However, the registered manager had not informed us when authorisations had been granted and not all staff were clear when these were in place. We have made a recommendation about this.

People were involved in making decisions about their care and treatment. Clear information about the service and how to complain was provided to people and visitors. The registered provider sought feedback from people and used the information to improve the service provided. People were involved in developing and improving the service through residents meetings, quality surveys and being involved in the recruitment of new staff. It was evident that people's opinions were valued.

There was a system for monitoring the quality and safety of the service to identify any improvements that needed to be made. Staff felt supported in their roles.

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 knew how to recognise the signs of abuse and report any concerns. The registered provider has effective policies for preventing and responding to abuse.

Risk assessments were centred on individual needs and there were effective measures in place to reduce risks to people. There was an appropriate system in place for the monitoring and management of accidents and incidents.

There was a sufficient number of staff deployed to ensure that people's needs were consistently met to keep them safe. Safe recruitment procedures were followed in practice.

Medicines were administered safely. People received the medicines they needed at the right time.

The risk of the spread of infection in the service was appropriately assessed and reduced.

Is the service effective?

Good

The service was effective.

Staff were appropriately trained and had a good knowledge of how to meet people's individual needs.

Staff understood the principles of the Mental Capacity Act 2005 and acted in accordance with the legal requirements. People were only provided with care when they had consented to this.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were provided with a choice of suitable food and drink.

People were referred to healthcare professionals promptly when needed.

The premises met the needs of the people living at the service

and was comfortable and well maintained.

Is the service caring?

Good

The service was caring.

Staff communicated effectively with people and treated them with kindness, compassion and respect. People were involved in making decisions about their care.

People's privacy and dignity was respected by staff. Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Is the service responsive?

Good

The service was responsive to people's individual needs.

People were involved in planning their care. They had personalised plans that met their needs. A range of social activities were provided that reflected people's interests and hobbies.

Staff responded effectively to people's needs and requests.

The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to and acted upon.

Is the service well-led?

Good

The service was well-led.

The service was planned to be flexible and personalised. There was an open and positive culture which focussed on people. Positive links had been made with the local community.

Accurate records were maintained to allow the registered manager to monitor care delivery.

The registered manager provided clear leadership for staff and an opportunity for them to provide feedback and suggestions for improvement.

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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 carried out 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 was carried out on 18 January 2017 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We did not ask the registered provider to complete a Provider Information Return (PIR) before this inspection. As part of our planning for this inspection we looked at records that were sent to us by the registered provider and the local authority to inform us of significant changes and events. We spoke with the local safeguarding team and commissioning team to obtain their feedback about the service.

We looked at four people's care plans, risk assessments and associated records. We reviewed documentation that related to staff management and recruitment. We looked at records of the systems used to monitor the safety and quality of the service, menu records and the activities programme. We also sampled the services' policies and procedures.

We spoke with five people who lived in the service and one person's relative to gather their feedback. We spoke with the registered manager, head of care, four care staff, and catering staff as part of our inspection.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe living in the service. One person told us, "Yes, I feel safe." Another person said, "Yes, very safe here…I know all the staff by name." A person's relative responded, when asked if they felt their relative was safe, "Yes, very much so." People told us they felt their personal belongings were safe in the home. One person said, "My belongings fine …as long as I'm sensible – I don't keep much money on me – the rest is locked up in the office."
People told us there were enough staff working in the service to meet their needs. One person said, "Yes, lots of staff….I don't want any to go." Another person said, "There's always staff around."

At our inspection on 5 January 2016 we found a breach of regulation because clear and effective written plans were not in place to ensure that staff understood how to reduce the risks to people's safety and welfare. At this inspection we found that improvements had been made and this regulation was being met. Risks to individuals had been assessed as part of their care plan. This included the risk of developing pressure wounds, falls and poor nutrition and hydration. An action plan was in place to minimise the risk of harm and staff we spoke with were clear about the action they were required to take to keep people safe. The registered manager had assessed the risk of social isolation for people. They told us they saw this as "a fundamental area of people's wellbeing not to be missed." The risk assessments included action for staff to follow including regular checks on people who spent a lot of time in their room and time spent with them chatting and engaging them in 1-1 activities. The risk of falls had been assessed for people, but the registered manager had introduced a new risk assessment document and the information had not consistently been transferred to the new risk assessment form. The previous risk assessment was still available to staff, but it may not be clear to staff which they should follow. We have made a recommendation about this. The registered manager showed how they analysed the levels of falls in the service and carried out falls risk assessments as people's needs changed. The registered manager told us that they had promoted increased fluid intake generally across the service and had seen that this had positively impacted on the incidence of urinary tract infections and had subsequently reduced the number of falls people had.

We recommend that the registered manager review the new risk assessment documents to ensure that all the information is included so it is clear for staff to follow.

The premises were safe for people to use and had been mostly well maintained. However, there were areas of the premises where plaster was coming away from the wall. The registered manager told us that this had been reported to the estates manager and a survey was being arranged in order to form an action plan. The patio area had been identified as requiring repair and this had been made safe. The maintenance person carried out weekly recorded checks on water temperatures and flushed unused water outlets as a legionella precaution. A specialist contractor carried out monthly checks and repairs to the water and heating system including legionella checks and quarterly sterilisation of shower heads. Equipment was maintained in good order and had been checked and serviced at appropriate intervals to make sure it was safe to use. The maintenance person checked hoists and slings for functionality and wear. There were monthly checks of walking aids and wheelchairs. There were records of routine servicing of the passenger lift and hoisting

equipment. Maintenance needs had received prompt attention internally or by using contractors as necessary.

The service had an appropriate business contingency plan for possible emergencies. First aid kits were available in prominent locations. There was a procedure in place for evacuating people from the building in the event of an emergency, such as a fire. Fire exits were clearly marked and there were printed fire instructions at each fire exit together with an up to date list of room occupants and their mobility status. Evacuation chairs had recently been provided to replace previous equipment that was considered less appropriate for the needs of people living in the home. One person told us that fire procedures were included in the residents' meetings and had been discussed individually. Staff had received training in fire and evacuation procedures. The fire risk assessment for the service was compiled by specialist contractor, dated 2015. The contractor was scheduled to come to review it in three weeks' time. The registered manager had signed off outstanding actions on the risk assessment as they had been met. The maintenance worker carried out regular checks of the premises for fire safety and of the fire safety equipment, including the fire alarms and extinguishers.

At our inspection on 5 January 2016 we found a breach of regulation because people's medicines were not always effectively managed to ensure they received them safely. At this inspection we found that improvements had been made and this regulation was being met. People's medicines were managed so that they received them safely. People told us that they received their prescribed medicines when they needed them. One person told us, "I have paracetamol, but only if I need it". The service had a policy for the administration of medicines that was regularly reviewed. We saw staff administering medicines and accurately recording when people had taken these. All staff had completed an on-line medicines training course and senior staff were undertaking an advanced distance learning course. There were guidelines in place to tell staff in which circumstances they should administer medicines prescribed to be given 'as required'. The two heads of care shared responsibility for ordering medicines and monitoring the use of medicines in the home. The registered manager carried out monthly checks to ensure the practice was safe. People's medicines were stored appropriately and accurate records were maintained.

People were protected by staff that understood how to recognise and respond to the signs of abuse. Staff knew how to access information about safeguarding and where the policy related to the safeguarding of adults was located. Staff we spoke with understood their responsibilities to report any concerns about abuse and told us they were confident to do so. One staff member told us, "I would report it, yes, immediately to the manager. I would whistle blow every time." Staff training records confirmed that their training in the safeguarding of adults was up to date. The registered manager understood how to report safeguarding matters appropriately and had demonstrated that they had worked positively with the local safeguarding team to ensure people's safety when risks had been identified. The registered manager understood their responsibility to act in a way that protected people's human rights. Recently they had taken action to address a concern raised by a person that a staff member had opened their personal mail. The registered manager reviewed the practice with staff to ensure people's right to privacy was respected.

There was a sufficient number of staff on duty at all times to meet people's needs in a safe way. The staffing rotas showed that sufficient numbers of care staff were deployed during the day, at night time and at weekends. There were some vacancies for care staff and the registered manager showed that they were actively recruiting to these posts. Agency staff were used to fill vacancies and the registered manager told us that they used regular agency workers so that they got to know people and their care needs. We spoke with an agency staff who was working in the service during the inspection and they knew people well. The member of agency staff confirmed they were fully involved in handovers and they demonstrated familiarity with people's care plans. The agency staff member working in the service told us they had received an

induction. She said "As agency staff we really value the care plan summaries and use them a lot." Some staff were accommodated in a separate apartment at the top of the home. They were included in an on call rota to be available for support in the event of an emergency. We saw that there were enough staff to respond to people's needs at an appropriate time. A person told us, "Staff have time to chat."

The registered provider followed robust procedures for the recruitment of new staff. The registered provider had made checks of the staff files and these contained interview records, references and a disclosure and barring check. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. New staff were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

The accommodation used by people was clean and free from unpleasant odours at the time of our inspection. Staff ensured that people's bedrooms, bathrooms and the communal areas of the service were cleaned daily. Cleaning schedules were located in the staff room so staff could sign off as tasks were completed. We saw that one toilet had a rusted frame around the toilet, which may make it difficult to keep clean. We have made a recommendation about this. The service held a policy on infection control and practice that followed Department of Health guidelines and helped to minimise the risk from infection. Staff understood infection control practice and the importance of effective handwashing in reducing the risk of infection. Staff told us they used disposable gloves when providing personal care to people and we saw that staff obtained these before providing care. Staff understood and followed safe procedures for managing soiled laundry and clinical waste. The registered manager showed us their record of their daily walk around checks they had completed, which included reviewing cleaning standards. They had identified the need for an infection control champion amongst the staff team. The role would include completing a dedicated infection control audit.

We recommend that the registered manager repair or replace the rusted toilet frame to ensure it can be cleaned to an appropriate standard to minimise the risk of the spread of infection.

Good

Is the service effective?

Our findings

People told us that they felt the service was effective in meeting their needs. They said that staff were skilled in meeting their needs and supported them with their health needs. One person said, "The staff are as good as gold; they know their stuff." Another person told us, "I trust them; they are trained in what they do." People told us that they had their health needs met and that they could access health professionals when they needed to. One person told us, "I am able to see the doctor and optician when I want. I make my own appointments and I'm going to use the optician that comes in." People told us they enjoyed the meals provided. When asked if they were satisfied with the quality, quantity and range of meals they told us, "Oh my goodness yes…plenty of food", "Food; never hungry…no complaints there" and "Yes, I like the food. It always looks very appetising and tastes very nice." People told us they had enough to drink.

Staff received essential training to enable them to carry out their roles effectively. There was an ongoing programme of training for staff to complete that included safeguarding, first aid, infection control, safe moving and handling, dignity and privacy and the Mental Capacity Act. Staff demonstrated that they had understood the training they had completed, for example they knew how to recognise and report safeguarding concerns. The registered manager had ensured that agency staff working in the service had received training before they cared for people. Additional training was provided in areas specific to people's needs, for example pressure wound risks, end of life care and dementia. Staff were encouraged to gain qualifications relevant to their roles and their personal development objectives. New staff were required to complete the care certificate. The 'Care Certificate' was introduced in April 2015. It was designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care homes are expected to uphold. The registered manager and heads of care carried out individual supervision meetings with staff every two months, but there was not a system in place to monitor the implementation of this policy. Staff confirmed that supervision meetings took place and they told us this was an opportunity to discuss their work and any issues they had or training they needed. At our last inspection we made a recommendation that staff have an annual appraisal of their performance to ensure their ongoing competence in the safe care of people. The registered manager had scheduled appraisals and was in the process of gathering feedback from people using the service and staff to enable them to complete appraisals for all staff.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. A person's relative told us, "I have power of attorney for my relative, and staff are very good at keeping in touch with me about them. Their smiles, good mood and the way they present tell me that they are content and happy here." We saw that staff obtained people's consent, for example before providing care or helping people to move. Staff respected people's right to make their own decisions, even where they considered it to be an unwise decision. For example, a risk assessment identified a risk of developing pressure wounds due to a person's limited mobility combined with risk of non-compliance by the person with advice given by health professionals. There was a detailed

log of discussions with the person, their family and health professionals over several months. A mental capacity assessment had been completed that showed the person had the capacity to make their own decision about this aspect of their wellbeing. The registered manager told us they respected this decision even though staff felt it was unwise. The registered manager worked with the health professional and the person to explore different aids and care processes and the person then agreed to the use of a pressure relieving mattress.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. One person using the service had a DoLS authorisation in place. We found that staff were not aware of the authorisation; however this had not impacted on delivery of care in line with the authorisation. People told us that they could go out when they wished to. One person said, "Of course. I need help to go out, but they provide this."

We recommend that the registered manager ensure all staff are aware of DoLS authorisations.

People's care records showed many health and social care professionals were involved with people's care, such as district nurses, GPs, dentists and continence nurse specialists. Care plans were in place to meet people's health needs and these had been reviewed and updated where people's needs had changed. The way that people communicated if they were unwell or in pain had been assessed and recorded so that staff could quickly recognise when they may need to see their GP. People were weighed monthly and fluctuations of weight were noted in their care plan. Staff reported concerns about people's health to their GP as needed. A handover system was used to ensure that staff were aware of people's health each day when they arrived for work. This ensured that staff responded effectively when people's health needs changed.

People's dietary needs and preferences were documented and known by the chef and staff. There was a menu displayed in the dining room. The menu provided two choices of meal per day and people told us that if they did not want either meal the chef would prepare an alternative. Biscuits and cakes were offered with drinks. Recently the registered manager had introduced a snack basket in the lounge. The registered manager told us this provided for the needs of people living with dementia, who may prefer to eat little and often or who may have difficulty asking for snacks. We saw that people helped themselves to individual snacks as they wished. We saw that people had drinks close by and they were encouraged to drink. People were given the assistance they needed to eat their meals and had the equipment they needed so they could eat independently. Staff recorded the amount people had eaten and drunk if they were at risk of poor nutrition or hydration to enable them to monitor their wellbeing.

The accommodation was homely and comfortable. There was a lounge and dining room and areas of seating around the home where people could sit quietly. Sufficient numbers of bathrooms were available to meet people's needs and some bedrooms had en-suite shower facilities. At our last inspection we made a recommendation that the registered manager carry out the recommendations that had been made in the dementia pledge report to improve the environment for people living with dementia. We found that improvements had been made to the suitability of the premises for people living with dementia. The registered manager had begun to introduce changes to the décor of the premises to better support the needs of people living with dementia. Signs to help people find their way had been added and different colours had been used to decorate different parts of the home to help people recognise where they were. People had different coloured bedroom doors. The registered manager told us this helped people find their way to their room. They commented that one person often said, "I am walking home to my blue door."

There was a large well maintained garden that people could freely access with raised flowerbeds and bird feeders.

Good

Is the service caring?

Our findings

People, and their relatives, told us they felt the staff were caring and treated them kindly. One person told us the staff were, "very kindly, attentive and fair…very fair." Another person said, "Staff are very caring….lovely." A person's relative told us, "Staff are very good, very friendly…good listeners." People told us that their privacy and dignity was respected. One person told us, We have our own private rooms, which is lovely." Another person said, "Yes, they respect my privacy 99% of the time. The 1% that don't I do meet head on and things get sorted." A person's relative told us, "My relative always likes to look well turned out and she does here…she likes to wear her necklaces and earrings to go with what she's wearing….she always looks nice."

Staff were kind and patient when talking with people and when providing support. Care and support was provided at an appropriate pace for each person so that they did not feel rushed. A staff member told us, "The good thing is that we have time to spend with the residents." Staff spent time talking with people and it was evident they knew information about what was important to them. Information about people's life history had been recorded in their care plan. Staff were sensitive to people's needs and feelings. People were asked if they were comfortable and they were offered jumpers and blankets if they felt chilly. Staff spoke with people in a respectful way and addressed them by the name they preferred. Where appropriate, staff were lively and joking in their approach or were quieter and more discreet depending on each person's personality.

People's right to privacy and dignity was respected. People were assisted discreetly with their personal care needs in a way that respected their dignity. Staff had supported people to wear their glasses, dentures and hearing aids if they needed these. A staff member told us, "Self-image is important, we have time to help people choose jewellery and do their make-up." People could choose their own hairdresser. There were two that provided a visiting service in the home, but staff had also respected a person's right to continue to use their own hairdresser. People's records were kept securely to maintain confidentiality. Staff held handover meetings in the staff room and were careful not to discuss people's needs in front of others.

At our last inspection we made a recommendation that the registered manager ensure staff encourage people to do as much as possible for themselves. At this inspection we found that improvements had been made. People told us that the staff enabled them to retain their independence. One person said, "I'm not in a hurry to lose my independence…..and I'm not." Another person said, "I know my limitations…they help as much as they can." The assessment process took account of what people could do and what they required support with and people's care plans reflected this. One person's care plan noted that items must be left within their reach to enable their independence. We saw staff encouraging a person to use their other hand, and why they should (to improve flexibility as their doctor had instructed.) People were encouraged to undertake tasks such as making their own bed if they were able to do so. Staff presented options to people so they could make informed decisions, such as what they liked to eat, to wear or to do, to promote their independence. Staff were aware of the importance of providing the right level of support to ensure that people's needs were met, but also to enable them to do as much for themselves as possible. A staff member told us, "Whatever they can do themselves, we encourage them to do, even if they need a bit of help."

People were provided with equipment, where needed, to enable them to move around independently and to eat without assistance. People were able to have their own personal telephone line in their room if they wished.

Clear information about the service was provided to people and their relatives. A brochure was provided to people who wished to move to the service. There was a clear complaints procedure which was made available to people. People were involved in their day to day care and staff described how they were involved in reviewing their care plans; however people had not always signed their plans to show their agreement. Staff asked people their views about matters relating to their care. People's relatives were kept informed and involved where the person wished for this to happen. It was noted in people's plans who they wished to be involved in planning their care.

People's spiritual and cultural needs were met. The values of the service were based on Christian beliefs, but people were supported to practice their own beliefs. There were links with local churches and ministers visited to provide services. Daily prayers were held in the service for those who wished to participate and these were led by a person who used the service. People told us that they could watch church services and celebrations of significant events on television. Significant events, such as Christmas, Easter and birthdays were celebrated in the service.

Good

Is the service responsive?

Our findings

People and their relatives told us that the staff were responsive to their needs and requests. They told us that they received their care in the way that they preferred. One person said, "Yes…I get up when I want, normally about 7am, then have breakfast in my room, which is my choice." Another person told us, "They know me well and know how I like things done." A further person told us, "I am active in the church and am supported to go into the community to groups, meetings, events and to see my friends."

People told us that they felt their views were listened to and any concerns they had were taken seriously. One person told us, "Yes they do take notice." Another person said, "I would speak to the manager or my keyworker. There's information on the board also. They do seem to listen to us." A person's relative told us, "She has a keyworker who keeps me informed. They do listen to concerns and act on them."

At our inspection on 5 January 2016 we found a breach of regulation because people did not have personalised care plans in place that ensured their individual needs and preferences were met. At this inspection we found that improvements had been made and this regulation was being met. People's needs had been assessed before they first moved to the service and a care plan was written to meet their identified needs. The registered manager told us that they always carried out the assessment of people's needs before they were offered a place at the service and tried to arrange to do this over a day by inviting the person to spend time at Rosset Holt. The assessment process included seeking the views of the person about their own care needs. It covered all areas of people's needs including their physical health, personal care needs and emotional needs. Part of the assessment asked people 'What makes you anxious and how would we know if you were?'. Consideration was given to the things that may be important to the person, such as who cuts their hair, how they liked to spend their day and what may help them with changes in their memory. Where needs and wishes were identified we were able to see that this information had been used to plan the person's care. We reviewed four people's care plans and found they were detailed and reflected people's preferences and needs. A summary document of people's key needs and care plan had also been developed to give agency staff an overview of people's needs before they had time to read the full plan. The registered manager had identified that further improvements could be made to the care plans and was planning the introduction of an electronic care plan system. They told us this would allow people to be more involved in their care delivery, for example they would be able to rate the quality of care, meals and activities.

Staff were responsive to people's needs and requests. People did not have to wait long for staff to attend when they asked for assistance or used their call bell. Staff took time to ensure that people had what they needed and were available at all times to supervise people and ensure their needs were met. We saw that staff responded when people were anxious or confused. They knew how to support the person and staff were able to meet people's needs and help them to feel more relaxed. The registered manager said they had recently extended the evening shift until 10pm in response to staff identifying an increase in the level of care needs at that time. This also took account of people's requests for more flexibility, with one person having specifically asked for staff support to organise evening card games and dominoes as an alternative to watching TV.

The registered manager had worked with people to fulfil their wishes, for example one person had expressed a wish to start swimming again. The registered manager was talking with the owners of a local hydrotherapy pool to see if this could be arranged. Care was delivered to people in the way they preferred. One person was often awake during the night and dozed during the day. Records showed that staff spent time with the person at night and arranged for them to have tea and snacks as they wished. We saw records that showed that when a person awoke and was distressed at night staff supported them to have a relaxing bath before returning to bed. People were supported to have a bath or shower when they wished to.

People were supported to spend their time in the way they preferred. They had access to a range of activities within the service. One person told us, "I take part in crafts; I work off my main interests." Another person said, "I have enough to do in the daytime, there's cooking, and things to be done if I want to do it." Improvements had been made to the frequency and range of activities on offer in the service and activities reflected people's interests. The activities programme was displayed and showed who was allocated each day to take responsibility for activity provision. The registered manager also told us one care staff used part of the afternoon shifts to provide 1-1 interactions with people who chose to spend most time in their rooms. A person's relative told us, "I think that there are more activities on offer. Now that there is a list up; this is helpful as I can point out to staff what my relative would like to do. Her default setting is `No' but with very little encouragement it can be changed to a `Yes'. For instance she loved to cook and when I noticed this was on the list and spoke with her she said that she would like to do some. I told staff and they encouraged her and she made some scones. It's all about communication. There's lots happening now". During the inspection we saw people listening to music, painting, playing scrabble with staff, reading magazines and chatting with staff and each other.

People were regularly invited to give feedback about the quality of the service through individual meetings with the registered provider and registered manager. People and their relatives were also invited to complete an annual satisfaction survey. One person told us, I received a letter at Christmas with updates and information about the home and there was a feedback form with it that could be completed if you wanted to." The most recent survey had found that people were generally satisfied with the service they received, with areas for improvements being identified as access to the garden and improvements to activities. We saw that action had been taken to address these points; however the registered manager had not produced a report of the responses that could be shared with people and their families along with an action plan for change. We have made a recommendation about this. Residents meetings were held in the service. One person told us, "We're having more frequent residents meetings, about once a month." The most recent meeting had focused on the menu and had led to more fresh fruit and vegetables being provided.

We recommend that the report is produced following the quality survey to show the responses and action plan for any improvements.

The registered manager told us that they spent time seeking feedback from people using the service in a range of informal ways. For example, they told us they valued the views of people about the delivery of care at weekends or times when the registered manager was not there. The registered manager told us, "I very much enjoy listening to [a service user's] observations of what is happening in the home." The registered manager was implementing a new system to involve people in the recruitment of new staff. A person using the service told us, "There's going to be some user input into the new staff employment/interview process. It's still at the early stages. They're talking about having a panel of residents that will actively take part in the interviewing of new staff…of course most people want to do it, but they will have to be selective." The registered manager told us that this was important as, "Our residents are at the centre of what we do; new staff have to impress the residents not us." The registered manager had begun seeking feedback from

people about staff performance to enable this to be fed into upcoming staff appraisals.

At our last inspection we recommended to the registered manager that they review the accessibility of the complaints procedure. People we spoke with, and their relatives, were aware of how to make a complaint. Detailed information about how to complain was provided for people in the brochure and on the noticeboard in the main area of the home. Improvements had been made to the accessibility of the information and it was produced in larger print. The registered manager had taken appropriate action to investigate complaints and provide feedback to the complainant within an appropriate timeframe.

Good

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well led. One person told us, "I do like [the registered manager] she's very good." Another person said, "Yes I am able to talk to [the registered manager] and I think she has our interests at heart." A person's relative told us, "[My relative] is as content and well settled as one could hope for. I have every confidence in [the registered manager] and her team who are kind, caring and professional. When visiting the home there is a warm and friendly atmosphere and a homely feel. I value its Christian ethos, which permeates the home. I live some distance away, but I have regular contact with [the registered manager] and her staff and I know that my relative is safe and well cared for and they are constantly striving to improve their quality of life. There is nowhere else I would rather they be."

At our inspection on 5 January 2016 we found a breach of regulation because there was not an effective system in use for the continuous improvement of the quality and safety of the service. An effective system for identifying shortfalls in the quality of the service was not in place and as such relevant plans for improvement were lacking. Additionally, accurate and complete records in relation to people's care needs and delivery were not maintained. At this inspection we found that improvements had been made and this regulation was being met. There was an effective system in place to monitor the quality and safety of the service provided. A number of audits had been completed each month and the findings of these had been used to improve the service. Audits covered areas including medicines management, health and safety, meals and care plans. The registered manager monitored accidents and incidents in the service to identify any patterns where risks could be further reduced. The registered manager, or a head of care, completed a daily walk around check of the service to identify any issues with the premises, cleanliness and the completion of records. The registered manager made regular checks of the response times to call bells on a routine basis, but also in response to staff and people's feedback about a particular day. The registered manager had a business plan in place for the improvements they intended to make during 2017. This included reviewing the structure and décor of an extended part of the building, introducing a new care planning system and involving people more in the running of the service.

Staff and people told us that positive improvements had been made since the registered manager had been in post. One person told us, "There's a trial of a mixed shift, it's a brilliant idea because it covers a bit of the day when they're stretched and some of the evening…it meant that the other day they were able to settle me into bed whilst the night shift were busy. I think it's a good example that we are not standing still at the moment." A staff member told us, "There has been a lot happening since the new manager and there's things still planned". The registered manager told us that they had reviewed the handover system as it was taking too long and impacting on care delivery. A new shorter key issues handover had been introduced and we saw this was being used consistently. The registered manager had created two head of care roles in response to relative feedback about a lack of leadership at weekends. Feedback from people, staff and relatives was that this was working well. People knew who the registered manager was and felt they were able to talk with them about their care. The registered manager worked on shifts on occasions during the week to role model good practice and monitor staff performance.

The registered manager had developed and sustained a positive and inclusive culture. They demonstrated that they held person centred values and ensured that staff worked to this when delivering care. The registered manager told us, "The change of culture has been at the right pace for people and staff." People were able to choose how they lived their lives and staff respected their wishes. Routines were relaxed and staff supported people at their preferred pace. The registered manager worked closely with staff and people using the service to ensure people's needs were met. The registered manager knew people well and understood their needs. Staff were positive about the support they received from the registered manager. They told us, "I enjoy working here and I can always talk to [the registered manager] about any concerns. Staff told us that the registered provider visited the service regularly and spent time with people talking with them. The registered manager was registered for the 'ladder to the moon' programme and the 'centre for creativity and innovation'. 'Ladder to the moon' is a recognised programme that helps care providers to identify improvements that could be made to their service to support people to achieve their potential. This involved regular webinars to share good practice ideas and drive improvement. Changes that had resulted from this forum were the involvement of people in staff recruitment and changes to the premises to meet the needs of people living with dementia. The registered manager was planning to develop champion roles for staff to cover areas including Parkinson's disease, infection control and good hydration. The registered manager was also part of the local registered manager network and the hospice in the weald federation scheme.

The service was integrated into the local community. The registered manager had built good links with local churches, services and community groups. Regular events were held throughout the year where people from the local community were invited to attend. The registered manager shared with us their vision to bring more children to visit the service as they had identified that this 'lifted the spirits' of the people using the service. They were considering how they could use the garden to provide a space for a local preschool to use. People were enabled to walk into to town and staff were available to support them to do so. One person told us, "I want to make the most of my `good' days" I'm lucky that I'm able to get out because I've made some good links in the community with the community." The registered manager told us that they were encouraging and enabling people to visit their GP surgery rather than have a home visit where possible. The GP surgery was located across the road from Rosset Holt and the registered manager felt this would provide people with independence and opportunities to develop community links.

The registered manager understood the requirements of their role and they were open and transparent. They had notified the Care Quality Commission of any significant events that affected people or the service; however they had not notified CQC where the service had been granted a Deprivation of Liberty Safeguard (DoLS) authorisation in respect of individuals. The registered manager was aware of updates in legislation that affected the service and communicated these to staff effectively. The service's policies were appropriate for the type of service. All policies and procedures had been reviewed and updated. Staff were able to describe the key points of significant polices such as the safeguarding, infection control and complaints policies. They were aware of where to access the policies when they needed them.

We recommend that the registered manager review the policy for notifications to ensure it includes DoLS authorisations.

Records relating to the care of people using the service were accurate and complete to allow the registered manager to monitor their needs. The records included information about day to day care and professional input when it was provided. The records were detailed and reflected all areas of people's needs including their emotional wellbeing. The registered manager regularly checked the accuracy and completeness of records in the service, including medicines records, care plans and staff files.