

Signature of Epsom (Operations) Limited

Rosebery Manor

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Rosebery Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Rosebery Manor provides facilities and services for up to 95 older people who require personal or nursing care. The service is purpose-built and provides accommodation and facilities over three floors. The second floor provides care and support to people who are living with dementia, this area is called The Oaks. The other areas of the home provide care for people requiring 'assisted living'. Some people lead a mainly independent life and use the home's facilities to support their lifestyle. On the day of the inspection there were 74 people living at Rosebery Manor.

The registered manager had recently left the service although continued to be employed by the provider. A new manager was in post and had begun the registration process. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our inspection on 10 August 2017 we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following concerns relating to the care people were receiving we completed a further inspection Rosebery Manor on 24 May 2018 where seven breaches of legal requirements were identified. These were in relation to a lack of consistent leadership and management oversight, risks to people's safety not always being identified and acted upon, people's medicines not being managed safely and accidents and incidents not being adequately monitored. In addition, we found that sufficient, skilled staff were not always deployed, complaints were not always recorded and responded to, people's dignity was not always being upheld and people's care was not always person-centred.

Following this inspection, we issued warning notices in relation to safe care and treatment and good governance. As a result of our concerns Rosebery Manor was placed into special measures. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe, Effective, Caring, Responsive and Well-led to at least good.

At this inspection we found significant improvements had been made in all areas of the service and no breaches of legal requirements were identified. The overall rating for the service is requires improvement. We could not improve the rating for well-led and safe from inadequate to good because to do so requires consistent good practice over time. We will check whether these improvements have been sustained during our next planned comprehensive inspection.

People told us they felt safe living at the home and staff understood their responsibility to identify and report any concerns of potential abuse. Staff received safeguarding training which was regularly updated. Risks to people's safety were identified and assessed.

There were enough staff to meet people's needs and regular agency staff were used where required. New staff were appointed through safe recruitment and selection processes. Accidents and incidents were reported and action taken to minimise risks and identify trends. People received their medicines in line with their prescriptions and safe systems of medicines management had been developed. Staff understood their responsibility to protect people from the risk of infection and followed appropriate infection control procedures. People lived in a safe environment which was suited to their needs and contingency plans were in place to ensure people received their support in the event of an emergency.

People's needs were assessed prior to them moving into Rosebery Manor to ensure their needs could be met. Staff received an induction into the service and on-going training to support them in their roles. The monitoring of staff supervision had increased and was under review by the manager. People's weight was regularly monitored and a choice of nutritious food provided. Appropriate referrals were made to health and social care professionals when required and advice provided was followed. People's legal rights were upheld as the principles of the Mental Capacity Act 2005 were followed.

People and their relatives told us that staff were caring. Staff knew people well and treated them with dignity and respect. People were supported to maintain their chosen lifestyle and were encouraged to maintain their independence. People's religious views were respected. Visitors were made to feel welcome and there were no restrictions on the times people could receive their visitors.

Care records gave guidance to staff on how people preferred their care to be provided and we observed this was followed. The care people wanted at the end of their life was recorded and staff had received training in this area. A wide range of activities were provided which people told us they enjoyed. The opportunity to participate in activities for people living in The Oaks had increased and people were encouraged to participate. There was a complaints policy available in the communal foyer and complaints had been responded to promptly.

There had been further changes to the management of the service since our last inspection. However, there had been an extended handover to the new manager to ensure this was done in a planned way. People, relatives and staff told us they felt improvements had been made to the way in which the service was managed. Staff felt supported in their roles and felt able to raise suggestions or report concerns. People were involved in the running of the service and the management team were looking for ways to expand this. Quality audits were completed regularly and systems were reviewed to ensure these were effective in driving improvements. Notifications of significant events were forwarded to the CQC in line with the providers legal responsibilities.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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.

Staff understood their responsibility to identify and report any safeguarding concerns.

There were detailed risk assessments in place to help keep people safe. Accidents and incidents were reviewed to minimise the risks of them happening again.

Medicines were managed safely and administration systems were regularly audited.

There were sufficient staff available and safe recruitment processes were in place.

People lived in a safe and clean environment. Staff had received training in infection control.

Although there were no breaches of regulations we need to see that the improvements made are sustained and imbedded into practice over time.

Requires Improvement ●

Is the service effective?

The service was effective.

People were supported by staff who received training and support.

People were supported to eat and drink enough. There was a wide variety of food options for people to choose from.

People had access to healthcare and their health needs were monitored and responded to.

The service was designed to meet people's needs.

People's legal rights were respected.

Good ●

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect.

Staff had developed positive relationships with people and new their needs well.

People's privacy and dignity was respected.

People's independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

A range of activities were available which were in line with people's preferences and interests.

Care records included detailed information and guidance for staff about how people's needs should be met.

People's end of life care wishes were known to staff.

The provider had a complaints policy in place and people felt that any concerns raised would be acted upon.

Is the service well-led?

Requires Improvement ●

The service was well-led.

Staff were supported in their roles and felt the management of the service was promoting a positive culture.

A positive culture was developing where staff understood the values of the service.

Quality assurance audits were in place and concerns identified were addressed.

People and their relatives were involved in the development of the service.

Although there were no breaches of regulations we need to see that the improvements made are sustained and imbedded into practice over time.

Rosebery Manor

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.

The inspection took place on 22 January 2019 and was unannounced. The inspection was carried out by three inspectors, two pharmacy inspectors, a nurse specialist and an expert by experience. The nurse advisor specialised in the care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is because we were following up on breaches of regulations from the previous inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Instead we reviewed the action plans which the provider submitted on a regular basis in order for us to track progress and monitor risk.

During the visit we spoke with the manager, clinical services manager, the quality director and ten staff members. In addition, we spoke with ten people and four relatives. There were people that were unable to verbally communicate with us; we observed the care they received from staff. We reviewed all, or part of, fourteen people's care records. We also looked at the medicines records, three staff recruitment files, training records and a range of records relating to the running of the service.

Is the service safe?

Our findings

At our inspections in August 2017 and May 2018 we found that risks to people's safety were not consistently identified and addressed, people's medicines were not managed safely and accidents and incidents were not reviewed in a timely manner to minimise the risk of them happening again. Sufficient staff were not deployed in all areas of the service and a high staff vacancy rate had resulted in people not receiving care from consistent staff. At this inspection we found improvements had been made in all areas and development was on-going. We could not improve the rating for safe from inadequate to good because to do so requires consistent good practice over time. The rating for safe is therefore requires improvement to ensure systems and processes are sustained and embedded into practice.

People told us they felt safe living at Rosebery Manor and that staff understood any risks to their safety. One person told us they had a soft mat at the side of their bed. The person said, "I don't like it but I know it is to stop me hurting myself if I fall." Another person told us, "I'm here to feel safe, to take the worry away." One relative told us, "Mum is safe on The Oaks. Staff can see her from all angles and they have a higher staff ratio (than in other areas of the service)."

Risks to people's safety were assessed and measures put in place to minimise these risks. Risk assessments covered areas including mobility, skin integrity, diet and nutrition, hydration and falls. Risk management plans contained clear information and guidance to staff on how to support people to help keep them safe. Where people were known to have times of high anxiety plans guided staff on the steps to take to support the individual to become calm. Along with increased staff mentoring and training, this had led to a decrease in incidents between people. Appropriate equipment was in place to support people who were at risk of their skin breaking down and this was regularly monitored. We observed staff supporting people with their mobility needs which was done in a safe and sensitive manner.

Staff had constant access to electronic care records which highlighted any risks to people's safety and well-being. As people's care was provided, staff were able to update the system immediately which meant risks could be continually monitored. For example, staff were able to see at a glance if people had had sufficient fluids, been repositioned regularly and if recommended safety checks had been completed. Staff told us they found this a useful tool and as it was completed at the time of providing care it meant they did not have to spend time away from the person completing care records. The format and frequency of clinical risk meetings had recently changed to ensure risks were reviewed more frequently. The clinical services manager told us they felt the system was more effective and they felt comfortable they were comprehensively monitoring clinical risks throughout the service. We will review the effectiveness of this increased monitoring at our next inspection.

Each person had a night time care plan in place which considered risks to their safety. This included the risk of falls from bed, mobility during the night, if any support to reposition was required and how often welfare checks should be completed. Records showed that the plans were followed and people we spoke with confirmed this was the case. Some people living at Rosebery Manor had chosen not to receive night time welfare checks. Where this was the case detailed risk assessments had been completed and discussed.

Capacity assessments were in place where appropriate and people had signed to confirm their preference.

Accidents and incidents were recorded and relevant action taken to minimise the risk of them happening again. All accidents and incidents were logged electronically which allowed the provider to monitor the action taken. Records showed that discussions regarding all accidents and incidents took place during daily management meetings. This ensured that appropriate measures were in place to mitigate further risks. One person's records showed they had a history of trying to leave the service without support during the night. A sensor alarm had been fitted by the person's door to alert staff so they could support the person to remain safe. The manager had recently introduced a 'lessons learnt' record to ensure that any changes in systems as a result of accidents, incidents or concerns were cascaded throughout the service.

Appropriate arrangements were in place to manage people's medicines safely. There had been significant improvements made in medicines practices. Whilst errors had greatly reduced, the manager acknowledged that systems remained under constant review to ensure that processes were fully embedded into practice. Staff had received training in medicines administration and their competency had been assessed. Each person receiving support with their medicines had a medicines administration record (MAR) chart in place which provided guidance to staff on how people's medicines should be administered. MAR charts seen were fully completed and staff demonstrated an understanding of the medicines they were administering. The service had worked with the prescribing GPs and the pharmacy to improve the quality of the administration directions provided to staff. Most people's medicines were stored in their individual rooms. Where appropriate, people were supported to manage their own medicines and risk assessments completed to ensure this was safe.

Guidance was available to staff where people required as and when required medicines (PRN). One person was prescribed medicines to support them should they become anxious. There were clear steps for staff to follow to support them in reducing their anxiety before taking the decision to administer their medicines. Where people had their medicines administered covertly (without the person's knowledge or consent) staff made sure this was safe and that relevant professionals had been involved in the process. Medicines were stored securely within their recommended temperature range.

Sufficient staff were deployed to ensure people received their care safely and in a timely manner. One person told us, "Yes there are enough staff: they're everywhere!" One relative told us, "There always seem to be enough of them. I never have to go looking for them." Recruitment at the service had been a central focus since our last inspection in May 2018. There was now a higher number of permanent staff employed which was providing a more consistent approach. Where agency staff were used, a block booking of the same staff members was agreed to ensure they were aware of people's needs and the systems in place. The service had also allocated staff to specific floors which had again increased the consistency of people's care.

People told us that on the whole they did not have to wait for their care and we observed sufficient numbers of staff were available to support people. However, some people told us they felt that call bells took longer to answered during the night. The manager told us that the monitoring of night time responses was being assessed and we saw systems had recently been implemented to track response times more effectively. Staff told us they felt there were enough staff and that they were able to spend time with people. People did not appear to be rushed and staff took time to sit and speak with people. The manager was in the process of making changes to the call bell monitoring system to ensure that this was effective in identifying any areas of improvement. Changes in the routines of the service had been implemented in order that staff were able to answer calls promptly. These included adjustments to staff handover meetings and daily monitoring of response times in order to identify any trends in a timely manner.

Safe recruitment procedures were in place to assess the suitability of prospective staff. Staff recruitment files contained application forms, evidence of face to face interviews, references and photographic ID. Prior to starting employment each staff member had undergone a Disclosure and Barring Service (DBS) check. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff we spoke with confirmed they were not permitted to start their employment until all recruitment checks had been completed. Due to the large recruitment drive recently completed in the service the manager had requested a complete audit of all recruitment files to ensure all the required documentation was in order.

Systems were in place to protect people from abuse. At our last inspection we found the service was developing their relationship with the local authority safeguarding team in order to ensure concerns were appropriately reported and addressed. At this inspection we found that systems were now working well and reporting systems were embedded into practice. Records relating to any safeguarding concerns were clearly monitored and action taken to resolve any concerns. Staff told us that they had received safeguarding training within the last year and records confirmed this was the case. Staff we spoke with were aware of the different types of abuse, what would constitute poor practice and how to report any concerns.

People lived in a clean environment and safe infection control procedures were followed. Staff had access to personal protective equipment such as gloves and aprons. Recent audits of the service had shown that staff were not always using gloves and aprons when required. The manager had taken action to ensure senior staff were continually monitoring this. We observed staff using thorough hand washing techniques. All areas of the service were cleaned to a high standard and the housekeeping staff we spoke with were aware of safe infection control procedures. The laundry area was organised to ensure that dirty and soiled clothes were kept separate and guidance regarding the safe handling of soiled laundry was seen to be followed.

People lived in a safe and well-maintained environment. A maintenance team was employed at the service which meant maintenance issues could be addressed promptly. Comprehensive health and safety records were kept which detailed that equipment was serviced as required and that relevant safety checks were completed. Fire procedures were clearly displayed and checks of fire alarms and equipment made at the required intervals. Personal emergency evacuation plans were in place for each person so staff and emergency services were aware of the level of support they would require to exit the building. The provider maintained a contingency plan which contained detailed guidance for staff to follow in the event of an emergency.

Is the service effective?

Our findings

At our inspection in May 2018 we found that staff did not receive consistent training and supervision to support them in their roles. At this inspection we found that improvements had been made in this area which had had a positive impact on the care people received.

Staff received an induction into the service and on-going training and support. New staff were supported through an induction which included completing mandatory training and shadowing experienced staff until they felt comfortable in their role. A system for the implementation of the Care Certificate had been introduced. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives. The manager had identified that due to the number of new staff recently employed not all competencies had been signed off. An external assessor had been employed to support the service in completing the overdue assessments.

Records showed that following their induction staff received regular updates to ensure their knowledge was current. Staff told us they felt the induction and training programme was useful and relevant to their role. One staff member told us, "The level of anything I've done here, training courses and what have you, has been great. Lots of them (courses) are compulsory and there are others you can choose to go on." A series of training sessions had recently taken place to ensure clinical training was updated for nursing staff. This included training in areas such as clinical observations, end of life care, catheterisation, wound care and diabetes. The course was also open to senior care staff. This meant that senior carers were able to identify concerns and undertake basic clinical tasks to support the nurses.

Staff working in The Oaks had received additional training and mentoring with regards to supporting people living with dementia. In addition to completing dementia training, a member of the provider's quality management team had completed observations and mentoring with staff. This included discussing their approach and how to respond to people on an individual basis. Records showed there had been a significant reduction in the number of incidents which had occurred due to people's anxiety since this intervention. We observed there was a more relaxed atmosphere in The Oaks and saw positive interactions between people and staff.

Staff told us they felt supported in their roles and that senior staff were approachable. However, records showed that staff had not always received formal supervision in line with the provider's policy. This meant that staff did not always have the opportunity to discuss their performance and development with their line manager. The manager of the service had identified this and had implemented a more robust monitoring system in order to identify any gaps in supervision at an early stage. We will monitor the effectiveness of this during our next inspection.

People's needs and wishes were assessed prior to them moving into Rosebery Manor. This meant that people were assured the service could meet their needs. Assessment documents contained detailed information regarding the support people required and their preferences. Assessment documentation was regularly reviewed to ensure that information reflected people's current needs. There was a clear link

between people's assessments, care plans and risk management guidelines. Where appropriate, family and others important to the person were also involved in the assessment process.

People received the support they required to help them stay healthy. People and their relatives told us they were able to see a GP when required and nursing staff were available to discuss any concerns. One person told us, "The doctor comes weekly so they will put your name down if you need to be seen. If it's more urgent they will see to it." One relative told us, "They let me know if there are any concerns and arrange appointments. I went to one appointment recently and the hospital staff said it was the most thorough set of notes they'd had from a care home." Records showed that the GP visited the service twice a week. In addition, referrals were made to relevant professionals including physiotherapy, speech and language therapy, tissue viability and relevant consultant services. Records of health professional involvement were maintained which showed that advice given was followed by staff. We spoke with one health care professional who told us they felt relationships with community services were improving at the service.

People and their relatives told us that they enjoyed the food and there was a range of choices available. One person told us, "I didn't like it when I first came in but it is improving and they do ask us what we like and make an effort to see that we get it." A number of people told us they particularly enjoyed Sunday lunch. One person said, "It is just like Sunday dinner you would have at home." One relative told us, "The food always looks amazing. Mum hasn't got a great appetite but they try everything to get her to eat. She has all the things she likes." There was an extensive range of menu options. Food forums and tasting sessions were held to enable people to contribute to the design of the menu. Meal times were flexible and people were able to choose to eat in the restaurant, bistro or in their rooms. Staff were attentive to people's needs and support was provided to people in a discreet and sensitive manner where required.

Changes had been made to the dining area in The Oaks to create a more communal feel to mealtimes. A serving area had been installed and meals were served by a staff member from the hospitality team, which meant care staff had more time to spend with people. People eating in the dining area and in their rooms received their meals promptly. A visual choice of the meals available was offered to support people making a choice. A staff member sat on each table and where people needed support or encouragement to eat this was being provided in a respectful manner. Staff were aware of people's dietary requirements and any allergies. Where people required their meals to be of a modified consistency this was provided. People's nutritional intake was monitored where required. One person's care plan stated that staff should offer them a sandwich if they refused their main meal. We observed this guidance was followed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the service was working within the principles of the MCA. Where required, capacity assessments had been completed for specific decisions such as constant staff supervision, locked entrances to The Oaks and covert medicines. During the inspection we found capacity assessments had not been completed where sensor mats were in place. Following the inspection, the manager forwarded evidence to show this had been completed. Where assessments determined people lacked capacity to make specific decisions, best interest decisions were recorded and showed involvement of appropriate professionals and family members. DoLS applications had been submitted to the local authority where required and contained a

detailed description of the restrictions in place. The DoLS tracker was maintained to ensure that applications were monitored and reapplied for within the required timescales. We observed staff asked for people's consent and informed them what they were doing prior to providing care or support. One person told us, "Of course they ask, we discuss what I want and they do their best to do it."

The environment was designed to meet people's needs. One person told us, "It a very comfortable place to live and they've thought of everything. Beautiful." One relative told us, "It's a beautiful home and always clean and cosy. There's so much space for Mum to move around." There was a spacious feel to the service and communal areas provided people with mobility issues space to move around freely. The bistro area created a communal meeting place for people with refreshments available throughout the day. Lifts were available to all floors and bathrooms were adapted to people's needs. In The Oaks the open plan design meant people who enjoyed walking were able to do so whilst staff could still observe if they required support. Colours had been used to help people distinguish between different communal spaces. Where people required adapted equipment, such as crockery and cutlery, to enable them to maintain independence this was provided.

Is the service caring?

Our findings

People and their relatives were positive about the caring attitude of the staff. Comments included, "They are wonderful, nothing is too much trouble.", "They are very kind and friendly.", "Anything you ask for they will do it, with good grace too."

At our inspection in May 2018 we found that people were not always treated with dignity and respect. These concerns related to the support people living with dementia and reside in The Oaks received. At this inspection we found staff demonstrated a greater understanding of people's needs and staff interactions were more positive.

We observed the care people living on The Oaks received and found that staff addressed people in a respectful manner. They took time to speak with people and used appropriate touch to offer reassurance. Staff respected people's right to privacy and supported them to spend time in their own rooms when requested. Staff supported people with their personal care needs discreetly and ensured that doors were closed to maintain people's privacy. Staff told us they felt there was now more of a relaxed, family atmosphere on The Oaks and they had more time to spend with people. One relative told us, "It's just so good. They're just so patient and kind with her and always sit and explain what they're doing."

People throughout the service were treated with dignity and respect. People and their relatives told us they felt the staff were respectful in their approach. One person told us, "They are always very polite and if I want anything they just do it. They don't treat me like a child even when I forget things." A second person said, "I talk in the same way whether they are the plumber or the queen and they talk to me in the same way." A third person told us, "They are always very polite and always call me by my name." Staff knocked on people's doors and waited for a response before entering. When passing people in communal areas, staff were heard to ask how people were, pay compliments regarding people's appearance and take an interest in what people were doing. People's religious and cultural needs were met. People were supported to attend services at local places of worship and church groups were also held at Rosebery Manor. Discussions regarding people's cultural and lifestyle preferences were discussed at assessment to ensure the service was able to cater for people's needs.

Staff knew people well and people were involved in their care. People told us that staff knew their preferences and always offered choices. One person told us, "They know I like classical music and they have made sure I am in a comfortable chair in the right place to hear the singing today." Another person told us, "Staff regularly check that I'm happy. There are always opportunities and plenty of choices for us all." Staff understood the importance of using people's preferred name. One staff member told us, "I call people by their preferred name. For example, (Christian name) enjoys being called Mrs (family name). She responds to that." We observed this to be the case during our inspection. People and relatives told us that they were involved in decisions regarding their care and were able to make changes as required. One person told us, "They listen and take notice when needed." One relative told us, "As a family we have helped plan Grandad's care."

People were supported to remain independent. The service provided accommodation in individual suites which meant a number of people and couples were able to maintain largely independent lifestyles with support available when required. The design of the service enabled people to move around easily and equipment to support people's independence was available. People told us that staff were motivating and supported them in maintaining their lifestyle. One person told us, "They are really excellent and always encouraging." Where people chose to continue administering their own medicines, they were supported to complete a risk management plan and discuss any parts of the process they may want help with. One person told us how important it was to them to be able to do this, saying, "It means I'm still in control."

People were encouraged to maintain relationships which were important to them and visitors were made to feel welcome. We observed people receiving visitors throughout the inspection and staff greeted visitors warmly. There were a range of different communal areas where people could receive their visitors and refreshments were made available at all times. One person told us, "My family visit often. We're able to have a meal together if we wish. They look after them very well." One relative told us, "They are all very welcoming. It's always the same staff so we've got to know each other."

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to their needs. One person described the service as, "Brilliant. They are all good people. I wouldn't be here now if it wasn't for what they do." One relative told us, "They think of everything and are always looking for ways to make Mum happy. It's always clean, well-kept and cosy. I would and do recommend it to anyone."

At our last inspection of Rosebery Manor in May 2018 we found that changes to people's needs were not always responded to, care plans were not consistently followed and people's end of life wishes were not always recorded. People living in The Oaks did not have access to meaningful activities and complaints were not always responded to in line with the provider's policy. At this inspection we found that improvements had been made in all areas.

People's changing needs were responded to and communication within the service had improved. Systems used to monitor and respond to people's needs were effective in identifying and acting upon concerns. The changes to how staff were deployed meant staff were supporting the same people regularly. They were therefore able to identify any concerns and ensure action was taken promptly. In addition, the format used for daily management meetings had changed in order to ensure people's needs were discussed as appropriate and the management team were fully aware of any concerns. Senior care staff had also been given additional responsibilities to complete welfare checks throughout the day and to ensure people's care was delivered in line with their care plan. Records we viewed demonstrated that staff and the management team were aware of any changes to people's needs or their well-being. Where appropriate, changes had been made to people's care records and relevant professionals and family members had been contacted. The service had recently implemented 'resident of the day' where a person from each area would meet with care staff to review their care and make any adjustments. In addition, people would be visited by each department such as housekeeping, maintenance and catering to determine if they had any requests.

People's care plans were up to date and regularly reviewed. The quality manager told us that all care plans had been updated since our last inspection to ensure records were consistent and reflective of people's current needs. Staff had access to people's care records on electronic hand-held devices which were updated immediately following people's care being provided. Care plans were person-centred and contained information regarding people's interests, personal history and subjects they enjoyed talking about. Detailed information on people's preferred routines were noted such as what time they liked to get up, go to bed, how they liked to spend their time and where they preferred to eat. Staff we spoke with were aware of people's past lives, routines and preferences and people confirmed this was the case. One person told us, "I am seen as an individual with a past as well as a present." Another person said, "I am a person here, not a number."

People's end of life wishes had been discussed and recorded. Care records directed staff as to the care people would like to receive. Plans varied in detail dependant on each person's wishes and families had been involved in discussions where appropriate. At the time of our inspection no one living at Rosebery Manor was receiving end of life care. However, the service had received a number of thank you cards which

demonstrated appreciation of the care staff had provided to people. Training in supporting people at the end of their life had increased which ensured staff had the knowledge and skills they required.

People throughout the service had access to a wide range of activities. A dedicated activities team facilitated activities including excursions, shopping trips, visiting entertainers and speakers, exercise groups, arts and crafts, games and musical events. People told us there was always a choice of entertainment and they enjoyed the activities provided. One person told us, "There is a lot, I like the quizzes and music and the outings so I can do some shopping and have a change of scenery." A second person said, "I've tried lots of things since I've lived here. The staff are encouraging." One relative told us, "Grandad loves the music but he will do crosswords and chair exercises too." People were able to comment and make suggestions regarding the activities provided through residents' meetings although the manager told us they felt involvement could be extended. We saw that plans to address this formed part of the action plan for the service.

An activity co-ordinator had recently been employed specifically to support people living in The Oaks. This had led to an increase in more person-centred activities for people which were in line with their needs and preferences. They told us, "I have a dedicated budget now for equipment and items. I've got to know people's likes through spending lots of time with them one to one, talking to family and reviewing care plans. We have an activities schedule (for The Oaks) but we are spontaneous. I also go to the staff handovers so I know the latest about people." During the inspection we observed people were encouraged to join in both one to one activities with staff and groups activities involving music and movement. One person's records showed they had participated in activities including gardening, reading, singing, arts and crafts and housework. All areas which were of previous interest to the person. The compliments log showed that a number of relatives had commented on the quality of activities being provided. These included an activity co-ordinator being available seven days each week and increased activities for people who spent the majority of their time in their rooms. We will monitor the effectiveness of these developments during our next inspection.

There were systems and processes in place to respond to and address complaints. People told us they would feel comfortable telling the staff or the manager if they had any complaints or concerns and were confident these would be addressed. One person told us, "I don't have any complaints but I would tell them if I did." Staff we spoke with were aware of how to respond to any concerns and how to report these to the management team. There was a complaints procedure available in the foyer of the service. This informed people and their relatives how they could make a complaint and the process for dealing with any concerns. All complaints were recorded on the provider's electronic monitoring systems which tracked the nature of the concerns, how the investigation had been completed and when the complainant had been responded to. Records showed that complaints were now being addressed in line with the provider's policy. The manager reviewed complaints records to ensure that any themes were identified and acted upon in line with the lessons learned policy to minimise the risk of them happening again.

Is the service well-led?

Our findings

At our inspections in August 2017 and May 2018 we found that there was a lack of effective oversight and management systems within the service. There had been a number of changes within the leadership of the service which had had a negative impact on staff morale and the culture within the service. Quality assurance systems were not always effective in identifying concerns and CQC had not always been notified of significant events in line with the provider's responsibilities. At this inspection we found that improvements had been made and the management team continued to develop systems to improve the service provided.

We could not improve the rating for well-led from inadequate to good because to do so requires consistent good practice over time. The rating for well-led is therefore requires improvement to ensure systems and processes are sustained and embedded into practice.

People we spoke with were positive about the management of the service. We asked people if they felt the service was well-led. One person told us, "The care couldn't be this good unless it came from the top so, yes." A second person said, "Yes, it is well led, with sound values." However, comments within the recent residents' survey reflected that people continued to have concerns regarding the frequent changes in management. Recent changes to the management of the service had been communicated to people more effectively than previous changes. There had also been an extended handover period between the two managers to aid a smooth transition. People told us they had met the new manager and felt they were friendly and approachable. The new manager told us they had begun the process of registering with the CQC and our records confirmed this was the case.

Staff told us they felt the culture throughout the service was improving and that they felt supported by the management team. One staff member told us, "I think it's changed for the better. It feels like we have more support from management. I enjoyed working here before but now I feel it is better." A second staff member told us, "Since (management changes) there have been definite improvements. (Manager) is very practical and supportive. I've gone back to looking forward to coming into work again." A third staff member told us, "(Management team) are approachable and staff at all levels feel comfortable going to speak with them. People's experience of care had improved as a result, because people are being cared for by happy staff." Since our last inspection in May 2018 the registered manager and new manager had worked to promote the provider's values. The expectations of staff and the values of the service were discussed at interview and induction, including the induction of agency staff. Values had also been promoted by the mentoring of staff by the quality team. As a result, we observed the service people received was more person-centred. One staff member told us, "I can now hand on heart say I'm proud to work at Rosebery Manor."

Quality assurance systems had been adapted to address identified concerns. For example, the provider had ensured that regular medicines audits were completed and any concerns acted upon. This included ensuring that staff competency was assessed, errors were investigated promptly and that daily monitoring checks were introduced. This had resulted in a number of changes to systems in order to ensure that monitoring was effective and people received their medicines safely. The care services manager told us, "It's been a learning curve for all of us but we're confident we're on top of it now. We can see quickly if things

have not been done and take action." Regular audits of areas including health and safety, care planning, infection control and kitchen safety were also completed and action taken where shortfalls were identified. The manager had recently implemented a new quality audit and action plan which was due to be completed on a monthly basis. They told us that where changes to systems were made these would also be discussed at provider level in order to share good practice. We will monitor the effectiveness of this system during our next inspection.

People and relatives were involved in the running of the service. However, the manager had identified from speaking to people and survey results that involvement could increase. Residents surveys were completed twice yearly to gain people's views of the service provided. The most recent survey completed in November 2018 showed that improvements had been noted although demonstrated that people wished to see continued development in the quality of the service. The manager had responded to the survey within their action plan and had begun to implement systems to ensure the service was led by the people living at Rosebery Manor. A service newsletter had been started which was designed by people at the service with information sourced from staff where required. Plans were in place to start a residents' committee in addition to residents' and relatives' meetings. This would have a more formal role in effecting change within the service. The manager was also using ad hoc comments from people to enhance involvement. For example, one person had mentioned a local farmer who they felt would be able to supply meat to the service. As a result, the manager had organised for a meat tasting session with produce sourced from a variety of different local suppliers in order for people to make the choice.

Regular staff meetings were held in all departments across the service. Minutes were produced which demonstrated that actions were recorded and monitored at future meetings. Staff told us they felt able to make suggestions and felt they would be listened to. One staff member told us they had made suggestions regarding how activities were displayed in The Oaks. This had been taken forward and new boards purchased.

The CQC had been notified of all significant events that happened in the service in a timely way. This meant we were able to check that the provider took appropriate action when necessary. Systems were in place to monitor the submission of notifications and any additional information requested was provided promptly.