

MyCare Homes Limited

Rosewood 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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rosewood Care Home is a residential care home providing personal care and accommodation for up to 35 people. There were 35 people living at the service at the time of the inspection. The home is a single storey, purpose-built building.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager and staff team consistently went above and beyond what they needed to do to provide good care and support. This had led to outstanding outcomes in promoting people's wellbeing and helping them avoid the risks of becoming socially isolated.

People felt well cared for and were treated well. People and their relatives spoke in glowing terms of how compassionate and kind the registered manager, staff and the provider were.

The provider had policies and procedures in place designed to protect people from the risk of suffering harm and abuse. Risk assessments were in place which identified possible risks to people living at the home. These included risk assessments of equipment used to support people move around the home.

People's needs were met by suitable numbers of staff. People received their medicines as prescribed. The provider had processes in place to reduce the risk of the spread of infection. Staff received training in infection control and food hygiene.

People's needs were assessed before they were offered a room in the home. People were supported by staff who had the appropriate training and skills.

People were supported to eat and drink enough to meet their needs and had access to healthcare. People expressed their views and were involved in making everyday decisions about their care. Staff respected people's privacy and dignity and promoted independence. People were supported to develop and maintain relationships with people important to them. Where people received end of life care, this was based on best practice and personal preferences.

The registered manager and staff worked with other agencies. The registered manager had considered how the environment met the needs of people living with dementia and made changes since the last inspection.

The provider had a complaints procedure in place. The registered manager sought the views of people using the service and their relatives. The registered manager and provider ensured there was a person-centred,

open and inclusive environment for people to live and staff to work.

There was a clear leadership structure in place which included the registered manager and senior staff. The registered manager was open to learning and development should anything go wrong. The registered manager had a quality assurance system in place to ensure the quality of the service continued to improve.

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

Rating at last inspection

The last rating for this service was good (published 28 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

Rosewood Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector carried out this inspection.

Service and service type

Rosewood Care Home 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service, such as the previous inspection report.

The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people living at Rosewood, eight relatives, two staff and the registered manager.

We spent time sitting with people in communal areas and observed how staff interacted with them.

We looked at a range of records, including care plans for four people, medicines records, recruitment records for three staff and audits.

After the inspection

We received written feedback from four professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place designed to protect people from the risk of suffering harm and abuse.
- Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse. The registered manager knew how and when to contact the local authority safeguarding team as necessary.
- Comments from visitors included, "[My relative] would say [staff] make her feel safe", "[My relative] feels safe and secure here and knows that staff can support her", "It is a relief to know [my relative] is in a safe place" and "Are they safe? Oh yes, definitely, and [my relative] is happier than when they were at home. There is always someone to talk to."

Assessing risk, safety monitoring and management

- Risk assessments were in place which identified possible risks to people living at the home. These included risk assessments of equipment used to support people to move around the home, such as mobility aids.
- An external professional told us, "New guidance is absorbed by the registered manager and policy and procedure put into place quickly. This most recently has been applied to oral health and risks associated with emollient creams."
- There were personal evacuation plans in place should there be an emergency which meant people needed to leave the home suddenly.
- Systems were in place to ensure equipment was maintained and checked regularly, for example, the boiler and hoists. A fire risk assessment was in place and staff had received fire training.

Staffing and recruitment

- People's needs were met by suitable numbers of staff.
- The registered manager calculated the staffing levels based on individual needs. They also responded to people's changing needs and identified areas of care which needed to be improved.
- One person told us "[Staff] are all lovely" and this was echoed by their relative, who said, "The staff take good care of him." Other comments from relatives included, "Staffing levels are good, they seem to have enough staff, the continuity [of staff] is good. They check on her every hour and makes sure she buzzes for staff [if she needs support]", "When [my relative] uses the buzzer [to call staff], they are there straight away", and "There is not a big turnover of staff."
- Recruitment procedures were in place, which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer

recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- People received their medicines as prescribed and care plans were in place for medicines prescribed 'as required'.
- Medicines were stored safely and securely and records were completed appropriately.
- Only trained staff supported people with their medicines and their competency was checked each year.
- Systems were in place to ensure medicines were managed well, including external auditing.
- An external medicines professional told us, "Rosewood staff were very helpful and knowledgeable regarding the medication systems. Their documentation was particularly well ordered and maintained."

Preventing and controlling infection

- The provider had processes in place to reduce the risk of the spread of infection. Staff received training in infection control and food hygiene.
- There were reasonable steps in place to protect people from the risk of acquiring an infection. This included the completion of cleaning schedules and audits.
- Staff had access to personal protective equipment such as aprons and gloves, which they used when supporting people with their personal care.

Learning lessons when things go wrong

- The registered manager was open to learning and development should anything go wrong.
- The registered manager gave us an example of learning regarding medicines. There was an ongoing situation around the ordering of medicines. The registered manager and staff organised a meeting with the relevant organisation, shared their concerns and new procedures were put in place which meant the issue was resolved.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they were offered a room in the home. The registered manager visited the person in their current environment to ensure they could meet their needs.
- Assessment of people's needs included the use of a nationally recognised oral health assessment tool, which identified the support people needed with their oral health.

Staff support: induction, training, skills and experience

- People were supported by staff who had the appropriate training and skills.
- All staff completed training which the provider considered mandatory, such as moving and handling. Staff also undertook training specific to people's needs, such as dementia.
- One staff member told us, "[The training] is good quality and we do learn a lot. We also have supervision and group supervision."

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

- People were supported to eat and drink enough to meet their needs.
- Comments from people included, "The food is good, you can ask for something else [if you don't like it]", "We had a lovely Christmas dinner", "You always get a choice" and "The roast dinner today was magnificent."
- Comments from visitors included, "[Relative's name] loves the food. The meat falls apart, it's beautiful food", "I see the breakfast, there is cereals or cooked, there is a choice. I have heard [staff] offer choice", "I know someone here who was withdrawn and underweight [when they moved in], now they are chatty and have put on weight" and "The food is fabulous, [my relative] is pretty much vegetarian. [Staff] ask mid-morning what she would like for lunch."

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff worked with other agencies to try to improve people's quality of life.
- For example, they liaised with and sought advice from GP's, community nurses, dieticians and speech and language therapists.

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

- The registered manager had considered how the environment met the needs of people living with dementia and made changes since the last inspection.
- An example of this was the use of murals around the walls. There was a mural representing a restaurant at

the entrance to the dining room, a mural of a bar in the pub area and a fireplace which could display murals of flames or flowers, depending on the season. There was also an old-fashioned sweet shop which had jars of sweets for people to eat. This helped to ensure different areas of the home were easily recognisable to people.

- One relative told us the management were, "very aware of dementia, especially with the pictures and sweet shop."
- Two relatives said they liked the home being on one level and that this benefitted people living with dementia. One also said the dining room being in the middle was a good idea as it meant people did not have far to go from their bedrooms to the dining room.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when necessary.
- One relative told us, "Staff are always friendly and keep me informed if anything happens, or the GP has been" and another told us their relative had been unwell for a while and that the staff had been "so good at looking after [my relative]."
- A healthcare professional told us, "Rosewood are aware of when it is appropriate for the registered GP to visit." They also said staff were trained in the use of observations, such as monitoring blood pressure and oxygen levels. This was completed monthly which gave each person a baseline score. This helped staff quickly recognise the signs people were becoming unwell, so medical advice could be sought.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff received training in the Mental Capacity Act 2005 and staff were aware of their responsibility to deliver care only with the person's consent.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People felt well cared for and were treated well.
- Comments from people included, "The staff have turned me around. I do accept now, that this is my home", "[The registered manager] is lovely, she goes the extra mile" and "I think it's very nice here. All the girls are caring, they help you quite a lot, for example, to shower. You can shower every day if you want to."
- Comments from visitors included, "Staff are very caring. They are very good at calming [my relative] down when [my relative] shouts. We're very happy they are here", "[The staff and registered manager] are lovely [to my relative] and me, they make me feel special", "Staff are always very caring and kind" and "I like it here, for [my relative], it's absolutely perfect. I would definitely recommend the home to others, they are definitely caring."
- Another relative told us, "I couldn't be more pleased [for my relative to be here]. Staff are really caring and are aware of what's going on around them [with regard to people needing help and support]. I am really happy with [my relative] being here, it is a lot of peace of mind for me. More importantly, the stress has reduced for [my relative]. Staff are very kind."
- A staff member told us, "It is a family environment, we're all family, that's the atmosphere I felt when I first walked in. It's not 'managers, seniors, carers' but family."
- A professional who visited regularly told us, "There is always a lovely atmosphere, the staff are friendly and caring, residents are happy and well cared for. Rosewood is a lovely home which I would highly recommend."
- Another professional told us, "Whenever I visit there is always a good rapport to be seen between staff, residents and families."

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

- People expressed their views and were involved in making everyday decisions about their care.
- Staff told us how they involved people in making decisions. One staff member told us, "I give people a choice at bedtime, I ask 'would you like to go to bed?', if they say no, then I leave and go back later. I sing to one person [when supporting them with personal care, and they join in. Sometimes, [when we support people to the toilet], they will say, 'I don't like that toilet', so I take them to a different one." Another staff member told us, "We give people choice about what they wear, and how they want their hair done."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and promoted independence.
- Staff explained how they ensured people's privacy was maintained whilst they supported them with

personal care, for example, using a towel to cover them.

- Staff also told us how they used specific strategies to support people with personal care who did not always understand they needed support.
- For example, one staff member told us, "I always offer people the choice to wash their own [personal areas]. Some people like to brush their false teeth, it's about not taking what independence they have away from them."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager and staff team consistently went above and beyond what they needed to do to provide good care and support. This had led to outstanding outcomes in promoting people's wellbeing and helping them avoid the risks of becoming socially isolated.
- People were supported to take part in activities to avoid social isolation.
- Relatives told us about the amount of organised activities provided. One relative told us, "There are lots of activities in the afternoons." Activities included singing, baking, bingo and handling domestic and exotic animals. One family member had bought a musical instrument for their relative, as they used to play. We saw that staff ensured the person had the instrument (and was playing it) on the afternoon that the singer was in the home. The singer and staff included the person and praised their ability to play.
- One relative told us, "They have a lot of activities here, they're really good. There is music and people sing. The 'Daily Sparkle' [an interactive newspaper based activity package] is really good, when they can talk about the old days. We've been to the [in-house] pub quiz, people can go there for a sherry or wine. The maintenance man sometimes plays a guitar and has a sing-song! At Christmas, there was a pantomime and local choirs visited. [The registered manager] organised a party, she wrapped up a present for every resident and a staff member dressed up as Father Christmas! The Christmas dinner was made lovely and they had sherry and wine."
- Another relative confirmed this, saying, "At the Christmas lunch, they all had a present. [My relative] was dressed in her nice clothes for Christmas, that's the little touches."
- People told us that staff have outstanding skills and had an excellent understanding of their social and cultural needs. For example, staff worked together with a relative who asked to set up a not-for-profit Christmas shop and wrapping service, in the home, as people were unable to visit the shops. This meant people were able to take part in their cultural tradition of giving gifts to family members at Christmas.
- Another example was how the registered manager saw parties and social events as an important activity for people, relatives, friends and staff, so they could interact and have fun. The registered manager and staff went all-out when it came to decorating and providing food for the themed event. Functions prompted people to recognise the time of year, such as Autumn, Halloween and Bonfire Night. The events also encouraged discussions and memories about organising their own parties or traditions, as well as giving people something to look forward to. The gatherings were also beneficial to relatives as it gave them the opportunity to meet other visitors to the home, build friendships and share experiences, particularly with regard to their feelings about their relatives living with dementia.
- Staff came to the parties with their own children and families, to support the events, which gave the home a family feel.

- Since our last inspection, the conservatory had been extended and decorated to look like a pub. Chairs were arranged around tables, as they may be in a pub. People could sit and have a drink. Relatives told us that the pub was a good idea and that people enjoyed sitting there.
- The service takes a key role in the local community and is actively involved in building further links.
- People had been very involved in holding a coffee morning for a national charity and had raised a significant amount of money for the charity. The registered manager told us, "It was a great, uplifting afternoon. The fund raising was close to a lot of people's hearts with personal experiences and it brought people together." This meant people felt involved and able to contribute something.
- Local playgroups and a Beavers group visited the home and people could join in activities with the children if they wished. The registered manager told us, "When the children come in you can see certain resident's faces light up and they instantly smile and speak to the children. This meant people felt involved and could see themselves as part of their community. Interaction between older people and young children has been researched and found to benefit both parties greatly.
- One person had been supported to go on a family holiday abroad. The person told us, "Everyone, [staff] encouraged me to go, and it was wonderful." Their relative told us, "The staff were amazing." They also said there was another relative who visited the person and that, "Staff are very happy to let her join in the activities and we are always made to feel welcome." The registered manager and staff spoke with the person many times before the holiday and ensured they were clear about the preparations and what would happen during their time away from home.
- People were supported to develop and maintain relationships with people important to them.
- An external professional told us, "Residents are able to receive their family and friends in communal areas, quiet areas in the home or in their rooms and are assisted by staff to accommodate this at their request."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place which detailed their needs, preferences, interests and hobbies. The care plans were up to date and identified, for example, where people were not eating very much or whether their skin was at risk of breaking down.
 - There was a culture of staff really wanting to meet all of people's needs and preferences. For example, one person had a bigger room, had brought their own (additional) furniture to the home which they used to undertake their hobbies. They spent a lot of time in their room and had specific arrangements in place with staff regarding their meals.
 - We were given further examples of staff going over and above to meet people's individual needs and preferences. One visitor told us their relative liked to dress nicely and that it was very important to them that they looked nice and smart. They said, "[My relative] had spilt sauce on her clothing and was distraught [because it may stain]. The staff member took [the top] off of her and washed it out straight away. They got the stain out, [the staff member] went over and above."
 - Another relative told us, "I couldn't see how it could be [my relative's] home, but it is now. It's over and above. On [a staff member's] day off, they took [my relative] to visit [another relative who was very important to them]. This had a positive impact on the person and was particularly thoughtful as the staff were not due to be working."
 - A healthcare professional told us, "Staff are very welcoming when we visit and ensure they stay with us when reviewing their residents, they are always happy to assist us and give an in-depth handover to us with their concerns. They have a good understanding of what is normal for the residents and are able to highlight when this differs. The [registered] manager is always present and likes to know the plan for the residents, this is very reassuring, and she is often seen offering support to her staff."
 - One relative told us, "Staff are very interested in each individual. They know everyone very well, [they know] their different needs."

- Another relative told us, "Staff always make sure [my relative] is up and in the lounge, even though they need [support of] two staff. They let us put in [paid television channel] so he has sports. [Staff are] always happy if we ring to speak to him, or his friends, they take the phone to him."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider and registered manager ensured information was provided in a range of different formats. For example, there was an electronic television screen in the hall which gave a range of information about the home as well as more general national and local news. There was also a board with staff photographs so people and visitors could recognise staff.
- One person told us they liked to play bingo at the home but their eyesight meant they could not easily see the numbers. They said, "Someone helps me with it, they watch the card and make sure I put the [marker] in the right place."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place.
- There had not been any formal complaints but relatives felt able to talk to the registered manager if they had concerns.
- One relative told us, "I have spoken to [the registered manager] if things were not being done, and it was sorted."

End of life care and support

- Where people received end of life care, this was based on best practice and personal preferences.
- The registered manager told us that extra staff were placed on shift when someone was receiving end of life care, as people needed more emotional or physical support.
- Staff told us how they ensured they met people's needs at end of life. Comments included, "There will be a care plan in place, and we make people as comfortable as possible", "We check the care plan, check what their future wishes were and try to fulfil their wishes. That's what they wished for, who they want to be there and where they want to be."
- A healthcare professional told us, "I have personally been involved in [end of life] care with a resident and they were supportive to the resident's family and they increased staffing in order to support the increased needs of the resident. [When I visit], the plan I put in place is adhered to."
- The service had achieved accreditation in the Six Steps Programme. This is a nationally recognised best practice approach to providing responsive and compassionate end of life care, which includes training for staff. The registered manager sent relatives a questionnaire a month after the person had died, asking how they felt the end of life care was, whether there had enough information and whether staff were attentive. We saw the results of three completed surveys and these were positive.
- The registered manager explained how they supported people at end of life, for example, sitting with them and using touch to let them know someone was there. They also supported the person's family members. They had purchased a folding bed so relatives could stay over, if they wished, and offered them food and drink.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and provider ensured there was a person-centred, open and inclusive environment for people to live and staff to work.
- People, relatives, staff and professionals all spoke highly of the registered manager.
- One relative told us, "[The registered manager] is always available and easy to talk to, always accommodating, you're not made to feel a nuisance." They went on to say that the registered manager and the provider were "always about, and this has a good impact on the staff team." "[The management] look like they are constantly trying to improve the home. [The registered manager] is not sat away in the office, we've seen her getting [my relative's] breakfast and not delegating everything."
- Another relative told us, "[The registered manager] is very, very approachable, she is lovely. You see [the provider] here quite a lot, he stops and has a chat."
- Staff enjoyed working at the home. One staff member said, "It is so different here, everybody's friendly, it's well organised, everything [we need] is on hand. Any problems, we can go to [the registered manager] any time, she is approachable. I'm really happy in my job. The [staff] are nice, when I was new, they made me feel so welcome, I just 'slid' into position."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour. They told us about the need to be open and honest if things had gone wrong and to ensure they spoke to, and apologised to, the relevant people.
- If the duty of candour was acted upon, policies and procedures would be amended, if necessary to reflect current legislation and changes in practice.

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

- There was a clear leadership structure in place which included the registered manager and senior staff.
- The registered manager notified the Commission of any specific incidents or accidents.
- A healthcare professional told us, "I feel the home is well led and safe. They have a lot of processes in place to support this."

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

characteristics

- The registered manager sought the views of people using the service, their relatives and staff. They spoke with them directly, but also asked them to complete a questionnaire. The results of the questionnaires were evaluated and we saw that people were very happy with the service provided.
- 'Resident's meetings' were held regularly which meant people could share their ideas and opinions.
- People were involved in making the service their home. For example, one person had a lot of ornaments at home and brought them with them when they moved in. The person was keen that the ornaments should be shared by everyone in the home so they were placed in the conservatory.
- A relative told us, "[The registered manager] is really responsive to suggestions or ideas to improve. I speak to her openly and she listens."

Continuous learning and improving care

- The registered manager had a quality assurance system in place. This included a range of audits, such as incidents and accidents and health and safety. The registered manager had also created an audit tool to ensure all audits were completed on time.
- Staff had responsibility for some audits and the registered manager allocated extra time on their shift to ensure they had time to complete the audit.
- The registered manager ensured they kept up to date by attending local care forums and subscribing to a variety of professional websites.
- An external professional told us, "The [registered] manager is receptive to new ideas and they are constantly improving the service they offer. I feel Rosewood embraces the future and gives a good quality service."

Working in partnership with others

- Staff worked in partnership with other professionals to improve outcomes for people. For example, the home worked in partnership with a national health project, "Enhanced Health in Care Homes." Health professionals from the project had visited the home and reviewed everyone's health care needs. The project had a range of benefits, for example, gaining access to medical professionals more quickly.