Stockton-on-Tees Borough Council

Rosedale Centre

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

This inspection took place on 15 and 22 November 2017. The first day of the inspection was unannounced. This meant that the staff and provider did not know we were coming. The second day of inspection was announced so the provider knew we would be returning.

Our previous inspection of the service took place on 9 and 11 May and 18 July 2016 and at that time we found breaches in three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.The breaches were related to failure to obtain consent, lack of robust risk assessments, poor record keeping and ineffective quality assurance systems.

We took action by asking the provider to send us an action plan stating how they would achieve compliance with the regulations. During this inspection we found there had been improvements made in line with this action plan and the service was no longer in breach of the regulations detailed above.

Rosedale Centre 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.

Rosedale Centre accommodates up to 44 people across four separate units, each of which have separate adapted facilities. Two of the units, Willows and Poplars, are assessment units where people's ongoing care needs are established. The other two units, Oaks and Laurels provide tailored rehabilitation support to people in order to prepare them for a return to their own home. People do not generally stay at Rosedale for more than six weeks although there are, on occasion, exceptions to this. People are admitted following discharge from hospital or from the community in an attempt to prevent hospital admission.

The service had a registered manager in place. 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.

People and their relatives felt the service was safe. Policies and procedures were in place to keep people safe such as safeguarding, whistleblowing and infection control. Staff had received safeguarding training although some refresher training was overdue. Staff we spoke with could describe the types of abuse and how to spot them. They told us they would report any concerns to management and were confident they would be investigated.

Bed sensors were now checked daily to ensure they were in good working condition. People had individual personal emergency evacuation plans in place that reflected their individual support needs. Fire equipment was tested regularly and drills were correctly recorded including information on evacuation times and names of staff involved. People's weights were monitored on scales that were calibrated regularly. Care

records contained detailed risk assessments which addressed each person's identified areas of risk.

People's medicines were safely stored, correctly recorded and administered as prescribed by trained staff.

Accident, incident and safeguarding concerns were recorded and investigated to look for trends and prevent any reoccurrence. Regular maintenance checks and repairs were carried out. A business contingency plan was in place that clearly explained the action to take in the event of an emergency. Infection control procedures were followed. The building was clean and free from odour and staff had access to personal protective equipment such as gloves and aprons.

Safe recruitment procedures and pre-employment checks continued to be undertaken and there were sufficient staff members on duty to meet people's needs.

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

Evidence of people's consent to their care and treatment was recorded in their support plans and staff sought verbal consent from people as they provided care throughout the day. Staff supported people to make day to day decisions about their care, giving them choices of what to wear or what to have to eat for example.

People told us they were happy with the food they received and the mealtime experience was calm and relaxed. The kitchen staff and support staff were aware of people's dietary requirements and catered for them appropriately.

Staff were happy with the training they received and records showed the majority of training was up to date. Action was being taken to address those areas in which refresher training was overdue.

Staff had regular supervision sessions and annual appraisal and told us they felt supported by management.

The provider had an equality and diversity policy in place that outlined their aim to promote equal opportunity for all and to ensure no individual was discriminated against. All staff were to undertake equality and diversity training as part of the provider's essential training.

People's health and wellbeing was promoted and monitored in partnership with external health professionals. The service had good links with other agencies and health professionals including the district nurse team and community matron. The service had a team of therapists based at the service and provided physiotherapy in-house. There was dementia friendly signage around the service and further adaptations to the service were planned to accommodate people who needed extra space or specialist equipment because of their condition.

People were treated with dignity and respect by caring staff. Independence was actively encouraged as part of people's rehabilitation. Positive feedback was received from people using the service and their relatives regarding the standard of care.

We saw that improvements had been made to the information recorded in care plans. This was written to reflect the individual's personal preferences.

A part-time activities co-ordinator had been employed. They were enthusiastic about their role and worked closely with people to ensure any activity they engaged in was meaningful to them. They also made every effort to ensure hobbies and interests could be maintained once they returned home.

The provider had a complaints policy in place and people were all provided with details of this on admission. Any complaints received were handled in line with the provider's policy.

The system of audits in place had improved since our last inspection and the checks carried out were more consistent across the four units. Where issues had been identified appropriate action had been taken. Staff were given responsibility for auditing certain areas and the registered manager and the provider's service manager were both actively involved in the monitoring of the service.

Staff meetings were held every six months. Staff told us they found the management team approachable and supportive, but some feedback indicated staff felt uncomfortable approaching managers within the busy office environment. The registered manager was taking steps to address this.

People were asked for their feedback via questionnaires and information from these was discussed between the registered manager and provider's service manager which led to an annual report being produced.

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 identify and report safeguarding concerns and were aware of the provider's whistle blowing procedure.

The provider had effective recruitment procedures in place and there were sufficient staff to meet people's needs.

Risk assessments were in place for individuals and safety checks were carried out on equipment and the environment.

People received their medicines in a safe and timely manner.

Is the service effective?

Good

The service was effective.

Staff were provided with the training necessary for their role.

Equality and diversity policies and procedures were in place and there was no discrimination identified in working practices.

The service was working within the principles of the Mental Capacity Act (2005).

Hydration and nutrition was well managed and people were provided with a healthy, balanced diet.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness, dignity and respect.

Independence was supported and encouraged with a focus on enabling people to return home wherever possible.

Is the service responsive?

Good

The service was responsive.

Care plans contained the information necessary to help staff support people in a person centred way. Care was delivered in a way that best suited the individual.

An effort was made to engage people in activities that were meaningful to them and, where possible, to support people to continue to engage in external activities once they left the service.

Complaints were handled in line with the provider's policy and recorded appropriately.

Is the service well-led?

Good

The service was well-led.

Audits of the service had improved and were now more effective. Records were better organised and up to date.

Feedback from people who used the service was sought and acted upon.

The service had built good relationships with other health professionals to ensure the best all round care for individuals.

Rosedale Centre

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 checked 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 took place on 15 and 22 November 2017. Day one of the inspection was unannounced which meant the provider did not know we would be visiting. The second day of inspection was announced so the provider knew we would be returning.

The inspection team consisted of one adult social care inspector, one specialist professional advisor, in this case a nurse 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 used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We also contacted the local authority commissioners for the service and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also received feedback from the NHS trust reablement service. We used the feedback we received to inform the planning of our inspection.

During the inspection we spent time with people living at the service. We spoke with fourteen people who used the service and four relatives. We also spoke with the registered manager, duty managers, two physiotherapists, seven support workers, the chef and two members of housekeeping staff. We also spoke

with a visiting district nurse, community matron and a student nurse, who was on placement at the service.

We reviewed six people's care records and six staff files including recruitment, supervision and training information. We reviewed people's medicine administration records as well as records relating to the management of the service.

Good

Is the service safe?

Our findings

At our last inspection in 2016 we found the registered provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. During this inspection we found improvements had been made.

Bed sensors were now checked daily to ensure they were in good working condition. Whilst we were at the service an engineer had been called out as routine checks had identified a fault. The engineer confirmed that the fault was being repaired immediately and told us staff were quick to alert them if any errors were discovered.

People now had individual personal emergency evacuation plans in place that were tailored to reflect individual support needs. Fire equipment was tested regularly and drills were correctly recorded including information on evacuation times and names of staff involved.

People's weights were monitored on scales that were calibrated regularly. The registered manager had introduced an additional check to ensure that both sets of scales were giving matching readings. Where people were at greater risk they were weighed weekly. This meant that staff could have confidence in the readings and alert medical professionals promptly if there were concerns regarding a person's weight. Records showed appropriate involvement of dieticians and the speech and language therapy team (SALT).

Care records contained detailed risk assessments which addressed each person's identified areas of risk. This meant that staff had access to information explaining steps to take to minimise risk and ensure people were kept safe wherever possible. These included risks such as falls, malnutrition and skin viability.

The provider and registered manager had undertaken the remedial work set out in the action plan provided following our previous inspection and the service was no longer in breach of Regulation 12.

People told us they felt safe using the service. One person told us, "I have a buzzer if I need help and they always come to me very quickly." Relatives we spoke with were also confident their loved ones were kept safe. One relative said, "All of the staff have gone out of their way to help her and make her feel safe."

Staff had received safeguarding training, however, some refresher training was overdue. The registered manager explained that although an e-learning module was available not all staff had access to a computer. They also felt that in house training was a more effective way of delivering training and gauging staff understanding of the course content. The assistant manager who was in charge of ensuring staff training was up to date showed us requests that had been sent to the provider's training department. The registered manager also followed this up after our visit and sent an email to confirm arrangements were being made for an in house training course to take place in December or early January.

Staff demonstrated an understanding of safeguarding procedure, what signs to look for and what action to take to if they suspected someone was being abused. One member of staff told us, "If someone is a chatty

person normally and they go quiet it rings alarm bells. If someone used to buy a paper or ask for other things from the shop but suddenly stops, it may be because they don't have the money anymore and then you have to consider possible financial abuse. I would be confident to go to the office to report any concerns."

The provider also had a whistleblowing policy in place. Whistleblowing is when a person tells someone they have concerns about the service they work for. Staff were aware of how to confidentially report any such concerns although none of the staff we spoke with had ever needed to take such action.

The service was warm, clean and tidy with no areas of malodour. We saw staff using personal protective equipment (PPE) such as disposable aprons and gloves and there was hand sanitizing gel available around the service. The kitchen had been awarded a five star hygiene rating by environmental health and the service had scored 100% in an audit conducted by a specialist infection control nurse.

We spoke with cleaning staff who were in the process of deep cleaning a room. They explained that this process was undertaken between each admission. They were knowledgeable about infection control procedures and were able to describe action they would take to avoid cross contamination in the event of a person being unwell. At the time of our inspection the number of cleaning staff was reduced due to absence, however, the staff we spoke with were passionate about maintaining the same high standards despite this.

Regular maintenance checks and repairs were carried out. These included checks on the premises and equipment, such as fire equipment, water temperatures and hoists. Other required inspections such as gas safety and electrical hardwiring had also been done.

A business contingency plan was in place that clearly explained the action to take in the event of an emergency. Scenarios included loss of IT, loss of building and unavailability of staff.

Accidents and incidents were recorded and monitored monthly to look for patterns or trends that may indicate a need for action to prevent further incident. Where necessary action had been taken such as referring people to the falls team.

There were sufficient staff members on duty to meet people's needs. We saw a number of staff available to provide support and they also had time to chat and joke with people. People told us they did not have to wait a long time for assistance. One person said, "The carers are great, they are there when you shout them." Another person said, "I have a buzzer and if I need any help they come quickly."

We discussed staffing levels with the registered manager who told us they were hoping to secure funding for more staff to enable them to accommodate more people who required two to one support. They were currently limited to the number of people they could safely accommodate needing this level of support but were mindful that people were ready to be discharged from hospital and could not yet transfer to the service. This demonstrated the care taken to ensure safe staffing levels were maintained and that the registered manager did not accept admissions they felt would overstretch current staffing levels and place people at risk.

Safe recruitment procedures and pre-employment checks continued to be undertaken. Three staff had been recruited since our last inspection and we saw that references had been obtained and disclosure and barring service (DBS) checks done. The Disclosure and Barring Service carry out a criminal record and barring checks on individuals who intend to work with children and vulnerable adults. This helps providers make safer recruiting decisions and also prevents unsuitable people from being employed. Existing staff had their DBS checks renewed every three years in line with the provider's policy.

We looked at the way medicines were managed. Systems were in place to ensure that medicines had been ordered, stored, administered, audited and reviewed appropriately. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse. We observed a medicines round and saw that medicines were administered in line with the prescribing information and people were given time to take their medicine without being rushed. Records were completed on administration and the medicines administrations records (MARs) we viewed contained no gaps or errors. Protocols were in place for medicines that had been prescribed to be given 'as required' so staff had clear guidance to refer to.

Good

Is the service effective?

Our findings

At our last inspection in 2016 we found the registered provider was in breach of Regulations 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, need for consent. During this inspection we found improvements had been made.

We saw evidence throughout people's care plans that they had consented to their care and treatment. One example of this was consent to the administration of medicines by staff. This was signed by the person after a risk assessment was completed regarding the self-administration of medicine which identified they may benefit from some support. Another person had consented to the use of bed rails for their own peace of mind. We also observed staff seeking verbal consent from people as they provided care throughout the day.

The provider and registered manager had undertaken the remedial work set out in the action plan provided following our previous inspection and the service was no longer in breach of Regulation 11.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

At our previous inspection we found staff did not all have a good understanding of MCA. In line with their action plan the provider had ensured additional training was delivered to staff and conversations with staff indicated they had a better understanding.

In line with the MCA people were assumed to have capacity to make their own decisions and were supported to do so by staff. Where a person was assessed as lacking the capacity to consent to care and treatment DoLS applications were submitted to the supervisory body. Due to the temporary nature of people's stay at the service authorisations were not always granted before they moved on but the provider and registered manager were taking appropriate action in respect of applications. We saw that information relating to people's DoLS status was now being recorded on their care files so staff now had access to this information on the working documents rather than referring to records held in the office.

People told us they were happy with the food they received. One person told us, "I had a lovely breakfast today." Another person said, "I would give this (food) ten out of ten. The food is lovely."

We observed the mealtime experience during lunch. Dining areas were pleasantly decorated, clean and tidy.

Tables were appropriately set with cutlery and condiments and the food looked appetising. Staff were helpful and patient whilst supporting people and gave discreet encouragement to promote independence. People had chosen what they wanted for lunch earlier in the day but we observed staff offering alternative menu options if they were not happy with their original choice.

We discussed people's dietary requirements with staff. They told us that nobody in the dining room had any special requirements but they were aware of one person who currently needed their food to be pureed. They also told us that a variety of cultural diets had previously been catered for, for example the provision of halal food. We also spoke with the cook who explained how they received information from the office regarding people's needs and prepared food for them accordingly.

We saw that people all had jugs of water in their room and they were offered hot drinks throughout the course of the day. Each unit also had a small kitchen area where people and their visitors could make drinks and snacks.

Staff told us they were happy with the training they received and records showed the majority of training was up to date. One member of staff said, "I have done lots of training since starting here. I've done first aid, health and safety, infection control, loads of things. The last one we did was child protection. Another member of staff told us, "We get top of the range training. It is up to us if we'd like to do more. [Duty manager] will find extra training on a subject if you want it." We saw that action was already being taken to address those areas in which refresher training was overdue. The registered manager told us it was not always easy sourcing face to face training for staff. Not all staff had access to computers and therefore e-learning was not always practical.

Staff had supervision sessions and annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The supervision agreement signed by staff stated that meetings would be held every three months and most of the staff we spoke with felt happy with the support they received. One member of staff told us, "I have supervision, they are really on the ball with them and you know whatever is discussed stays within the four walls. Personally I feel well supported." Other staff felt they would benefit from having more regular or longer meetings. One member of staff said, "I have been supported by supervisions but I think it could be improved. Sometimes you don't have the opportunity to say something as the time is not always there." We discussed this with the registered manager who told us they would look at ways of addressing this.

The provider had an equality and diversity policy in place that outlined their aim to promote equal opportunity for all and to ensure no individual was discriminated against. The policy specifically referred to the 'protected characteristics' named in the Equality Act 2010 and states discriminatory behaviour will not be tolerated. In order to embed this ethos the registered manager informed us that equality and diversity training was now a mandatory training course meaning all staff would need to undertake this.

The registered manager told us about the plans to extend the service to enable a specially adapted bariatric room to be added. This decision was taken after accommodating a person with bariatric needs. Bariatric care is a term used for the control and treatment of obesity and obesity related conditions. Temporary adaptations had been made to ensure the person could receive care in the same comfortable and dignified way as other people using the service but it was acknowledged that a more permanent solution would ensure an equal standard of care was always available.

There was clear, bold dementia friendly signage around the service although further use of colour could be incorporated into the décor to help support people living with dementia. The registered manager told us the

service was due a refurbishment and redecoration and there was a meeting with the provider's service manager scheduled to discuss this.

People's health and wellbeing was appropriately monitored and promoted. The service provided physiotherapy in-house with a team of therapists based at the service and a well-equipped therapy room. The service also had a good relationship with external health professionals. We saw records detailing visits from tissue viability nurses, dieticians and GPs. The service had a regular daily visit from a district nurse and a good relationship with the community matron. A district nurse told us, "Staff are very responsive and always take on board any advice we give."

The provider had recently begun to use a computerised system of monitoring people's health. If staff had any concerns about a person they used an electronic tablet to collect data and send this via Bluetooth technology for medical advice. The system, known as National Early Warning Score (NEWS) had been developed to standardise acute illness assessment in community care settings. Senior staff had received training on the use of the system which assessed areas such as a person's temperature, blood pressure, pulse rate and level of consciousness. The registered manager told us the use of this system has reduced the number of people being readmitted to hospital. The provider and registered manager were very pleased with the positive outcomes that had resulted from the use of this technology and intended to train more staff in the use of the system.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. One person said, "Everyone is so kind. It's great, they (staff) can't do enough for me but if I want to come back to my room for some privacy I can." Another person told us, "I want to go home but it is lovely here, they really look after you." Another said, "Everyone is very helpful and the staff are so lovely."

Relatives we spoke with were happy with the care their loved ones were receiving. Whilst talking to one person and their family, a member of staff brought a cup of tea for everyone. After the member of staff left the room one of the visitors said, "Did you see that? They know [family member] is left handed and they always remember to turn the cup so the handle faces the right way. It is the little things like that, the attention to detail that shows they really care."

We saw the service had received many cards and letters of thanks. We looked at the compliments received and found them to contain very positive feedback regarding the care they had received. Comments included, "Many thanks to all the carers who have given me my life back and helped me walk again"; "Rosedale is an excellent facility to help families and what makes it work is the brilliant staff. Thanks again for your help and care"; "Thank you for all the kindness and encouragement given to me by all the team" and "Staff all work so hard but it is always a friendly place."

Similar positive comments had been made in questionnaires completed by people when they left the service. One person commented, "The staff, the food, the treatment is all first class. I will tell all of my friends and family I strongly recommend Rosedale. Everything is good. If there is a better place I would like to visit it!"

A student nurse told us, "I think the care is excellent. I would send my grandma here and if I can say that you know how good it is. People's needs are being met and buzzers answered but it's more than that. Staff take the time to talk to people and that makes a real difference, it makes them feel really valued."

The district nurse we spoke with told us the staff team were caring and had a positive attitude to their work. They told us, "This is such a social place, a really good place. The staff are great and I always enjoy coming in here. One person came in with a pressure sore after a fall at home and the staff worked really hard to make sure they weren't isolated. They got the equipment that meant they could safely spend time in communal areas."

Staff respected people's privacy and dignity. We saw staff knocking on bedroom doors and waiting for people to respond before going in. One staff member told us, "I always make sure people's curtains are drawn and doors are shut before providing personal care. I lay a towel across them as they're being washed to protect their modesty."

Staff supported people to be independent and there was a particular focus on this because of the nature of the service. People were being supported to return home where possible so staff were aware that

encouraging independence and building people's confidence in doing things for themselves was very important. We saw people being encouraged to eat independently at mealtimes and the service had adapted cutlery and plate guards to enable them to do so more easily. One member of staff told us, "We try to let people do as much for themselves as they can without causing them distress. If they are struggling and can't do something then obviously we will step in and help. Even the people who are more poorly can generally do some things for themselves though and it's important to let them. For example I will put some soap and water on a cloth and give it to them to wash their hands and face, most people can manage that."

One member of staff told us, "I think we make a real difference to the clients and it is lovely when people's family come and say thank you for giving me my mum or my dad back."

Good

Is the service responsive?

Our findings

At our last inspection in 2016 we found the registered provider was in breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance. During this inspection we found improvements had been made.

At our last inspection we found that care plans did not contain sufficient up to date information regarding people's care needs. Although the service provides short term care and accommodation for people it is important that staff have access to all relevant information for the duration of their stay. We saw that improvements had been made to the information recorded in care plans which were now more person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. Plans were reviewed and updated regularly, sometimes as often as every day, to reflect the progress people had made as part of their rehabilitation and how their needs had changed as a result.

Care plans were now stored in portable locked trollies. This meant that records could be stored in the office so that managers had quick and easy access to make necessary updates but care staff could also take records out into the units when required. This made it less likely that updates to records would be missed.

The provider and registered manager had undertaken the remedial work set out in the action plan provided following our previous inspection and the service was no longer in breach of Regulation 17.

We asked staff how they supported people to make choices in their day to day care. One member of staff told us, "It's important that people still have a say in things. I open the wardrobe on a morning and ask what they would like to wear. Although people aren't always here long you still get to know them and what they like so if they are struggling with a decision sometimes you can help them by saying things like 'you enjoy jam and toast for breakfast don't you?' sometimes a little prompt like that can help them."

The service employed an activities co-ordinator. They worked part-time in this role and also worked as a therapist at the service. This dual role gave them a good insight into the needs of people using the service which was important as the majority of people remained at the service for a maximum of six weeks. This meant there was a very short time in which to establish activities that would be meaningful and enjoyable to people. Despite this the activities co-ordinator was enthusiastic about their role and worked in a flexible and responsive way in an attempt to overcome these challenges. They showed us the information they had sourced from the internet to have a 'bank' of ideas for future activities.

The activities co-ordinator told us, "Planning ahead can be difficult as you just don't know from one week to the next who you will be catering for. I try to have a number of things prepared and ready to go. Things like quizzes and reminiscence activities. With the right mix of people a quiz can go down really well. At other times we have to try something different."

We saw photographs around the service of activities that had taken place. A pet therapy activity took place

regularly and photographs from the dogs' recent visits showed people smiling and engaging with the animals. One of the smaller lounges had been decorated with lots of reminiscence material. This focussed on many aspects of local history and we were told that this was used for quiet discussion with small groups or individuals.

We saw a group of people enjoying a musical activity, singing and dancing. Staff were encouraging people to join in and the atmosphere was lively and jovial. The service had purchased an electronic tablet and speaker. This enabled people to choose any type of music from the internet. The activities co-ordinator told us the music choices were very diverse and having access to this technology had made it much easier to ensure there was something to suit every taste.

We were also told that activities could enhance the rehabilitation process. For example if therapists felt a person would benefit from visual scanning exercises, activities such as word search puzzles could be offered.

Not only did the activities co-ordinator make every effort to engage with people in a person-centred way whilst they were using the service, they also went out of their way to source activities for them when they left. They told us that wherever possible they tried to ensure information was available on voluntary organisations, clubs or groups to help people avoid social isolation once they returned home. We saw an email had been sent to a local bowls club asking whether they would permit a person to use a wheelchair on the green and another had been sent to a local gardening group as the person had enjoyed gardening activities whilst at Rosedale and had previously enjoyed growing vegetables.

The registered manager told us they hoped to increase the hours dedicated to activities and the activities co-ordinator told us, "I really enjoy what I do, it's a shame it's only two days a week."

We looked at the way complaints were handled by the service. There was a clear complaints policy in place and people were all provided with details of this on admission. Four complaints had been received since our last inspection. We saw that these had been handled in line with the provider's policy. Responses had been made in a timely manner both in writing and face to face where possible. We saw that action had been taken in response to complaints to reduce the risk of incidents reoccurring. Although one of the people who had raised concerns decided against proceeding with a formal complaint their concerns had still been fully investigated and acted upon. This meant that the service was responsive to complaints and acted appropriately to address them.

Good

Is the service well-led?

Our findings

At our last inspection in 2016 we found the registered provider was in breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance. During this inspection we found improvements had been made.

We saw that audits had been improved across all units and a standardised system had been introduced to ensure that all areas of the service were being audited in the same way. Templates had been introduced for use when auditing people's care plans. A monthly health and safety check was undertaken on each of the four units and these records clearly set out the areas to be checked and also had space for highlighting any issues found and action taken to rectify this. We saw that where issues had been escalated action had been taken and any necessary repairs completed promptly. Medicines audits were completed monthly and an annual audit was also undertaken by a lead pharmacist from the local NHS trust.

The registered manager did spot checks on completed audits and the provider's service manager also came to undertake audits of the service on a quarterly basis.

The provider and registered manager had undertaken the remedial work set out in the action plan provided following our previous inspection and the service was no longer in breach of Regulation 17.

There was mixed feedback from staff regarding access to management. One member of staff told us, "Management are fine really, they're always available and I'd say they are definitely approachable." Another told us, "The manager has an open door policy, they are honest and caring and I trust them." Other staff we spoke with felt more reluctant to approach the management team. One member of staff said, "The office is just so busy I wouldn't dream of going in there during the day. It's like spaghetti junction. Managers do come out to do medicines rounds but then they go back to the office. You know you are part of the same team but it sometimes feels a bit like 'them and us' I think it would be better if managers spent more time out of the office." Another member of staff told us, "There are so many people in the office I feel a bit intimidated going in there." A third member of staff told us, "I don't always feel appreciated; I don't think it's intentional but the managers are all just too busy."

We discussed these comments with the registered manager who told us they were aware of the importance of ensuring staff all felt part of one team. They acknowledged that the office was a busy environment and that some staff were less confident in approaching managers because of this. They told us they had recognised there were times when the care staff, therapy staff and managers could work more closely together. They had already begun to implement a plan to have at least one manager out of the office on each shift so that they were more available to staff and felt this would go some way to solving the issue.

Staff meetings were taking place but were only held every six months. Topics discussed at these meetings included housekeeping, diet and fluid charts, support plans and meeting people's personal care needs. Staff surveys were being done at provider level and the subsequent report therefore included feedback from staff working across a number of different locations. This meant it was not possible for the registered manager to

gauge which feedback was representative of and specific to Rosedale staff. We discussed this with the registered manager who said that going forward they may introduce an internal staff survey so that any issues specific to the service could be picked up and acted upon.

We recommend the provider review the ways in which they engage with staff and how they seek and act on feedback from them.

Due to the turnover at the service people's feedback was not sought via annual surveys, instead people were asked for their feedback when they left the service. The information from these questionnaires was collated and a report was produced annually. A copy of the most recent report, produced in June 2017 showed that people were very satisfied with the service and the care they received. We asked how the feedback was acted upon and the registered manager explained that as each form was received they responded to any issues raised. No action plan was currently produced from the annual report so although the registered manager acted on individual feedback they did not take action to address themes identified from the annual analysis.

We saw evidence of positive partnership working with other agencies and health professionals. The community matron told us they had a very good rapport with the registered manager and care staff. They told us, "They are proactive here at Rosedale. I have no concerns when I visit. There are times when admissions have not been suitable, if people are very poorly for example. The manager has worked hard to reduce this and it seems to happen less and less." A member of the hospital reablement team told us, "We have positive working relationships with Rosedale staff and have a good rapport with the administrative clerks. Overall I feel personally that Rosedale provide a fantastic service which is person centred in promoting clients long term needs and builds on their strengths."

An arrangement had been put in place with the community matron team regarding the management of people's health when they were not registered with a local GP. A trial had initially been set up where the community matron visited the service daily, Monday to Friday. This had a positive impact on managing people's health care needs and had seen a reduction in readmissions to hospital. As a result of this the provider was looking to extend the scheme over seven days.

The service had recently been visited by the chief social worker who provided the following feedback after their visit, "I was impressed at the integrated practice approach that the team took to supporting and enabling people to achieve the best possible level of independence and confidence in living their lives. The positive practice culture filled the atmosphere of the place and the solid leadership and involvement of social workers and allied health professionals was clearly making a difference."