HC-One Limited

Rose Court Nursing and Residential Home

Inspection report

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Ratings

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

Overall summary

This was an unannounced inspection which took place on 24 and 25 June 2015. We had previously carried out an inspection on 12 September 2013 when we found the service had complied with all the regulations we reviewed.

Rose Court provides accommodation for up to eighty seven people who have nursing and personal support needs. Rose Court is a purpose built home that has recently been extensively refurbished with the aim of becoming a centre of Excellence for Dementia Care. The home is on three floors. Clarence Unit on the ground floor is a residential unit, Windsor Unit provides both nursing care and personal support to people while Wilton Unit on the 2nd floor provides nursing care and support to people living with dementia. However there are people who use the service on all units who may have a diagnosis of dementia.

Summary of findings

The service had a manager who was registered with us. 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 and associated Regulations about how the service is run.

People told us they felt safe at Rose Court, "Yes I feel very safe here. Better than where I was before. Staff are like good friends. Make sure I am safe and keep an eye on me. Take me the shop for my cigarettes", "I feel very safe with all the staff. You can talk to any of them and they will listen" and "No trouble at all with feeling safe. The staff are all very nice. If I was worried I would tell my son and he would speak to them about it."

Staff had received training in safeguarding adults and whistleblowing. They were able to tell us of the correct action to take should they have any concerns about people who used the service.

People who were able to mobilise safely and independently were free to walk about and go out into the securely fenced garden areas where there are marked paths, rails and ample seating areas with protection from the weather. One relative said, "[My relative] has been in three homes and this best by far as she can walk about and go outside. Staff will go and find her when we come if she is not about."

There were systems for managing medicines, infection control, risks and health and safety.

The home had recently been fully refurbished and had fully taken into account the needs of people who live with dementia in the design.

People who used the service and their relatives thought that staff had the necessary knowledge and skills to provide the care that was needed and that there was sufficient staff to meet people's needs. We spoke with two new members of care staff who had previous experience of working in other homes. They said, "I love it here. The training is amazing. They throw it at you and I will take it. It's properly run" and "It's a fantastic team. All good."

Staff understood their responsibility to support people to make their own decisions wherever possible and always asked for consent before carrying care tasks.

People told us that they enjoyed the food provided by the home. We saw that drinks and snacks were always available to people who used the service

A person who used the service said, "No messing if I am not well they call the GP straight away here." Relatives told us that if the person who used the service needs changed or there were any concerns and that they were good at seeking professional health care advice.

People who used the service told us that staff were kind and caring. This was confirmed by our observations during the inspection. The atmosphere was calm and relaxed.

Systems were in place to help ensure people received the care they wanted at the end of their life.

People told us that they are given choices about everyday things and that staff respect their choices. This included when to get up, go to bed, what to wear, what to eat, how and where to spend their time. People told us, "Lots of choices. I can come and go to my room as I like." "Go out in the garden for a smoke. Staff look after cigarettes but only have to ask. Choose whether I have shower or bath and when I want to have it."

There was a wide range of activities for people to get involved in they wanted to which included people living with the advanced stages of dementia.

People we spoke with told us they thought the home was well-led and that unit managers and seniors as well as the registered manager were readily available and approachable at all times. The registered manager promoted a whole team approach to the running of the home.

Systems were in place to monitor the day to day running of the home and review the quality of the service provided.

Summary of findings

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.

People told us they felt safe in Rose Court and that there were enough staff to meet their needs. Staff had been safely recruited.

Suitable arrangements were in place to help safeguard people from abuse. Staff were able to tell us what action they would take if abuse was suspected or witnessed.

There were effective systems for managing medicines, infection control, risks and health and safety.

Good

Is the service effective?
The service was effective.

The home had recently been fully refurbished and had fully taken into account the needs of people who live with dementia in the design.

Systems were in place to ensure staff received the training and support they required to deliver effective care, which included dementia care.

Staff understood their responsibility to support people to make their own decisions wherever possible and always asked for consent before carrying out care tasks, whether the person lacked capacity or not.

Good

Is the service caring?
The service was caring.

People spoke positively about the staff who supported them. The atmosphere at the home was calm and relaxed.

Staff had received training in the end of life care pathway. The home had facilities to help support family and to spend as much time as they wanted with their relative at the home.

Good

Is the service responsive?
The service was responsive.

There was a wide range of activities for people to get involved in if they so wished, including people living with the advanced stages of dementia.

People's choices were respected and staff responded quickly to their needs.

Good

Is the service well-led?
The service was well led.

People we spoke with told us they thought the home was well-led and that unit managers and seniors as well as the registered manager were readily available and approachable at all times. The registered manager promoted a whole team approach to the running of the home.

Good

Summary of findings

Effective systems were in place to monitor the day to day running of the home and check out the quality of the service provided.

Rose Court Nursing and Residential Home

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 registered 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 24 and 25 June 2015 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of services for older people with dementia.

We had requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We received a detailed PIR from the registered manager. Before our inspection we reviewed the information we held about the service including the previous inspection report and notifications the provider had sent to us. We contacted the local authority safeguarding and commissioning teams to obtain their views about the service. No concerns were raised with us about Rose Court.

During our inspection we spent time on all three units observing how people were being cared for and supported. We spoke with twelve people who used the service who were able to speak with us and twelve visiting relatives. We also spent time with other people who were less able to speak with us during our observations and had general conversations with other visiting relatives in the homes cafe.

We spoke with the registered manager, one agency nurse, six nursing and care staff, an activities manager, the maintenance manager, catering manager, housekeeping staff and the administrator.

We looked at the care records for three people who used the service and the records relating to the administration of medicines. In addition we looked at a range of records relating to how the service was managed; these included staff personnel files, training records and quality assurance systems.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe living at Rose Court. When asked what they would do if this was ever not the case most people said they would speak to whoever was in charge that day or to a relative. People told us, “Yes I feel very safe here. Better than where I was before. Staff are like good friends. Make sure I am safe and keep an eye on me. Take me to the shop for my cigarettes.” “I feel very safe with all the staff. You can talk to any of them and they will listen” and “No trouble at all with feeling safe. The staff are all very nice. If I was worried I would tell my son and he would speak to them about it.”

Visiting relatives also told us that they felt the care their relative received at Rose Court was safe and that needs were monitored and care and support was changed as necessary. “Without equivocation I feel that the care [my relative] receives is safe and always has been right from the onset.”

Staff received training in safeguarding and Stepping Up training that covered whistleblowing. We asked staff about whistleblowing. One staff member told us that if they saw poor practice, “It doesn’t matter who it is I would not hesitate to disclose it to the manager straight away.”

We did not see any environmental risks or unsafe practices during our inspection visit other than bath water temperatures were not being taken. This matter was addressed by the registered manager during the course of our inspection.

People who were able to mobilise safely and independently were free to walk about and go out into the securely fenced garden areas where there are marked paths, rails and ample seating areas with protection from the weather. One relative said, “My relative has been in three homes and this best by far as she can walk about and go outside. Staff will go and find her when we come if she is not about.”

We saw that there were enough hoists available for staff to use and they worked as a team when transferring people. When hoisting or helping people to transfer we saw that staff always asked the person first if it was alright to do so. During the procedure they explained what they were doing and offered constant re-assurance. They also ensured that people's dignity was preserved by adjusting their clothing if necessary.

A relative talked with us about the use of equipment and said, “I think its fine. [My relative] has had the odd bump and fell out of bed once. We asked about cot sides [bed rails] but the home did a full assessment involving family and [my relative] and it was agreed that as now [my relative] was more mobile they may try to climb over them [bed rails] to get out of bed because of dementia and fall further. So they have provided an alarmed crash mat but [my relative] has not fallen out of bed since!”

We saw that when people were using wheelchairs that foot plates were always used to prevent injuries to people’s feet. We saw that for people who used specialist chairs all the time that they had a personalised wheel chair made for them, for example, moulded seats for both comfort and pressure relief.

On the care records we looked at we saw that risk assessments had been carried out with people across a number of health areas. This included completion of the malnutrition universal screening tool [MUST], falls, continence, moving and handling, pressure relief and choking, which were reviewed monthly.

We were told that the home had recently had to respond to the fire alarm that was not a test. We were told by the registered manager that a full evacuation of two floors was carried out by staff before the fire brigade arrived and this was reassuring. The home also carried out spot checks with staff to check their understanding of the evacuation plan in the event of a fire.

We talked to maintenance staff about what other checks they carried out in relation to the health and safety of the home. We saw that valid certificates were in place for gas safety, portable electrical appliances, quarterly checks of the fire alarm system and Legionella test. The maintenance team also carried out monthly visual checks of profiling beds, wheel chairs and other equipment.

People who used the service and their relatives thought that there were enough staff on duty to ensure that people received the care and support they needed in a timely manner and our observations supported this. The care staff were seen to be able to spend time with people who used the service and the general impression was of person centred care rather than task orientated practice. Relatives told us, “There always seems to be plenty of staff in the

Good

Is the service safe?

day-usually 2 or 3 in lounge and never time when no staff present when I have been here." And "Could not be better looked after. Staff make time and give people their full attention."

Staff also thought that there was sufficient staff available for them to meet the needs of people who used the service. The weekly rota's for the nursing units showed that from 8am to 8pm there was a nurse, senior carer and five carers on duty every day. On the residential unit a carer said, "It runs very smoothly on here with two carers, if there's three we get under each other's feet at times. What I like is that's its comfortable. After supper most nights we sit down with the residents and have time for chatting and watch soaps with them before night staff come on."

The home was fully staffed apart from four registered nurses. Regular agency nurses were used by the home. There were also plans in place to train up three senior care assistants to become nursing assistants.

We looked at three staff personnel files and saw a safe system of recruitment was in place. The recruitment system was robust enough to help protect people from being cared for by unsuitable staff. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and two references. Checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. Systems were in place to check that nurses were registered with the Nursing and Midwifery Council (NMC).

The home used four regular agency nurses. An agency nurse we spoke with confirmed that they had worked at the home many times. They told us they had received a full induction, which included the fire exits and had a detailed handover and a plan of the night duties given to them. "It's a very good home here. All the paperwork is up-to-date and they give good care. I don't have any concerns"

People who used the service and their relatives told us as far as they are aware people received their medication on time. We observed a nurse giving out medication. Some people were reluctant to take their medication but they patiently took time to explain what was happening and ensured it was taken and swallowed. One person refused their medication so the nurse left them alone and came back shortly afterwards and tried again with more success. Relatives told us, "Staff don't force the issue if for example if [my relative] refuses meds even though diabetic. They just go away and come back a little later and try again." and "It is so gratifying that here they are never too keen on, and don't resort to anti-psychotics unless essential but try other methods first."

We looked at the medication practices on two units. Medicines were seen to be stored in locked trolleys which were securely held in treatment rooms with key code access when not in use. Either a nurse or the senior carer held the keys for medicines throughout the shift.

We saw on medicine administration record sheets [MAR's] that there was a photograph of the person to help staff identify them. Records were seen to be accurate and up to date. However, we did note that the reason for giving when required or PRN medication was not always recorded. This issue was discussed with the registered manager who said they would address this issue immediately.

We saw that fridge and room temperatures were checked and recorded daily. Controlled medicines were appropriately stored and signed for by two staff. The controlled medicines that we checked corresponded with the records.

We saw that the home was visibly clean, no unpleasant odours were detected and all areas were clutter free. One relative said, "As for cleanliness, spotless. Just look around it speaks for itself. The cleaner is a brilliant woman, very good with [my relative] and notices anything different and passes it on to me or care staff." And "The home is very clean and so is [my relative]. On very rare occasions [relative's] face is not wiped after meals. I have a word with staff and it's sorted immediately."

We spent time talking with three housekeepers and two staff who were working in the laundry. One housekeeper told us, "I had a detailed induction and I shadowed existing staff until they were happy with my work. I have had high risk area cleaning training in infection control. All the tools that I need to do my job are provided and I can order more on a weekly basis."

We saw that there were cleaning schedules in place for the home, which included the kitchen. We saw that colour coded mops and buckets were in use to help prevent cross infection for example, from toilets areas into bedrooms.

Good

Is the service safe?

The home followed the National Colour Coding Scheme. All bins had foot pedals to prevent contamination of people's hands. Showerheads were cleaned regularly to prevent any opportunity for Legionella bacteria to develop.

We saw that the kitchen used colour coded chopping boards and knives. Fridge and freezer temperatures were taken and a meat probe was used to check that large joints of meat had been cooked properly. The kitchen had a 5 star food hygiene rating from environmental health officers.

Care staff showed us that they were well stocked with colour coded disposable aprons and gloves. In the laundry we saw that industrial washing machines were in use that had a sluicing cycle that would kill any bacteria that was on washing. Soiled items were transferred from people's bedrooms or toilets to the laundry in special bags that could be put straight into the washing machine to help reduce the spread of infection.

Good

Is the service effective?

Our findings

Rose Court had recently been fully refurbished with supporting people living with dementia in mind. People who used the service and their relatives were full of praise for the improvements made to the home environment. These included the introduction of 'break out' areas at the end of corridors which are comfortably furnished and tastefully themed. The 'break out' areas were a place people could go to if they wanted time away quietly away from the main lounge and were seen to be well used by people who used the service.

One break out area was set up as a nursery and had a cot and specially made dolls that acted as 'babies. Another was a parlour with a record player and radio unit and sideboard. There was also a kitchen with a Belfast sink, a pub, a garden and even a toilet with a chain top flush urinal for men to use. Rummage drawers were in place in break out areas with items in them that people could pick up to look at which helped to occupy them.

A café had been added to the reception area for people to sit and chat together informally with drinks and snacks readily available. The café was also available for members of the local community to use. One person was able to communicate that they were happy at Rose Court, loved the activities and liked to sit in cafe and watch people coming in and out. There was also a fish tank in the café for people to look at.

Opposite the café was a hairdressing salon. It had a shop window which meant people were able to look in and out of it. It was decorated in ice cream parlour colours that people who used the service had chosen. This as with many other rooms and areas used was multi-functional. For example if people were anxious in a treatment room because they presented as clinical in appearance visiting chiropodists and opticians could use the hairdressing salon.

There were four garden areas that were safe and accessible for people to use. The main garden had been created as a dementia friendly garden, with high quality garden weather proofed furniture that could be used at all times throughout the year. Care had been taken over which plants had been used to ensure they were safe with consideration for the textures of the plants, sounds they might create for example tall grasses and plants that gave off a smell including a herb garden. Water features were also in place and there was a walkway with hand rails for people to use and raised beds. In another garden area we saw that there were chickens that people who used the service had named, as well as a greenhouse, potting shed and vegetable plot. On the second floor there was a garden room with plants, a bench and sounds from the garden playing which created a relaxed atmosphere. The service had won the 'Green Fingers' gardening competition that had been running throughout the provider organisation.

We saw people actively using all these areas as part of daily living throughout our visit. There was a cinema room which people could use to watch films on a large smart screen. The activities co-ordinators had also started to develop a computer area in this room and was looking at developing the use of new technology further in the home, including Skype.

Both the communal areas and individual bedrooms, which were personalised to different degrees according to each person's individual wishes and taste, were bright, clean and well maintained. Individual rooms had different coloured doors and personal memory boxes chosen by people who used the service and their families to help people find their own rooms to help promote and maintain independence and also to reduce anxiety. There were also 'bus stop' signs along the corridors to help people find their way to the toilet and bathrooms. Toilet and bathroom doors were painted in bright yellow and the toilet seats and grab rails were in blue so that they stood out from the white tiles and baths.

There were advertising posters of items from the 1950's era along the corridors round the home which grouped into areas for example food and music, which helped people to find their way around.

A pre-admission assessment was carried out by one of the managers or nursing staff from which a seven day care plan was put in place and kept under daily review to allow time to develop an informed full care plan. We also saw there were assessments from other health care professionals including the local NHS Trust and a community care assessment. Pictures of a person's belongings were taken at the point of admission and kept on file in case they became lost.

People who used the service and their relatives thought that staff had the necessary knowledge and skills to

Good

Is the service effective?

provide the care that was needed and that there were sufficient staff to meet people's needs. Comments from relatives included, "Skills and knowledge. Yes but may be some naivety among some of the young ones but I think they have ongoing training and this not a criticism just an observation."

We spoke with two new members of care staff who had previous experience of working in other homes. They said, "I love it here. The training is amazing. They throw it at you and I will take it. It's properly run." And "It's a fantastic team. All good."

Staff told us that the home had good and ongoing training to help them to meet people's needs and that the registered manager was open to suggestions about further training needs. One care worker told us that they felt they needed more training in challenging behaviours and that as far as they knew this was being looked at. Staff received induction training which included fire prevention, floor plan, emergency contact numbers, the nurse call system, the facilities, philosophy of care, and confidentiality.

We looked at the training and supervision records for the staff team. We saw that all staff completed the providers mandatory training in emergency procedures, fire drills, food safety, In Safe Hands [health and safety], infection control, moving and handling objects, safeguarding, safer people handling and understanding equality and diversity.

Records showed that all care staff had undertaken National Vocational Qualification [NVQ] to Level 3 standard. We also saw that approximately 80% of care staff had undertaken the Open Hearts and Mind dementia course which covered, a person centred approach to dementia, creating therapeutic relationships and understanding and resolving behaviours. There was also a wide range of health related courses which included catheter care, diabetes, nutrition and hydration and also promoting healthy skin.

We observed handover from night staff to day staff at 8am The handover was given by night staff nurse to the day staff nurse, as well as the care staff. The verbal handover also included the completion of a record sheet which the staff signed to say they had handed over all information and keys. Allocation of work was then given to all the day staff. We saw throughout the inspection examples of team work which included managing behaviours that challenge and moving and handling.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards [DoLS] and to report on what we find. The registered manager was able to demonstrate a good understanding of the legislation to ensure people's rights were protected. Authorisations for DoLS were in place and people were assessed by appropriate health and social care staff. Training records showed that 82% of the staff team had undertaken the Understanding the Mental Capacity Act [MCA] and DoLS. There were 10 DoLS in place at the time of our visit and two people were using bed rails. There was a DoL's fact sheet on office walls for staff to consult and staff training was available. There were also photographs of two people who had a DoLS authorisation in place. Both people were regular visitors to the café and were not safe to leave the building without support. The photographs meant they could be identified by others to help prevent them leaving without restricting their movement.

Where medicines were being given covertly in food or drink then authorisation from the doctor was held on the person's medication records. We saw that records clearly identified where a person had a Do Not Resuscitate [DNA CPR] in place.

We were told by people and their relatives that staff asked for peoples consent and agreement before they provided care. We saw many examples of this which included, "It's lunch time shall we take you to the toilet first and then get you a cup of tea?" "You don't look very comfortable, shall we see if we can make it better for you? Shall I get you a cushion for your head?" "Are you ready for lunch? Good. Shall I help you get up and into your chair?" and "You've spilt your juice. Never mind. Shall I get a cloth and clean you up."

We saw that some people who used the service presented behaviours that challenged others. We saw that care and nursing staff were knowledgeable about the individuals concerned and this enabled them to anticipate potential incidents and deal with them in a non-confrontational, distracting way. For example one person who appeared agitated and their behaviours were affecting other people. We saw a carer go to the person and they sat and talked with them quietly, asked what was the matter and gently stroked their hand to help calm them down. They persuaded the person to go for a walk to "find her baby."

Good

Is the service effective?

They went to the "break out area" where there was a cot and several dolls and they sat there for a while before suggesting they go into the dining room for a cup of tea before lunch.

A relative commented on how well staff coped with their relative, "[My relative] was non responsive in their previous home but they seem to have taken steps here to understand the best way of dealing with [my relative]. They don't try to force him but take a softer approach and if [my relative] does not want to do something and no harm is likely they give [my relative] the choice. Family are a lot more comfortable with him here. [My relative's] mannerisms seem to have changed. A lot more settled and happier."

One person was on one to one support from staff to prevent them falling and exacerbating an injury. Care staff spent an hour at a time with this person. We saw that staff were very patient and did all they could to engage with the person as they walked up and down the corridors ensuring the person did not fall.

We observed the meal times on all three units. We saw that tables were pleasantly decorated with linen cloths, napkins, flowers on the table condiments and crockery. Specialist equipment such as plate guards and feeder cups were available for those who needed them to enable them to maintain their independence.

There was a daily menu in each of the dining rooms and in reception area. A choice was always available and people could request an alternative if they wanted to. Allergen information was displayed alongside the menu. The main meal of the day was served in the evening. Meal times were protected to help ensure people concentrated on eating their meals without distraction. People who used the service could eat in the dining room or in their rooms but no-one ate in the lounge areas. Food was brought to the dining room in a heated trolley and temperatures were tested to ensure that the meal was warm. The food looked and smelt appetising and everyone we asked had nothing but praise for the meals they received at Rose Court. They also told us they are asked what they wanted on the menu from time to time.

Staff offered assistance where required, This ranged from helping to hold cutlery, cutting up food and also full assistance to eat. Staff were seated at eye level when assisting people to eat and gave the person their full attention. They went at the pace that suited the person and spoke to them throughout the meal asking if they were ready for more, if they wanted a drink and encouraging them to eat.

People who used the service had access to snacks and fruit in the lounge areas. There were also jugs of juice on the table in the lounge areas for people to help themselves as well as drink dispensers. During the day people were offered a choice of hot and cold drinks, including milk shakes. This was done on an individual basis throughout the day and not just at "coffee time" when the trolley came round.

People told us that they could visit the home at any time but were aware of and agreed with the protected meal policy. One visitor told us that if he arrived early he could always wait in the cafe area until the meal was over.

We talked with the catering manager. They told us that there was a four week rotating menu in place and they were happy with the quality of food supplied to the home. We saw information that showed the kitchen staff were aware of any special dietary needs people had for example soft diets and cultural needs.

During the inspection a visit from a chiropodist took place and also a Speech and Language Therapist was in the home assessing a person with swallowing issues. We saw that staff on the ground floor had a high risk file which contained information about food and fluid intake, elimination and positional changes for people with a high level of need. People were weighed on admission and then weekly until a baseline was established so that this could be monitored as required.

We were told that staff contacted relatives if the person's needs changed or there were any concerns and that they were good at seeking professional help, from GPs, therapists or other health professionals when necessary. One person who used the service said, "No messing if I am not well they call the GP straight away here." Relatives told us, "They really look out for her. The carer was helping [my relative] to dress and noticed a lump. The family were informed and [my relative] was referred to a doctor and the matter quickly investigated", "The home keeps us up to date with any changes in her situation or well-being but one of us is here every day. They encouraged her to be independent, but recently staff had to start to offer help to

Good

Is the service effective?

eat." Another comment from a relative was, "Any changes they get in touch with family member. When [my relative] was recently unwell they arranged for a GP to come. Also referred to hearing clinic to sort out aids."

As part of the refurbishment a stretcher lift had been fitted so that people could be transferred to hospital in comfort, if necessary.

Good

Is the service caring?

Our findings

People we spoke with and their relatives told us staff were kind and caring. They described them as friendly, always smiling, never hurried and patient. We saw this to be the case from our observations of interactions between all staff people who used the service and relatives. The atmosphere was calm and relaxed.

We saw that staff always spoke to people in a quiet manner, making eye contact and where appropriate were tactile and offered reassurance. Staff were also respectful and discreet, for example when asking people about toileting before lunch and did not shout to one another across the room.

We also saw that staff always asked for consent before carrying out caring interventions and explained what they were about to do as well as talk to people throughout the interventions. People confirmed staff always asked before they did anything and offered choices. People also told us staff listened to them and acted on what they said.

People told us, "They always knock when coming into my room and ask me if it is alright before they help me to wash or cut up my food. Never ever rush me which I think is important", "Staff are caring and they listen. All are respectful and very friendly and this is natural not forced", "They have been marvellous with me here. I do pretty well. Always got time and a smile for you whatever they are doing", "Staff are all very caring and friendly. Will have a laugh and joke but still respectful and professional. Nice with us relatives as well. They pass the time of day and keep family informed" and "It's very posh."

Relatives said they were always made to feel welcome and felt staff not only listened but acted on what they said, "They also always ask how we are and take an interest in how we are managing" and "It's always a two way thing. They ask after my family and how we are when we visit." We saw displayed in the café area 'Kindness in Care' awards that had been presented to staff following nomination by others and gave details about the reason why they had been nominated.

The registered manager told us that she and the organisation were committed to providing staff with the training they needed to promote kindness. Staff received training entitled Open Hearts and Minds which enabled staff to think about kindness and dignity. The organisation had also introduced a 'resident of the day' feature which involved all managers from different areas of responsibility visiting 'the resident' to discuss their views on laundry, cleanliness, décor, catering, health and safety as well as staff manner and approach.

There were white boards available that showed the date, weather and season to help orientate people in time. The service had a cat and a person who used the service had recently also brought their cat into the home with them, which had helped them to settle into the home.

We saw that people's records were kept in the unit manager's office on each floor. We were told that some people had not given their consent for professionals other than staff at the home to share their personal information. Where this was the case a data protection sticker was placed on the file. We requested to view one person's care records where the person had asked that information not be shared and we were respectfully denied access to it.

The service had a resident's committee that held quarterly meetings. However the longstanding chair had passed away and a replacement was being sought. Relatives meetings had previously been held but had been poorly attended. The new café in the reception area was used by relatives and residents as a means of support to each other and an informal opportunity to raise any ideas or concerns they had.

Some staff had received training in the Six Steps End of Life pathway and the provider also had staff trained to act as in house facilitators. We saw that the registered manager had given thought in the refurbishment programme of the home about what facilities for people who used the service and their relatives may need at the end of life. We saw that there was a prayer room for people to use as well as a relatives bedroom and lounge were they could come to rest, sleep over or talk privately as a family about what was happening.

Good

Is the service responsive?

Our findings

During our inspection visit we only heard a call bell buzz once. A relative told us, "I stepped onto a crash mat by mistake one day not realising it was alarmed and staff were there immediately." People who used the service and their relatives confirmed that staff responded quickly if they did have cause to ring for them. People told us they seldom had to wait for more than couple of minutes. We saw that if people asked for something, for example, a cup of tea or to go to their room, staff responded almost immediately and people did not appear to have to wait.

We talked with people about their care plans. Although they could not recall seeing them one person said, "Yes, staff have talked to me about what help I need and what I like. They always ask me anyway before they do anything to help me. Is that what you mean?" A relative said, "Her daughter is the main one and will have seen her care plan but all I can say is that staff know her. They recognise her likes and dislikes and I can see she is well cared for and staff also encourage her to be independent."

We looked at the care records of three people who used the service. We found them to be detailed, included the involvement of people who used their service and kept under regular review. Internal audits of the care records were carried out and also checked by managers external to the home to ensure they were kept up to date.

People told us that they were given choices about everyday things and that staff respected their choices. This included when to get up, go to bed, what to wear, what to eat, how and where to spend their time. People told us, "Lots of choices. I can come and go to my room as I like", "Go out in the garden for a smoke. Staff look after my cigarettes but I only have to ask. I choose whether I have shower or bath and when I want to have it", "I get myself up usually about 10am and if I want a cooked breakfast then I can have one. I also have choice of what I want to eat for other meals and the food is very good here. Please myself about what I do in the day but if I ask staff take me to the shop", "Lots of things to take part in if I want or trips out" and "I decide when to go to bed, usually after had supper and my meds at about 9.30pm. I can't complain at all I really like living here. I have made some good friends and try to help them if I can."

People and their relatives told us about how staff tried to encourage and support people to be as independent as possible but were always mindful of safety. One person said, "I try to do what I can for myself but need help with a bath or shower, We have a good laugh but staff are very kind and respectful of my dignity. They just supervise to make sure I am safe and wash my back where I can't reach. I do rest myself."

Relatives told us, "They [staff] are very patient and tolerant and don't get frustrated when [my relative] wanders off when they are trying to carry out caring tasks", "Staff encourage [my relative] to be independent. They have an electric wheelchair and go out in garden for smoke as keeps own cigarettes. Decorated room very much to own taste and they have a key" And "[My relative] never joined in before [at the three homes they had previously lived at] but here they recognise the staff and when she does she loves and hugs them and introduces them to us. They spend time walking round the home and staff encourage her to be independent and to "do jobs and help them out" by folding bedding, laundry, dusting and setting tables which she loves."

Everyone we spoke with had nothing but praise for the activities that were available at Rose Court. The home employed two full time activity coordinators who worked seven days a week between them on the rota so that there was always someone available to provide the service. We spend time talking with the activities organiser who showed us that a wide range of activities were already planned and timetabled up to November 2015. They were clearly enthusiastic about their role and demonstrated that they liked to be challenged to come up with new ideas and did not assume limitations for people living with dementia. Care staff were also involved in activities. The activities co-ordinators had buddies in five nearby homes and had regular meetings to share ideas. The home was also part of the NAPA Living Life activities organisation. A member of the activities team had recently given a talk at a conference in London to other members about the work that they do at the home. An activities coordinator said "It's a good team and I am proud to work here." The home also had contact with Dementia Friends and the Alzheimer's Society who supported them with activities.

People who used the service were given the opportunity to join in group activities but it was very person centred and people could choose what they wanted to do, if anything. There were baking sessions, gardening, various craft sessions as well as exercise sessions, group activities which

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included quizzes and games and film afternoons. In addition there are one to one sessions with individuals including hand massage, manicures and playing traditional games like dominoes. Each floor was well equipped with appropriate equipment to enable people to enjoy activities and pursue their interests. These included jigsaws, board games, books, DVDs, CDs, memory boxes, newspapers, rummage boxes and dolls. The lounge areas all had TVs but these were placed in one part and did not dominate the whole room so that those not wanting to watch were not forced to sit in front of it. One person said, “We are asked what we want to watch by staff rather than them choosing and sometimes we choose just to have music or a film.”

We also saw that people came in from outside the home regularly. This included people bringing in birds and animals such as owls, sheep, PAT dogs, spiders, snakes and insects. There were also entertainers, a church service and local community groups including children from a local school who had been into Rose Court to spend a day making crafts and talking to the residents about their childhoods.

The home produced a monthly news sheet which listed the main activities We saw that craft work that had been done was displayed throughout the home. There was also an activities slide show on a screen in the café which was regularly updated so that relatives and visitors could see what was happening at the home.

During our inspection there was a garden party where people who used the service and their relatives sat out or walked round the garden. There was music and dancing, cold drinks and plenty of food. Everyone was seen to be having a wonderful time, laughing, chatting with each other and staff, singing along to the music and dancing. People said, “I have had a really lovely time and have been dancing with the carers. They arrange such lovely things here. And “Tomorrow some people are going for a pub lunch. We take it in turns so everyone who wants to go has a chance. It’s fairer that way.”

One person was getting ready to go out to a drop in centre that they had attended for many years when they lived at home. They said they were able to continue to meet their friends there.

We saw that the home had a complaints procedure and this was displayed for people who used the service and their relatives to see. A record of all the compliments, concerns and complaints had been logged through the organisation’s ‘datix’ system. This is a system that allows the home to conduct trend analysis and take any required preventative action. All complaints were investigated and responded to within 14 days.

None of the people who used the service we spoke to had ever had any reason to make a complaint. One person said, “I have never needed to complain. It's very nice here and I am very satisfied. I couldn't wish for a better place."

People told us they felt able to talk to the manager about their relatives care. They felt they were listened to and that any concerns had been addressed in a timely and appropriate manner. One relative who had concerns said, “We collected together all our criticisms/complaints /concerns and had very constructive meeting with social worker and manager which was minuted accurately. All was resolved properly and the level of communication moved up incredibly.”

Other relatives told us, “We have never had to complain. No problems whatsoever and would recommend this home to anyone”, “They now will ask me if there are problems with things which is better for all concerned”, “Staff ask if everything is alright and are there for you and whatever your query may be they try to find out the answer or sort out the issue” and “They react immediately to their problems and sort them. For example, [My relative] was in a room facing the road and refused to go in as they were frightened of traffic coming in from the road. They were sleeping on sofa, but staff got to bottom of it and moved her to a garden facing room and she is fine.”

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Is the service well-led?

Our findings

The service had a registered manager in place as required under the conditions of their registration with the Care Quality Commission (CQC). The registered manager was a registered nurse with over 30 years nursing experience in both the NHS and private healthcare provision. The registered manager was supported by a deputy manager, unit managers and senior care staff. There were also identified managers for activities, catering, maintenance, housekeeping and administration. The registered manager told us that they promoted a whole team approach to the home.

Before our inspection we checked our records to see if any accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe. We saw that the registered manager reported all incidents to us no matter how small they might be and gave us information about what action they had taken to resolve or respond to the issue.

We had also received a detailed provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. The registered manager gave us information about what improvements they intended to introduce in the next 12 months which included arrangements for the supervision and appraisal of staff, training for staff and to identify a nutrition champion.

The home's statement of purpose and a service user guide were on display in the reception area with the home's complaints policy and procedure as well as information about safeguarding and whistle blowing. There was also 'You Said – We Did' information for people to see where requests for improvements had been made and what action the home had taken to resolve them.

People we spoke with told us they thought the home was well-led and that unit managers and seniors as well as the registered manager were readily available and approachable at all times. We saw the registered manager carrying out a daily walk round, speaking to people who used the service, relatives and staff and checking if there were any concerns. One relative said, "The manager is seen out and about in the home and is always approachable and available to talk to." It was evident that like most of the staff the manager was very familiar with and knew the people who used the service despite it being a large home. In addition the registered manager had an open door session until late one evening a week to deal with any concerns either residents or their relatives might have. This was advertised in the monthly Newsletter produced by the home.

When asked about quality assurance feedback, relatives could not recall any specific questionnaires or satisfaction surveys. However, in addition to the open door policy, there was the facility to give feedback electronically in the café area. One relative said, "There is an ipad to give opinions in reception." Most people we spoke with told us that they had always gone to the registered manager if they had any concerns.

Staff we spoke with told us that they enjoy working at the home. Staff who had worked at the home for many years had seen a lot of changes. They thought that the registered manager was fair and listened to staff as well as residents and the culture at the service was fair and open. They said the registered manager was, "Alright but strict." However when questioned further this meant the registered manager had high standards and an expectation that staff would share and adhere to these. Other staff told us about the support the registered manager had given and how she had helped them to build their confidence to carry out their roles and responsibilities effectively.

Audits were carried out by the registered manager, which were then compiled into a monthly manager's summary. Areas covered in the summary included people's weight, infections, hospital admissions and the reason for them, use of bed rails and falls. This information was converted into resident trends and identified those people who were high risk and required close monitoring.

We saw a copy of the homes last providers monitoring report for Rose Court conducted by an operations manager and another external manager on 20 April 2015. The visit looked at the presentation and interior of the home, food and drink, health and safety and asked for feedback about quality of the service with people who lived there, relatives and staff. They also checked the audits carried out by the registered manager, for example the catering, medication and infection control. They also checked other information which related to weight loss, falls management, the use of

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Is the service well-led?

bed rails, complaints, staff training and supervision. Any actions required were noted and included who was responsible for the actions and the timescales for completion.

We saw a copy of the home's last annual quality and compliance assessment which included an additional assessment for dementia carried out in June 2014. This is an annual assessment carried out by the provider which showed that the home had been given the highest overall grade. The dementia assessment document stated the rationale for the grade was because 'Rose Court was exceptionally well led. The manager has a clear understanding of what makes good dementia care and ensured staff delivered this across the home. The home involves residents in every aspect of their care and they help shape how the service moves forward.' A detailed report completed by the dementia support and quality advisor was also very positive.

We saw copies of letters from the Chairman and Chief Executive of the organisation that gave positive feedback and encouragement about the home.

Prior to our visit we contacted the local authority commissioner and safeguarding teams. They did not raise any concerns with us about Rose Court.

A relative told us, "It's a marvellous place, staff are wonderful, so kind and sweet, super with her, I don't worry about mum at all. They just tell me what's going on, she is perfectly safe here, staff always do the right thing. The stimulation is marvellous they treat everyone as individuals."