Mrs N Oderuth

Roshni

Inspection report

19 Reigate Road
Worthing
West Sussex
BN11 5NF
Tel: 01903 505793

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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?	Requires improvement
Is the service well-led?	Good

Overall summary

Roshni is a residential care home which provides care and support for up to 16 older people living with dementia. There were 13 people living at the home at the time of our inspection.

The home was managed by the provider who is in day to day charge and worked alongside staff in order to provide care for people. The provider is the person who has the legal responsibility for meeting the requirements of the law. Providers are often the owner of the service and are the 'registered person' with the CQC. 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.

The home was previously inspected on 24 July 2014 and identified one breach of regulation in relation to respecting and involving people who use the service. We found that the provider had taken action to address these

Summary of findings

concerns. People were now able to make choices about the care they received. A member of staff spoke with us and told us they tried to encourage people to make choices about their daily routines.

People were cared for by staff who knew how to recognise the signs of possible abuse. Staff were able to identify a range of types of abuse including physical, financial and verbal. Staff were aware of their responsibilities in relation to keeping people safe. The manager was able to explain the process which would be followed if a concern was raised and felt confident that staff would report any concerns.

Risk assessments were in place and reviewed monthly. Where a person was identified as being at risk actions were identified on how to reduce the risk and referrals were made to health professionals as required.

Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. We asked one person if there were enough staff and were told "there is without a doubt". There were sufficient numbers of staff on duty to keep people safe and meet their needs.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. We observed medicines being administered and staff doing this safely. The manager completed an observation of staff to ensure they were competent in the administration of medicines.

Consent to care and treatment was sought in line with legislation and guidance. The manager told us that DoLS applications had been made for all people living at the service. Capacity assessments had been completed appropriately for people and were in their care records.

Staff had undertaken appropriate training to ensure that they had to skills and competencies to meet people's needs. New staff undertook a comprehensive induction programme which included essential training and shadowing of experienced care staff. New members of staff shadowed existing members of staff for two weeks to ensure that they were confident before supporting people.

People were supported to maintain good health and had access to health professionals. Staff worked in collaboration with professionals such as GPs and the falls prevention team to ensure advice was taken when needed and people's needs were met.

People received enough to eat and drink. People who were at risk were weighed on a monthly basis and referrals or advice were sought where people were identified as being at risk.

Staff knew people well and they were treated in a dignified and respectful way. We were told "I'm quite happy, I couldn't complain" and "we're always well looked after". Relatives also told us "staff are patient when they talk to her" and "I can't think of one thing I can fault them on".

Family and friends were able to visit without restriction and relatives told us that staff were always welcoming and happy to spend time speaking with them about their family members. Relatives told us that they felt involved in the care their family member received and that they had regular reviews with the manager, we were told "they've always kept us informed" another relative told us "any knocks or stumbles and we're told about it".

The care that people received was responsive to their needs. Care plans included information on people's key relationships, personality and preferences. They also contained information on people's social and physical needs. The manager told us that following the previous inspection they had updated everyone's care plans to ensure they reflected people's needs and contained information on their life history. They told us "the first thing we did were the care plans. There's been a big change with them. I'm so pleased, there's a lot more detail. However we saw that at times one person displayed behaviour which may be challenging. We saw that while this was recorded in their daily notes, behavioural monitoring charts were not in place and staff were unsure how often this person displayed this behaviour and whether there was a pattern to this behaviour.

People were able to make choices about the care they received. A member of staff spoke with us and told us they try to encourage people to make choices about their daily routines.

Summary of findings

Our last inspection identified concerns that activities were not designed to enable people with dementia to take part in meaningful activities and that there was little in the way of objects or pictures to stimulate people with dementia. We saw that the provider had taken action to address these concerns and improvements had been made. On the second day of our inspection an external entertainer visited the home. The entertainer used music and reminiscence to engaged people and encourage them to talk about their life. We also saw that throughout both days staff interacted with people and supported them to take part in activities which were planned in line with their prefences.

There was a complaints policy in place and the manager spoke with us about how they would respond to a complaint. The manger told us there had been no complaint made in the last 12 months.

The manager spoke with us about the vision for the home and told us “we run as a big family. We offer people the best care we can, they are here to be safe, comfortable and we respect their privacy and dignity. We give them choice”. Staff shared this vision.

People and relatives spoke positively of the care provided and told us that staff knew people well and there was a consistent team within the home. One person told us “it’s a lovely home”. A relative told us “I’m very pleased with the care, it’s excellent”.

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.

Staff had received safeguarding training and knew how to recognise and report abuse.

There were sufficient numbers of staff to make sure that people were safe and their needs were met.

Risk assessments were in place and were regularly reviewed to ensure that they reflected people's current level of risk.

Good

Is the service effective?
The service was effective.

People's rights were protected as the principles of the Mental Capacity Act and the requirements of the Deprivation of Liberty Safeguards (DoLS) were followed.

Staff had received training as required to ensure that they were able to meet people's needs effectively

People were supported to maintain good health and had regular contact with health care professionals

Good

Is the service caring?
The service was caring.

Staff were kind, caring and offered reassurance to people when needed.

People were treated in a dignified and respectful way.

People and those that mattered to them were involved in their care.

Good

Is the service responsive?
The service was not always responsive.

People received care which was personalised and responsive to their needs

There were meaningful activities for people to take part in.

Complaints were managed in line with the provider's policy.

Requires improvement

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

Formal and informal quality assurance processes were in place to allow the provider to ensure the quality of the service.

Good

Summary of findings

Staff felt supported and were able to discuss any concerns with the registered manager

People and their relatives were positive about the quality of care delivered.

Roshni

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection, we checked the information that we held about the home and the service provider. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We also reviewed feedback from healthcare and social care professionals. We used all this information to decide which areas to focus on during inspection.

The inspection took place on 7 and 8 January 2016 and was unannounced. One inspector carried out the inspection.

Some people living at the home were unable to tell us about their experiences; therefore we observed care and support in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience

of people who could not talk with us. We spoke with five people, three relatives and we spent time looking at records. These included four care records, three staff records, medication administration record (MAR) sheets, staff rotas, complaints, quality assurance audits and other records relating to the management of the service.

During the inspection we spoke with the provider, the manager and four members of care staff.

Good

Is the service safe?

Our findings

People were cared for by staff who knew how to recognise the signs of possible abuse. Staff were able to identify a range of types of abuse including physical, financial and verbal. Staff were aware of their responsibilities in relation to keeping people safe. Staff felt that reported signs of suspected abuse would be taken seriously and knew who to contact externally should they feel their concerns had not been dealt with appropriately. A member of staff explained that they would discuss any concerns with the manager. Staff said they felt comfortable referring any concerns they had to the manager if needed. A member of staff told us "we have to be vigilant. I've never been worried but I would speak to the manager, she's approachable". The manager was able to explain the process which would be followed if a concern was raised and felt confident that staff would report any concerns. They told us "staff are aware of the safeguarding and whistleblowing policy, they know the signs. During supervisions I always remind staff about the whistleblowing policy, there's a leaflet in the lounge to remind staff what to do. They would speak with me that's the purpose of being around".

Systems were in place to identify risks and protect people from harm. Risk assessments were in place and reviewed monthly. Where someone was identified as being at risk, actions were identified on how to reduce the risk and referrals were made to health professionals as required. Before people moved to the home an assessment was completed. This looked at the person's support needs and any risks to their health, safety or welfare. Where risks were identified these had been assessed and actions were in place to mitigate them. There were risk assessments regarding falls and for the moving and handling of people. We reviewed risk assessments and saw that people had a risk assessment in place to ensure safe moving and handling. This assessment detailed what equipment should be used and how to make the person more comfortable when being supported to move.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. We observed medicines being administered and staff doing this safely. Medication Administration Records (MAR) were in place and had been correctly completed. Medicines were locked away as appropriate and where refrigeration was required, temperatures had been logged and fell within guidelines that ensured the effectiveness of the medicines. Medicines were stored appropriately. The manager completed an observation of staff to ensure they were competent in the administration of medicines. We carried out a random check of the medicines stock and this matched the records kept. Therefore we observed that people received their medicines as prescribed.

Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all checked records. Staff files contained two references that had been obtained from current and previous employers; two forms of photographic identification had also been provided. People told us they felt there were enough staff. We asked one person if there were enough staff and were told "there is without a doubt". There were sufficient numbers of staff on duty to keep people safe and meet their needs. Staff told us they felt there were enough staff on duty. We observed that people were not left waiting for assistance and people were responded to in a timely way. We looked at the staff rota for the past four weeksand saw that the staffing leaves on the day reflected the staffing levels detailed on the rota. The rota included details of staff on annual leave or training. The rota included details of staff on annual leave or training. Shifts had been arranged to ensure that known absences were covered. The manager told us that they rarely used agency staff as they liked to ensure that staff had a good understanding of people's needs and the care they needed. Relatives told us there was a consistent staff team and this allowed them to feel confident that staff knew their family member well. Relatives told us "staff have been around a long time, you don't want a high turnover of staff".

Good

Is the service effective?

Our findings

Consent to care and treatment was sought in line with legislation and guidance. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. Capacity assessments had been completed appropriately for people and were in their care records. This ensured that people's ability to consent to consent to care and treatment had been considered. The manager told us that DoLS applications had been made for all people living at the service. We looked at four people's care records and a mental health assessment was completed on admission and reviewed monthly. People were able to make day to day choices and decisions, but where decisions needed to be taken relating to finance or health, for example, then a best interest decision would be made for people who lacked capacity. A best interest decision involves relevant professionals, relatives and others involved in the person's care making a decision on the person's behalf based on their known preferences and needs. Where possible, the person would also be invited to be involved in this decision. Staff received training on the Mental Capacity Act and demonstrated an understanding of the main points of the Act.

Some people who lived in the home were not able to make important decisions about their care due to living with dementia. Where people did not have capacity people had a Deputy in place awarded by the court of protection. A deputy is a person authorised by the Court of Protection to make decisions on their behalf on property and financial affairs, e.g. paying bills. A deputy may also be able to make decision regarding the person's welfare e.g. making decisions about medical treatment and how someone is looked after. Where a person had a deputy appointed we saw in care records that they had been consulted in respect of decisions about the persons' care and treatment. We saw that one person had an independent mental capacity advocate (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions including making decisions about where they live and about serious medical treatment options. This ensured that decisions about people's care and treatment were made lawfully and with the person's preferences and best interests in mind.

Staff had undertaken appropriate training to ensure that they had the skills and competencies to meet people's needs. Staff spoke with us about the range of training they received which included safeguarding, food hygiene and dementia training. A member of staff spoke with us about the dementia training they attended and told us "it was helpful, it's about interacting with people". The training provided was made up from a variety of face to face and online training. Training such as manual handling and first aid was face to face to face. The manager spoke with us about the training they provided and told us "we never stop learning". New staff undertook a comprehensive induction programme which included essential training and shadowing of experienced care staff. New members of staff shadowed existing members of staff for two weeks to ensure that they were confident before supporting people. Staff had completed the provider's induction checklist which involved familiarisation with the layout of the building, policies and procedures and the call bell system. There was a formal supervision and appraisal process in place for staff and action which had been agreed was recorded and discussed at each supervision meeting. Staff received supervision every eight weeks and also received an annual appraisal. Staff confirmed that they had regular supervisions and told us that they found these helpful. They discussed individual people and how best to support them and any other issues relating to their role.

People were supported to maintain good health and had access to health professionals. Staff worked in collaboration with professionals such as doctors and the falls prevention team to ensure advice was taken when needed and people's needs were met. People's healthcare appointments were recorded in a diary which acted as a reminder to staff when appointments were due.

Good

Is the service effective?

Dietary needs and nutritional requirements had been assessed and recorded. Weight charts were seen and had been completed appropriately on a monthly basis. The Malnutrition Universal Screening Tool (MUST) tool was used to promote best practice and identified if a person was malnourished or at risk of becoming malnourished. People who were at risk were weighed on a monthly basis and referrals or advice was sought where people were identified as being at risk.

We observed the lunchtime experience and saw that people were supported to have enough to eat, drink and maintain a balanced diet. People told us they had enough to eat and drink, one person told us "I eat like a horse, I get plenty". Relatives also felt that people had enough to eat and drink and told us "they're well fed, there's always a lot of cooking going on". People were offered a choice of drinks. We saw that people were offered a choice of where they would like to have their meal, some chose to eat in the lounge area and others in the dining room. We observed

the lunchtime experience in the main dining room and saw staff served the meals, prompted with use of cutlery and offered to cut food for people. We saw that one person was having difficulty using a fork and staff encouraged them to use a spoon. The person was then able to eat their lunch without further assistance from staff. We spoke with a member of staff about the support this person needed with eating and they told us "I would explain and encourage her to hold the spoon rather than take over". Meals were hot and looked appetising. People's hydration needs were met. We observed people's water jugs in bedrooms being filled up, a choice of water and squash drinks were available in the lounge. People were offered tea and coffee throughout the day and staff knew people's prefences such as whether they liked sugar or milk.

The manager told us they had recently been improving the premises to make them more 'dementia friendly'. A dementia friendly environment is an environment which takes into consideration the needs of people living with dementia and allows them to find their way around the home safely and independently. People's bedrooms were personalised with possessions such as pictures, bedding and furniture. There was also pictorial signage to indicate the menu choices available that day. There was clear signage throughout the building and pictorial signs were displayed on the toilets and bathrooms to help people living with dementia orientate themselves independently. Staff told us that the communal toilet doors had also been painted red to allow people to find the toilet more easily. We observed that the toilet doors were painted red and people were able to orientate themselves to this room.

Good

Is the service caring?

Our findings

People spoke positively of the caring manner of staff. We were told "I'm quite happy, I couldn't complain" and "we're always well looked after". Relatives also told us "staff are patient when they talk to her" and "I can't think of one thing I can fault them on". We spent time observing care practices in the communal area of the home. We observed staff maintained people's privacy and that they knocked before entering people's bedrooms. Throughout our inspection we observed people's hair was brushed, that they were wearing glasses as needed, hearing aids were in place and watches were set at the correct time. A member of staff told us "we want to keep their dignity. I knock on their door first, I will ask if they want support, I give them choices about what they want to wear". People's care plans contained guidance for staff on how to maintain people's dignity while supporting them with personal care tasks.

We saw that people's care plans contained guidance which reminded staff to promote people's independence. People's care plans detailed daily living tasks and whether people were able to carry these out independently or if support was needed. We saw a care plan which recorded that the person required assistance with dressing but were able to put on their shoes themselves. We saw another care plan which stated "with encouragement (named person) is able to do simple tasks such as washing her face and brushing her teeth. Staff are to encourage her independence as much as possible". We spoke with staff about how they encourage people to remain as independent as possible and were told "if I give them the choice of their care, I say if this is the top you want can you try and put this on for yourself?" Another member of staff told us "some people can try to put their own shoes on and we try to help them".

People appeared comfortable with staff and enjoyed interacting with them. We saw staff hold people's hands when reassurance was needed. People were gently and kindly encouraged when walking from one room to another. Staff knew which people needed equipment to support their independence and ensured this was provided when they needed it. We saw that one person appeared anxious about taking their medicines. The member of staff told the person what the medicine was and the reason they were prescribed it. The person then agreed to take their medicines. We saw that staff were gentle and friendly when they spoke with people and were quick to respond to requests in a kind and pleasant manner. We heard staff singing songs which would help people to reminisce while they supported people in the lounge.

Relatives told us that they felt involved in the care their family member received and that they had regular reviews with the manager. We were told "they've always kept us informed". Another relative told us "any knocks or stumbles and we're told about it". We saw that people's care plans were signed by their family member or advocate to indicate their involvement and understanding. Family and friends were able to visit without restriction and relatives told us that staff were always welcoming and happy to spend time speaking with them about their family members. Relatives spoke with us about the welcome they received when they visited "they're always welcoming, I couldn't wish for better". We also reviewed a thank you card from a relative which read, 'a friendly welcome always greeted me, as I regularly came to visit'. We observed relatives visit people, some chose to speak with their relative in the lounge and others chose to speak with them privately in their room.

Requires improvement

Is the service responsive?

Our findings

Care plans included information on people's key relationships, personality and preferences. They also contained information on people's social and physical needs. People's care plans contained a section detailing communication with healthcare professionals such as the GP. Care plans contained information on people's life history which gave staff information about the person's life before they moved into the home. Care records also included copies of social services' assessments completed by referring social workers and these were used to inform people's care plans. Where appropriate people had a Do Not Attempt Resuscitation (DNAR) orders in place at the front of their care plan. A DNAR is a legal order which tells medical professionals not to perform cardiopulmonary resuscitation on a person. Staff told us they found care plans helpful and that any change to the support people needed was discussed at the daily staff handover. Care plans were reviewed monthly or more often if needed. The manager told us that following the previous inspection they had updated everyone's care plans to ensure they reflected people's needs and contained information on their life history. They told us "the first thing we did were the care plans. There's been a big change with them. I'm so pleased, there's a lot more detail". They also told us "I ask relatives about people's likes and dislikes and their life story". A member of staff spoke with us about the importance of knowing people's life history and told us "we would ask relatives what their mum wants to do, like was she a secretary? They tell us their life history. The life history is helpful as you get to know the person". This information ensured that staff knew people well and understood how they liked to be supported. We reviewed one person's care plan and saw that they preferred staff to write down what they said to aid their communication. We saw that through the day staff use the person's note pad to communicate with this person. We spoke with staff and they told us "we write on a notepad for (named person). It works well if you write things down there's no problem".

Daily records were kept in individual diaries for each person. These recorded what the person had to eat, what support had been offered and accepted. The diaries also recorded changes to medicine, any concerns and what action had been taken by staff. This ensured the person's needs could be monitored for any changes. However we saw that one person at times displayed behaviour which may be challenging. We spoke with staff who were able to tell us how best to support this person and spoke of how they gently offered reassurance. We spoke with the manager who told us that it would be recorded in the person's daily notes when they displayed this behaviour but they did not have behaviour monitoring charts in place which detailed when and where the incident had taken place, events leading up to the incident, the behaviour which was displayed and what action was taken. We saw that their care plan detailed how staff should manage this behaviour and reminded staff to offer reassurance and to keep the person calm however it was not recorded how often this behaviour was displayed. This meant that staff were unsure how often this occurred and if there was any pattern to this behaviour.

We recommend the provider refers to reputable guidance on implementing an effective way of monitoring and record behaviour where appropriate.

People were able to make choices about the care they received. A member of staff spoke with us and told us they tried to encourage people to make choices about their daily routines. They told us "we want them to live like they're in their own home not in an institution; We want them to make themselves comfortable". Another member of staff told us how they supported people to make choices "we ask the residents what they would like to wear. (Named person) will tell you there's a jumper like this I'd like to wear. We offer people choices and we let them change their mind". We saw that people's care plans reminded staff to offer choices throughout their day such as what clothes they would like to wear.

Our last inspection identified concerns that activities were not designed to enable people with dementia to take part in meaningful activities and that there was little in the way of objects or pictures to stimulate people with dementia. We saw that the provider had taken action to address these concerns and improvements had been made. Throughout the home there were photos and images which were designed to encourage people to reminisce. The lounge wall had photos of the Royal family and there were images of famous actors and actresses such as Audrey Hepburn on the walls of the hallway. We also saw that there was now pictorial signage in the dining room area to indicate menu choices for that day.

Relatives told us they felt there were enough activities for people to take part in and that staff spent time interacting

Requires improvement

Is the service responsive?

their family member. One relative told us their family member was reluctant to join to group activities but told us they spent time speaking with her and offered "they're always attentive to her". We saw one person sitting in the lounge was drawing, we spoke with this person and they indicated that they were enjoying this activity and enjoyed sharing their drawing with us. Another person was sitting with a member of staff looking through family photographs and talking about their family and life events. There was a list of the week's activities which included catching ball and playing cards on the wall of the lounge. We saw that throughout the lounge there were activities which people could take part in either independently or with staff support. We saw there was a basket with wool and knitting needles which one person told us they enjoyed using as previously they spent time knitting at home. We reviewed this person's care plan and saw that it was recorded in their social care plan that they enjoyed knitting. A member of staff told us "I like doing the activities; I am always doing things and talking with them about their family and their history". We also saw someone holding a doll while a member of staff spoke with them and supported them while they selected clothes for the doll. Doll therapy can be an effective way of alleviating the anxiety and enhance feelings of wellbeing that people with dementia experience.

On the second day of our inspection an external entertainer visited the home. The entertainer used music and reminiscence to engage people and encouraged them to talk about their life. We saw that the entertainer knew people's names and spoke with them about subjects he felt would be of interest to them such as women working in the 1950s. Staff sat with people throughout the activity and encouraged them to engage and take part. One person at the home had lived most of their life in Glasgow. The entertainer knew this and sang songs about Glasgow to help them reminisce about their childhood. This person appeared to enjoy this and was tapping their hands and feet to the music. They then began to talk about their childhood and places in Glasgow which were familiar to them. A varied and engaging programme of activities ensured people's social and psychological needs were met and reduced the risk of social isolation.

There was a complaints policy in place and the manager spoke with us about how they would respond to a complaint. They would keep a written record of the complaint and ensure that they responded in a timely way. They would document if the complaint was upheld and whether action had been taken to resolve the concerns. The manager told us they had not received any complaints in the last 12 months. A relative told us they knew how to make a complaint but had never had to complain as issues were dealt with quickly. They told us "I would go to (manager) first and she would sort it out". A copy of the complaints procedure was also in the service user's guide in ensure that relatives and people living at the home knew how to raise a complaint. Staff demonstrated an understanding of how to deal with a complaint. The manager told us "I give people the information on how to complain to us and also for the Care Quality Commission so they know where they can go".

The manager told us they did not hold formal resident or relative meetings but ensured that people were given opportunities to share their concerns and receive updates on the care provided. The manager told us "I give relatives the opportunity to speak to me; they are free to talk to me at any time". The manager spent time throughout the day speaking with people and checking that they were happy with the support and care that was offered.

Good

Is the service well-led?

Our findings

The manager carried out quality assurance checks on the quality of the service provided. Environmental risk assessments were carried out and there were personal evacuation plans for each person so staff knew how to support people should the building need to be evacuated. A monthly accident and incident audit was in place and detailed the name of the person, time and date of accident, injuries sustained, who and what was involved and the action taken to reduce the reoccurrence. This system for monitoring accidents and incidents meant that the manager had identified trends and concerns and could make any necessary improvements to the home. The manager told us they also carried out informal checks on the quality of food, care plans and infection control, however there were no written records of these checks for us to review. They told us that they spoke with residents on a daily basis to gain their feedback on these areas and if concerns were raised action would be taken. We could see that the provider's quality assurance checks were effective in operating a good quality service but the provider may wish to consider how this is recorded to evidence the on-going checks that are carried out.

Regular team meetings were held and this ensured that staff had the opportunity to discuss any changes to the running of the home and to feedback on the care that individual people received. Staff were aware of the whistleblowing policy and knew how to raise a complaint or concern anonymously. The manager felt confident that staff would report any concerns to them. The manager valued their staff team and told us that they ensured staff receive regular supervision to allow them the opportunity to discuss any concerns and ensure that any issue with their practice could be addressed. The manager told us "the improvements have been good for staff, staff are happy at their job". The manager felt it was important that they offered support to people with their daily routine as it allowed them to get to know people and also observe staff practice and identify any improvements which were needed to the home. They felt that this was the rewarding part of their work. They told us "I'm proud that I'm able to look after people. I get a lot of reward looking after people". Staff told us they enjoyed their work and felt supported by the manager. A member of staff told us "it's a nice home, the manger she's nice you can talk to her. She supports us a lot; she's easy to talk to". Another member of staff told us "she's always here and you can talk to her". People told us they saw the manager almost daily and that when needed they also offered care and supported to people. They felt that they knew them well and could approach them with any concerns. Relatives also felt that the manager was approachable and easy to speak to and they told us "she always greets us and pops in to say hello". A relative told us they felt confident that the home was well led and referred to the manager saying, "she understands people with dementia".

The manager was able to describe the vision and values of the home. They told us "we run as a big family. We offer people the best care we can, they are here to be safe, comfortable and we respect their privacy and dignity. We give them choice". The manager spoke with us about the importance of involving relatives in the decisions about the family member's care and also the running of the home. They told us "we build this bond with the relatives so they know their relative is in safe hands". Staff shared this vision and told us "we work as a big family with the residents we want them to feel at home". Another member of staff told us "we try to offer high quality care and make sure they are happy".

People and relatives spoke positively of the care provided and told us that staff knew people well and there was a consistent team within the home. One person told us "it's a lovely home". A relative told us "I'm very pleased with the care; it's excellent" . Another told us "we're very satisfied; we visit often to check on things". The manager told us relatives were asked for feedback annually through a survey. The 2015 quality assurance survey asked relatives for feedback on how the home promoted and respected people's privacy, choice, dignity and independence. All seven of the relatives who completed the survey rated these areas as excellent or good. One comment read 'my mother has settled at Roshni very quickly which reflects on the individual care and respect she receives'. Another read 'From the time (named person) has been in the home he has been well looked after. I have found him to be well dressed and clean but most of all happy in himself'. The manager told us they did not hold relatives' meeting as they preferred to speak to relatives when they visited. Feedback was sought from people living at the home on an informal basis but was not recorded.

Staff told us they were proud of the positive comments and recommendations which they received from relatives. They

Good

Is the service well-led?

told us “we have good recommendation from relatives, we’re proud of that”. We reviewed a selection of thank you cards and one stated, ‘my mother has settled at Roshni very quickly which reflects on the individual care and respect she receives’. Another card read ‘thank you for your patience, understanding and care of my mother during her three year stay with you”’.