Rosebank Care Home Limited

Rosebank Care Home

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 24 October 2016 and was unannounced.

Rosebank is a residential service which provides accommodation and personal care for a maximum of 17 people with learning and physical disabilities. At the time of the inspection 15 people were living at the service. The majority of the people living at the service at the time of the inspection were semi-independent and did not require intensive care and support. The service is based in a large Edwardian property near to the town centre of Southport.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Throughout the inspection we observed staff interacting with the people living at the service in a manner which was exceptionally knowledgeable, compassionate and caring. People living at the service and their relatives spoke very positively about the attitude and approach of the staff. The atmosphere created within the service was very relaxed, informal and homely.

The service's approach to the provision of information and general communications was particularly innovative. Rosebank made extensive use of information technology (IT) and social media to maximise its level of engagement with people using the service, their relatives, staff and other stakeholders. People spoke extremely positively about the impact that this approach had on them, their level of engagement and their relationships.

Rosebank was extremely good at sharing best-practice approaches with other providers in the area. The management team had established strong links with provider groups, both locally and nationally and had openly shared some of its progressive systems and practices at no cost for the benefit of other people using services. The service also maintained links to national organisations which developed and promoted best-practice approaches. We spoke with representatives of the local authority and other local providers. Each spoke very highly of the senior management team at Rosebank and the impact that the sharing of best-practice had on their organisations.

People had also been assisted to move to more independent living by the service. We were provided with evidence of incidents where people had been cared for in a supportive and flexible manner which allowed them to move-on to more independent living.

Information was provided in a way that made it easier for people to understand. Staff took time to re-word things when people didn't initially understand. We saw that some important information, for example care documents, were produced in plain English and made use of images to support people's understanding.

We saw that people had choice and control over their lives and that staff responded to them expressing choice in a positive and supportive manner.

Friends and relatives were free to visit at any time. They told us that they felt welcome and often attended parties and events at the service.

The service was exceptionally well-led by the registered manager and the proprietors. They recognised and valued the importance of effective communication, robust management systems and sharing best-practice approaches.

It was clear that the service had been and continued to be developed with direct input from people living at Rosebank, their relatives and staff.

The registered manager and the proprietors were clearly aware of the day to day culture at Rosebank and monitored staff daily to ensure that the values of the service were upheld. Each of the staff that we spoke with was able to explain the function and culture of Rosebank in clear, simple terms.

Staff had a good understanding of their roles within the service and knew what was expected of them. They spoke extremely positively about their roles and responsibilities.

Staff were recruited safely subject to the completion of appropriate checks. This included a requirement for two references and a Disclosure and Barring Service (DBS) check.

Risks to the people living at the service were appropriately assessed and recorded in care records. We saw risk assessments relating to; eating, going-out and road safety amongst others. Each risk assessment focused on maximising the person's independence while safely managing any risks and had been recently reviewed.

The service had sufficient staff to meet the needs of the people living there. There were a minimum of two members of staff per shift with extra provision depending on activities.

Medicines were stored and administered safely in accordance with best practice.

Staff had the skills and knowledge to meet the needs of the people living at the service. Staff were given regular formal supervision and appraisal which was recorded on their file.

None of the people living at the service was subject to a DoLS authorisation. People's consent to various aspects of their care had been sought and recorded on their care files.

People living at the service were supported to maintain good health by accessing a range of community services. The service also made use of an electronic consultation system to give people quick access to a healthcare professional.

We saw from our observations that the people living at the service were involved in discussions about care on a day to day basis. We also saw evidence that people were actively involved in regular reviews of their care.

We observed that care was delivered only when it was needed. The people living at the service were encouraged to be as independent as possible and received staff interventions on request or when staff

assessed that support was required. Staff knew their needs and preferences and responded with confidence when care or communication was required.

Rosebank had a complaints procedure available to people living at the service and visitors. Complaints could be submitted in person, in writing or through electronic media. Information on how to complain was provided as part of the service user guide and contained contact details for external organisations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us that they felt safe living at the service.

The service had processes to monitor safety and employed external contractors to service and check essential equipment.

Risk was appropriately assessed by experienced staff and reviewed on a regular basis.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and supported to ensure that they could meet the needs of the people living at the service.

There was a good choice of food available. The people living at the service were encouraged to assist in the preparation of meals.

The service adhered to the principles of the Mental Capacity Act 2005. People gave their consent to the provision of care.

Is the service caring?

Outstanding

The service was exceptionally caring.

Staff interacted with the people living at the service in a manner which was particularly knowledgeable, kind, compassionate and caring.

The service made extensive and innovative use of information technology to improve communication.

The people living at the service were consistently involved in conversations about their own care and contributed to making decisions based on information provided by staff.

Staff adapted their communication style to meet the needs of the individuals and the circumstances.

Is the service responsive?

Good

The service was responsive.

The people living at the service had care delivered only when it was needed. They were encouraged to be as independent as possible and received staff interventions on request or when staff assessed that support was required.

Staff knew the needs and preferences of the people living at the service and responded with confidence when care or communication was required.

People were supported to follow interests both within the service and the community.

Is the service well-led?

Outstanding

The service was exceptionally well-led.

The registered manager and proprietors demonstrated strong, clear and consistent leadership to staff.

The registered manager and proprietors made extensive use of information technology to collect and collate important data. They also shared best-practice approaches with other providers for the benefit of people using services.

Staff were clearly motivated to do their jobs and enjoyed working at the service.

Rosebank Care 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 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 October 2016 and was unannounced.

The inspection was conducted by an adult social care inspector.

We checked the information that we held about the service and the service provider. This included 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 service is required to send to us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan how the inspection should be conducted.

We spoke with three people living at the service, four relatives, two staff, the registered manager and one of the proprietors. We also contacted the local authority to ask for their views on the service. We spent time looking at records, including four care records, four staff files, staff training plans, policies and other records relating to the management of the service. We also observed the delivery of care at various points during the inspection.

Good

Is the service safe?

Our findings

Each of the people we spoke with told us they felt safe living at Rosebank. One of them had a particular interest in safety and told us, "I have everything to do with safety. I make sure the extinguishers are checked. I check the fire alarms and emergency lights every week." Each of these checks was completed with a suitably experienced member of staff and records of the checks were maintained. Staff sometimes changed the day on which the checks were completed to ensure that the person was available to assist them. Another person living at Rosebank said, "I feel safe here and when I go out and about." The relatives that we spoke with were equally positive about the service's approach to safety. When asked about whether their family member was safe one relative said, "I have no concerns whatsoever." Another relative told us, "[Name] would tell us if there was a problem, but we've not seen anything."

Staff were recruited subject to the completion of appropriate checks. This included a requirement for two references and a Disclosure and Barring Service (DBS) check. DBS checks are used to determine that people are suited to working with vulnerable adults. The staff records that we checked contained an application form, references, DBS check and identification. The registered manager confirmed that they were considering changes to the current DBS checking schedule to make it more robust.

Accidents and incidents were recorded and assessed by the registered manager. However, the numbers were too small to allow for effective evaluation and to look for patterns or triggers.

Risk to the people living at the service was appropriately assessed and recorded in care records. We saw risk assessments relating to; eating, going-out and road safety amongst others. Each risk assessment focused on maximising the person's independence while safely managing any risks and had been recently reviewed. People told us they were involved in decisions about care and taking risks. For example, one person told us about their plans to go out without support.

Staff understood their responsibilities in relation to safeguarding and were able to explain what signs they would look out for if they suspected that somebody was being abused or neglected. They were also clear about what action they would take if they suspected abuse was taking place. The service encouraged people to raise concerns and promoted confidential reporting systems within the building and through its electronic media. Whistle blowing was actively encouraged by the registered manager and proprietors. A dedicated, confidential email system was in place which allowed staff to alert the proprietor to any concerns without identifying themselves.

The service had processes to monitor safety and employed external contractors to service and check; gas safety, electrical safety and fire equipment. We saw checks had been completed in each area within the previous 12 months. The service had a general evacuation plan in place and tests on emergency equipment were conducted and recorded regularly. People also had a personal emergency evacuation plan (PEEP). The service had an emergency box which contained essential information and equipment to be used in the event of an evacuation.

The service had sufficient staff to meet the needs of the people living there. There were a minimum of two members of staff per shift with extra provision depending on activities. The proprietors provided additional support for activities and as required. A member of staff completed a sleep-in shift between the hours of 9:30 pm and 5:00 am. The registered manager was available for 32 hours each week. These hours were deployed flexibly to meet people's needs.

We checked the service's procedures for the storage, administration and recording of medicines. We saw that medicines were stored safely and securely and that staff maintained a record of administration. We spot-checked medicine administration records (MAR) for three people and saw that they had been completed correctly. We checked stock levels for three medicines and found that they were accurate. We also saw evidence that instructions for medicines to be taken as required were available to staff. A record of staff names and a sample of their initials was kept on file so that MAR sheets could be checked and processes audited.

None of the people living at the service at the time of the inspection were prescribed controlled drugs. A controlled drug is a medicine that is controlled under the Misuse of Drugs regulations (and subsequent amendments). However, staff were aware of the additional requirements for the safe storage and administration of controlled drugs should they be required in the future.

To further promote the safety of people living at the service and staff, the provider had installed a CCTV monitoring system which provided live images of the communal areas of the building. There were monitors installed in three locations so that staff could check for incidents, accidents and intruders. People told us that they had been consulted about the use CCTV and were happy with it being used.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to meet the needs of the people living at the service. Staff were required to complete a programme of training which included; diet and nutrition, administration of medicines, people handling and adult safeguarding. Staff were also encouraged to undertake formal qualifications in care–related topics. The majority of staff had completed or were in the process of completing courses at level two or three in health and social care. The training matrix provided indicated that all training required by the provider was up to date or had been booked.

The induction process was aligned to the care certificate which requires staff to complete a programme of learning and be observed in practice by a senior colleague before being assessed as competent. Staff induction also included a 113 point checklist which had to be completed and signed by the staff member. This ensured that essential information was shared with the staff member before their induction was completed. A family member told us, "They [staff] definitely know what they're doing." When asked if staff were suitably skilled another family member said, "Absolutely." Staff spoke positively about the range and quality of training available to them. One member of staff said, "We've got on-line training. Our courses are updated every year. It's really good."

Staff were given regular formal supervision and appraisal which was recorded on their file. They were also given regular informal supervision and support by the registered manager in the form of 'Coffee Moments'. A member of staff said, "We get a lot of support here. [Registered manager] is here all the time and you can ring [registered manager] up. [Proprietors] are always popping-in and we can speak to them at any time." The registered manager and proprietor described other support mechanisms including staff awards and benefits. They told us that this helped to recognise the value of the staff and aid staff retention.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

None of the people living at the service was subject to a DoLS authorisation. We spoke with the registered manager who clearly understood the process and had acted in accordance with the relevant legislation. People's consent to various aspects of their care had been sought and recorded on their care files. In the majority of cases people had signed documents to confirm that they had given consent. For example, for the service to make use of photographs and videos.

The people living at the service were actively involved in choices about food and drink and had supervised

access to the kitchen. We were told that they were being supported to be more independent with shopping and food preparation. People living at the service also had regular take-away evenings. One person living at the service told us, "I like the food. We have choice of take-away. I like the menu. My favourite is sweet and sour." Staff clearly understood the needs of each person in relation to nutrition and hydration and had made good use of adapted cutlery and crockery to enable people to eat and drink safely and independently. One member of staff told us, "We got [Name] a two-handled cup so they could drink independently. It's all written in the care plans." We were told of another person who required their food to be cut-up for them and a different person who used a plate-guard to improve their independence.

People living at the service were supported to maintain good health by accessing a range of community services. We were told that they had a GP, optician and dentist and had regular check-ups. We saw evidence of this in care records. We also saw evidence of health care plans which detailed a range of healthcare needs and other important information. The service also made use of an electronic consultation system to give people quick access to a healthcare professional. In one example, a person had been supported to access an assessment in relation to their wheelchair. They said, "I was leaning to one side, so staff organised an appointment with the wheelchair people. The strap and the bigger footplates have helped."

The building had been adapted to meet the needs of people living there. For example, the dining area was adapted to provide a craft and activities area outside of mealtimes. It also housed the computer that people used to access electronic and social media. The service also had plans to install a lift so that people with mobility difficulties would have better access.

Outstanding ☆

Is the service caring?

Our findings

Throughout the inspection we observed staff interacting with the people living at the service in a manner which was exceptionally knowledgeable, compassionate and caring. People living at the service and their relatives spoke very positively about the attitude and approach of the staff. One person living at the service told us, "The staff are nice. They help me. They speak to me nice. They're very kind people." Another person said, "Staff treat me well. The staff are kind every day." While a third person commented, "It feels like home." A relative said, "Caring, oh God yes. I've no concerns at all." Another relative told us how they were initially concerned that their relative may not want to go back to Rosebank following home visits. They said, "[Name] never has a problem coming back. They [staff] actually do care. [Name] has been so incredibly happy here. We owe this place. They saved [Name]. I'd be brutally honest, but the staff are tremendous." The people that we spoke with and saw during the inspection were clearly happy living at Rosebank and enjoyed talking to staff and engaging in activities with them. The atmosphere created within the service was very relaxed, informal and homely.

The staff that we spoke with and the proprietor explained the service's values and functions in the same terms. Each told us that the service existed to provide a secure and stable environment in which people could become more confident, skilled and independent with a view to moving-on to more independent living in the future. In one example, a relative told us about the significant levels of anxiety that were experienced by their loved one prior to moving to Rosebank. They went on to say that the service had a significant, positive impact on their relative which had given them reassurance. Staff provided evidence that this person's anxieties had reduced leading to the elimination of some PRN (as required) medicines. The service focused on people's strengths and celebrated people's achievements. This was used to drive the service forward, to build on what people had achieved and plan what they could do next.

The service's approach to the provision of information and general communications was particularly innovative. Rosebank made extensive use of information technology (IT) and social media to maximise its level of engagement with people using the service, their relatives, staff and other stakeholders. Rosebank had its own dedicated social media channel for sharing videos of events and activities. For example, a video had been produced to promote and celebrate the upcoming Halloween celebrations. Another video captured a recent party in the grounds of Rosebank. We saw people living at the service accessing these videos during the inspection. A personal computer was provided within one of the shared areas for this purpose. Electronic tablets were also available to view videos and access the internet. Some of the videos were produced by people living at Rosebank. One person told us how proud they were of their involvement in the production and outlined plans to make more videos in the future. The service also regularly updated and shared information through social media and the local press. In one example, staff had facilitated a meeting with two television personalities because they knew that two of the people living at Rosebank were fans. This demonstrated that they knew people's interests and preferences and had worked creatively to meet their needs. In another example, people living at Rosebank featured in a video explaining how they benefitted from having daily access to pets including three rabbits and four chickens. There were numerous other videos which recorded important events and activities and provided information.

We were provided with examples of the positive impact that the use of information technology and staff interventions had on the quality of people's lives, their ability to communicate effectively and their general wellbeing. In one example, a person with limited speech previously used a book with images to support their communication and to facilitate choice. Staff recognised that the number of images limited the range of choices that the person could make. An electronic tablet was introduced so that the person had access to additional images. The tablet also allowed for a description of the image to be read out when they selected it. This meant that the person was able to articulate their needs much more effectively.

In another example, a person had been supported to develop their IT skills. This allowed them to access information of personal interest and to research aspects of their family history. For example, the person found images of their mother's primary school to show staff because they helped out at the summer fayre.

People had also been assisted to move to more independent living by the service. In one example a person had gone to Rosebank following a breakdown in a family situation. Following six months of care, support and confidence-building the person was able to move to a shared-lives scheme. The person returned to Rosebank for events and respite care. Another person was supported to return to their own home following a stay in hospital and a period of rehabilitation at the service. We were provided with evidence of other situations where people had been cared for in a supportive and flexible manner which allowed them to move-on to more independent living.

Information was provided in a way that made it easier for people to understand. Staff took time to re-word things when people didn't initially understand. We saw that some important information, for example care documents, were produced in plain English and made use of images to support people's understanding. We discussed the different approaches to communication with the registered manager and one of the proprietors. They were clear that the use of information technology and accessible information was increasingly important, but recognised that direct contact and conversations were still the most effective methods of communication for people with learning disabilities. They also highlighted how respectful communication between people living at the home was important. They said, "When we have meetings [with people living at the service and staff] we talk about respect and privacy." We saw evidence of this in the records of meetings and other communications.

We saw that staff and the proprietors spoke regularly with the people living at the service. They explained what they were doing and discussed their needs and activities. Staff knew people, their preferences and care needs very well and were able to describe them in detail. They clearly understood and respected people's individuality. This meant that conversations were more meaningful and we saw that this helped to reduce some people's anxieties. For example, one person that we spoke with was expressing concern about missing a deadline for an activity. A staff member was able to calmly and clearly explain that the timing of the activity had been changed to ensure that the person was able to complete it with the support that they required. The person was reassured by the staff comments and was able to continue with our conversation. In other examples, staff discretely and respectfully described people's care needs and histories to explain why particular approaches to care and activities were required.

We saw that people had choice and control over their lives and that staff responded to them expressing choice in a positive and supportive manner. With the exception of the administration of medicines, it was clear that the provision of care was not task-led and did not adhere to a fixed timetable. Staff, the registered manager and the proprietor were flexible in the way that they supported people and changed priorities as the situation demanded. Staff were clear about meeting people's basic needs, but responded in a timely and caring manner when people asked for additional support. This support was provided in the form of conversations, reassurance and practical care in an appropriate manner. Staff explained that people

sometimes refused care and what action they took. Regarding taking a shower, one member of staff said, "[Name] might initially refuse. We just try and talk. If [Name] was adamant, we'd try again the next day. We're always flexible." They also told us, "Every day keyworkers sit down and talk through care plans with people. If there are ideas we discuss them. If there's a change in someone's health we include it." We saw evidence of these discussions in care records and people confirmed that staff did speak with them regularly. This meant that the service was flexible in the way it provided care and support to people based on their preferences at the time.

Privacy and dignity were clearly understood and promoted by staff. Staff spoke with respect about the people living at the service and promoted their dignity in practical ways. One person living at Rosebank explained how staff supported them with personal care. They told us, "Staff help me to get out of my chair, but they don't stay with me in the toilet."

Information about independent advocacy was included in key documents and promoted by the registered manager and proprietor. We saw evidence in care records that one person had made use of an independent advocate to represent them. Other people were able to represent their own views or had a family member to assist them. People had also accessed information and support from a local learning disability advocacy service. The registered manager told us, "We have had [specialist advocacy group] in to give advice to people."

Friends and relatives were free to visit at any time. They told us that they felt welcome and often attended parties and events at the service. We saw video and photographic evidence of this during the inspection. People were also encouraged and supported to use electronic media to maintain contact with family and friends. One person said, "I use the i-Pad to talk to my brother. It used to cut him off when I called [on the telephone]." This meant that people could maintain more frequent contact with family and friends and extend communication to people who could not visit them regularly. Family members also confirmed that they could call Rosebank at any time for information and made use of the dedicated video channel. One relative said, "My niece goes on and shows my sister. It's been really good."

Good

Is the service responsive?

Our findings

It was clear that the service worked hard to maintain a person-centred approach to care and support within a shared service environment. Staff managed to offer individualised models of care without the potential compromises required in a large service. For example, each bedroom was completely different and people had plans of activity which were suited to their own needs and preferences.

We saw from our observations that the people living at the service were involved in discussions about care on a day to day basis. We also saw evidence that people were actively involved in regular reviews of their care. People also had annual reviews with health and social care professionals. Reviews were used to set goals and plan activities. For example, going out without support or working as a volunteer. One person living at the service told us, "Staff sit with me and talk about things. I look after the chickens and the rabbits. I watch them on the [cctv] camera." Another person said, "I like painting and I do sewing as well." We saw that this was planned and recorded in care records.

The service recognised the importance of pre-admission information and adopted a rigorous approach to planning in this area. People and their families were visited at home by the registered manager and the proprietor before a referral was formally agreed. This allowed for the completion of detailed pre-admission information and gave Rosebank the opportunity to observe the person in a more familiar environment. This meant that they were able to assess the person's care needs without the initial anxiety generated by moving to a new home. Staff told us that this also allowed them to recreate some elements of living at home and transfer them to Rosebank to help people settle-in. Regular contact with families was maintained following the initial referral including preliminary visits to ensure that the placement was right for the person.

We saw that people's individual preferences and personalities were reflected in the decoration of their bedrooms and shared areas of the service. The people living at the service were supported to follow their interests. Details were recorded in their care records and in daily notes. Some activities and events had also been captured on video and uploaded to the dedicated video channel. People used these to reflect on previous activities and plan for new ones. The proprietor and his family were actively involved in the planning and delivery of group activities and regularly took people on a 'mystery tour'. People living at Rosebank spoke very positively about this particular activity and clearly looked forward to the next event. Activities were also discussed and planned at regular meetings and monitored as part of the quality audit process.

We observed that care was delivered only when it was needed. The people living at the service were encouraged to be as independent as possible and received staff interventions on request or when staff assessed that support was required. Staff knew their needs and preferences and responded with confidence when care or communication was required.

People told us that they had a choice over who provided their care, but those we spoke with did not express a preference. A staff member provided an example of one person who expressed a preference for female carers. They explained how personal care tasks were scheduled to ensure that a female carer was available

as required.

Rosebank had a complaints procedure available to people living at the service and visitors. Complaints could be submitted in person, in writing or through electronic media. Information on how to complain was provided as part of the service user guide and contained contact details for external organisations. Two complaints had been received in 2016. Both complaints had been addressed in accordance with the relevant procedure. Information about complaints and concerns was shared with staff to ensure that lessons were learnt. One relative said, "I could speak to anybody [here] if I had any concerns." Another relative told us. "If I was unhappy about anything I could tell [the registered manager]."

Outstanding ☆

Is the service well-led?

Our findings

The service was exceptionally well-led by the registered manager and the proprietors. They recognised and valued the importance of effective communication, robust management systems and sharing best-practice approaches. To ensure that they maximised the impact of this approach IT systems had been developed which made communication with people living at the service, staff and other stakeholders more efficient and transparent. Each of the people we spoke with recognised the positive impact this approach had on the quality of communication and the lives of the people living at Rosebank. One person living at the home who made extensive use of the social media information told us, "I use the computer every morning. We have a resident meeting every three months. In between [registered manager] tells me what's going on." In conversation with a visiting relative they asked, "On [social media channel], have you seen me on the bike?" The relative confirmed that they had seen the video and told us, "We go on [social media channel] all the time." Regarding communication about important issues, a member of staff said, "Obviously we [staff] talk face to face and we have a communications book that we have to sign, but we also have an electronic record of issues." A relative commented, "Anything I need to know, I'm the first person they contact. I could not ask for anything better. That goes right the way through from the owners to every member of staff." Another relative said, "They [staff] keep me informed so well. [Name] has come-on so much."

It was clear that the service had been and continued to be developed with direct input from people living at Rosebank, their relatives and staff. Aims, objectives and plans were discussed openly and regularly with people and records of the discussions were produced in a range of formats including videos. For example, the proprietor told us that they were planning to install a lift to aid people's mobility. Each of the people that we spoke with was aware of the plan and it was detailed in documents that we saw. One member of staff said, "They [the proprietors] will say, we're looking at getting a lift or getting some chickens. We [staff] feel part of what's going on." The people living at the service that we spoke with were equally clear that they felt involved in discussions about activities and developments.

Staff were supported to question practice and the proprietor shared an example of when one of their suggestions was challenged. The registered manager and other staff confirmed that they felt comfortable to challenge ideas and make suggestions of their own.

The registered manager and the proprietors were clearly aware of the day to day culture at Rosebank and monitored staff daily to ensure that the values of the service were upheld. Each of the staff we spoke with was able to explain the function and culture of Rosebank in clear, simple terms. Each person conveyed an extended family environment where people were supported to enjoy happy, fulfilling and independent lives. The values and culture were consistently communicated through promotional materials including posters, memos, minutes of meetings, social media and videos.

During the course of the inspection we identified a small number of minor issues where practice could be improved. When these matters were raised with the registered manager and proprietor, they responded honestly and quickly identified how they were going to make improvements. For example, the lack of consistency in the structure of some incident reports was highlighted because it made subsequent analysis

more difficult. The registered manager confirmed that all incidents would be recorded on a different form with immediate effect. They made a note to inform staff at the earliest opportunity. This demonstrated a mature and transparent approach to management that valued continuous development of systems and approaches.

The service demonstrated exceptionally good leadership through the presence of the registered manager and the proprietors. All of the people that we spoke with told us that they were frequently at Rosebank and were actively involved with people living there and the staff. We saw clear evidence of their knowledge and involvement throughout the inspection. They provided clear instruction and led by example in the manner in which they engaged with people living at Rosebank, visiting relatives and staff. The proprietor was energetic and enthusiastic about the service and the positive impact that it had on people's lives and it was clear that they expected staff to exhibit similar behaviours.

Staff had a good understanding of their roles within the service and knew what was expected of them. They spoke extremely positively about their roles and responsibilities. One member of staff told us, "All the staff get on really well and work along the same lines. I'm happy to come to work. It's satisfying to see people happy." They shared an example of how the staff team had worked together to re-establish contact between a person living at the home and a family member. Information, instructions and expectations for staff were clearly defined in care records, memos, video presentations and policies and procedures. The service had an extensive set of policies that gave staff information about safeguarding, administration of medicines, health and safety and other important aspects relating to tasks, conduct and the running of the service. Staff were required to sign key policies to indicate that they had read and understood them.

Rosebank was extremely good at sharing best-practice approaches with other providers in the area. The management team had established strong links with provider groups, both locally and nationally and had openly shared some of its progressive systems and practices at no cost for the benefit of other people using services. The service also maintained links to national organisations which developed and promoted best-practice approaches. For example, a local university communication research project and a local dementia action group. We were provided with details of an extensive network of learning and development partners and saw that the proprietor was actively supporting and contributing to a number of forums. We saw examples of how learning had been brought back to Rosebank for the benefit of people living there and staff. For example, involvement in dementia research had led to staff accessing additional training and developing their understanding of the condition.

We spoke with a representative of the local authority regarding the sharing of information and best-practice approaches. They told us about a recent event for social care providers and commissioning staff where the proprietor of Rosebank had presented. They said, "[Name] was instrumental. He ran a workshop, gave a hand-out and ran a question and answer session. The feedback was very positive. People said they learned a lot." Other providers were equally positive about the way in which Rosebank shared information. One manager said, "They shared posters and the dashboard performance system." Another commented, "It's been quite refreshing to share ideas. I now have coffee mornings for staff to improve practice through reflection and I used the dashboard report as a basis for developing my own system."

The registered manager had a good understanding of their role and responsibilities in relation to their registration with the Care Quality Commission. Records indicated that all notifications had been completed correctly and submitted in a timely manner. The registered manager was regularly supported by the proprietors who had clear oversight of the management of the service. This was achieved by maintaining a regular physical presence at Rosebank and by the collection and collation of data relating to a range of key performance indicators. Critical data, including staff handover information was completed electronically.

The handover system had fail-safes built-in to ensure that it did not become a tick-list exercise. Staff were required to complete some information using free-text before submission of the form. The form was available to the registered manager and proprietors as soon as it had been completed. This meant that they could monitor and respond to events when they were not in the service.

The service produced a monthly 'dashboard' report which provided a platform to measure performance and drive improvement. The dashboard report captured information and trends relating to; staff supervisions, feedback, accidents, activities, complaints and staff training as well as reporting on other key issues and developments. We saw dashboard reports for the previous six months. The reports clearly demonstrated that progress had been made in relation to accidents, complaints and training. Developments, activities and improvements in quality and safety were recorded and recognised throughout the reports. For example, the dashboard report captured and shared information relating to the purchase of pets and gave instructions to staff. It also prompted staff to remind visitors to sign in and out, request email addresses and make them feel at home during their visit. One comment to staff required them to 'actively encourage' complaints as 'an opportunity to learn and grow.' This further demonstrated the open and transparent nature of the management culture within Rosebank.

In addition to the quality measures regularly reported, staff and the registered manager were required to report on a number of essential safety matters. The records that we saw indicated that all essential maintenance and checks were in date. The registered manager and proprietor used all of the information collated within the dashboard report and the compliance/safety to complete regular checks of quality and safety. During the monthly checks they also focused on the quality and review of care planning, food and general housekeeping. The processes were extensive and robust and had clearly driven improvements in the service.