Mr Roger Daniel

Red Rose Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 2 and 3 November 2017. Red Rose Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Red Rose Nursing Home accommodates 65 people across three separate units, each of which have separate adapted facilities. One of the units specialises in providing care to people living with dementia. At the time of the inspection 54 people were using the service.

A registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

During the home's previous inspection we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was in relation to the way people were safeguarded from avoidable harm and abuse. This contributed to the home being awarded a rating of Requires Improvement. During this inspection we checked to see whether improvements had been made and we found they had.

People were now protected against the risks of experiencing avoidable harm. Staff could identify the potential signs of abuse and knew who to report any concerns to. Regular assessments of the risks to people's safety were carried out, although some assessments would benefit from more regular review. People were supported by an appropriate number of staff. People's medicines were managed safely; some refresher training courses for the administration of medicines were needed. The home was clean and tidy and the provider was working towards an action plan with the local Clinical Commissioning Group to ensure adequate procedures were always in place to reduce the risk of the spread of infection. Accidents and incidents were regularly reviewed, assessed and investigated by the registered manager.

People were supported by staff who had completed an induction and training programme. However, we identified some gaps in staff training. After the inspection we had been notified that some of these gaps had been addressed. Staff received supervision of their work and felt supported by the registered manager. People and relatives had a mixture of opinions on the quality of the food provided, however when we observed the lunchtime meal, people had a positive experience. Some nutritional monitoring intake charts required completing in more detail. The registered manager had built effective relationships with external health and social care organisations and ensured people received care from health and social care specialists when needed. People had access to their GP and dentist.

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

People were supported by staff who were kind, caring and compassionate and were knowledgeable about their needs. Staff responded quickly if people showed signs of distress. People were treated with dignity and respect and their privacy was respected. People's diverse needs were respected. People were involved with decisions made about their care and were encouraged to lead as independent a life as possible. People were provided with information about how they could access independent advocates. The home had been appropriately adapted and decorated to support people living with dementia. People's friends and relatives were able to visit whenever they wanted to.

People felt sufficient activities were provided. A new full time activities coordinator was in the process of being recruited to further enhance people's experience. People and their relatives were involved with agreeing the level of care and support people would receive when they came to the home. Care records were in the majority of cases detailed and provided appropriate guidance for staff to support people effectively. People were treated equally, without discrimination and systems were in place to support people who had communication needs. People felt able to make a complaint and were confident it would be dealt with appropriately. Plans were in place to support people who were approaching the end of their life, although some care plans lacked detail and required review.

The home was well led by a dedicated, enthusiastic and caring registered manager who was well liked and respected by all. They ensured the provider's aims and values were respected by staff who in turn provided people with dignified, high quality care and support. The registered manager was supported by an effective team of staff who carried out their roles with confidence and dedication. Representatives of the provider played an active role in driving improvements at the home. There was an open and transparent approach to the service with people and their relative's views actively requested and acted on. People felt their views mattered. Staff enjoyed working at the home and were encouraged to develop their skills and knowledge further with external training in areas such as leadership, as well as being assigned 'lead roles' within the home. The registered manager continually looked to improve the service provided and expanded their knowledge by attending locally run forums with registered managers of other services. Quality assurance processes were in place and these were effective, although closer scrutiny was needed in relation to staff training.

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 were now protected against the risks of experiencing avoidable harm. Staff could identify the potential signs of abuse and knew who to report any concerns to.

Regular assessments of the risks to people's safety were carried out, although some assessments would benefit from more regular review. People were supported by an appropriate number of staff.

People's medicines were managed safely; some refresher training courses for the administration of medicines were needed.

The home was clean and tidy. The provider was working towards an action plan with the local Clinical Commissioning Group to ensure adequate procedures were always in place to reduce the risk of the spread of infection.

Accidents and incidents were regularly reviewed, assessed and investigated by the registered manager.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were supported by staff who had completed an induction and training programme. However, there were some gaps in staff training.
Staff received supervision of their work and felt supported by the registered manager.

People and relatives had a mixture of opinions on the quality of the food provided, however people had a positive lunchtime experience. Some nutritional monitoring intake charts required completing in more detail.

The registered manager had built effective relationships with external health and social care organisations and ensured people received care from health and social care specialists

when needed. People had access to their GP and dentist.

The principles of the Mental Capacity Act (2005) were followed when decisions were made about people's care. Deprivation of Liberty Safeguards were in place, however more applications may have been needed for some people living at the home.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind, caring and compassionate and were knowledgeable about their needs. Staff responded quickly if people showed signs of distress.

People were treated with dignity and respect and their privacy was respected. People's diverse needs were respected.

People were involved with decisions made about their care and were encouraged to lead as independent a life as possible.

People were provided with information about how they could access independent advocates.

The home had been appropriately adapted and decorated to support people living with dementia.

People's friends and relatives were able to visit whenever they wanted to.

Is the service responsive?

Good

The service was responsive.

People felt sufficient activities were provided. People and their relatives were involved with agreeing the level of care and support people would receive when they came to the home.

Care records were in the majority of cases detailed and provided appropriate guidance for staff to support people effectively.

People were treated equally, without discrimination and systems were in place to support people who had communication needs.

People felt able to make a complaint and were confident it would be dealt with appropriately.

Plans were in place to support people who were approaching the end of their life, although some care plans lacked detail and

required review.

Is the service well-led?

Good

The service was well-led.

The home was well led by a dedicated, enthusiastic and caring registered manager who was well liked and respected by all. The provider's aims and values were respected by staff who in turn provided people with dignified, high quality care and support.

The registered manager was supported by an effective team of staff who carried out their roles with confidence and dedication. Representatives of the provider played an active role in driving improvements at the home.

There was an open and transparent approach to the service with people and their relative's views actively requested and acted on. People felt their views mattered.

Staff enjoyed working at the home and were encouraged to develop their skills and knowledge. The registered manager continually looked to improve the service provided.

Quality assurance processes were in place and these were effective, although closer scrutiny was needed in relation to staff training.

Red Rose Nursing 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 2 & 3 November 2017 and was unannounced.

The inspection team consisted of one inspector, a specialist advisor who was a registered nurse and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted County Council commissioners of adult social care services and Healthwatch and asked them for their views of the service provided. We received positive feedback from a person who had provided Healthwatch with information about their relative's care.

During the inspection we spoke individually with two people who used the service and three visiting relatives. We also attended two 'resident and relatives' meetings and held group discussions with the 15 people who attended. This gave us views and opinions from across all three units from within the home.

We also spoke with three members of the nursing/care staff, the cook, kitchen assistant, two domestic assistants, the deputy manager and the registered manager.

We looked at all or parts of the care records for 13 people. These records included care plans, daily monitoring charts and medicine administration records. We also looked at a range of other records relating

to the running of the service including audits, policies and three staff recruitment files.

Good

Is the service safe?

Our findings

During our inspection on the 1 and 2 November 2016 we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the way safeguarding incidents were identified, investigated and acted on. During this inspection we found improvements had been made. We reviewed records relating to recent incidents at the home and found they had been appropriately investigated, reported to the relevant authorities and actions put in place to support people to reduce the risk of reoccurrence. The registered manager told us they were confident that people were safeguarded from the risk of abuse.

People were provided with information about how to keep themselves safe and who to report concerns. People and their relatives told us they or their family members felt safe at the home. One person said, "I feel safe living here. I usually stay in my room but if I need something I ring my buzzer and wait for someone to come. The staff are very nice." A relative said, "I've been to see a lot of care homes and this one definitely makes us confident that [family member] is safe."

Processes were in place to reduce the risk of people experiencing avoidable harm and discrimination. People told us they felt able to speak out if they thought they or others were at risk. One person said, "If I ever had a concern I would contact [family member] who would then go and see the manager, but I have never had anything to worry about. Oh, and I would speak to a senior carer."

A safeguarding policy was in place. This policy was in place to ensure people were protected from abuse, neglect and harassment. We noted staff had received safeguarding adults training, however some of these staff required refresher training. This training was booked for some but not all staff. This was rectified immediately by the registered manager who, after the inspection, forwarded us an updated training plan which showed the staff who had now completed this training. The staff we spoke with understood who to report concerns to both internally and externally such as to the CQC or local safeguarding teams. A nurse told us the registered manager would normally report concerns to the County Council safeguarding team, but if they were not available, they felt confident to do so in their absence.

The risks to people's health and safety had been discussed with them, assessed and were documented in people's care records. These included assessments in areas such as nutrition, pressure ulcer risk assessment and assessments of people's ability to carry out daily activities. These assessments were designed to ensure that the care and support provided for people did not unnecessarily restrict their freedom. Staff told us they would not prohibit someone from doing something deemed unwise, but was nonetheless their choice. We noted the risk assessments were generally reviewed every three months. We did note the tissue viability care plans stated the pressure sore risk assessment should be completed monthly, however, it was completed three monthly. The registered manager told us they were confident that the pressure relieving care provided ensured the risk to people's health was reduced, but advised they would review the frequency in which assessments were reviewed.

Care records contained guidance for staff on how to support people who may present behaviour others may

find challenging. A member of staff told us restraint was never used and if a person became agitated they would try to calm them and safely and calmly, remove them from the area if necessary. They said, "We know people well and we try to catch it before it escalates."

Regular assessments of the environment people lived in were conducted to ensure that people were safe. Personal emergency evacuation plans were in place to evacuate people safely in an emergency. Regular servicing of equipment such as hoists, walking aids, gas installations, fire safety and prevention equipment was carried out. We observed staff using equipment to support people in moving safely around the home. Pressure relieving mattresses were in place for people to reduce the risk of them developing pressure sores and these were set to the correct level. We did note a hoist sling used to safely move a person was not always immediately removed from underneath them which could have an impact on their health and dignity. The registered manager told us this was not common practice and would remind staff to remove them.

We observed enough staff were present to support people throughout the inspection. The number of staff working during the inspection matched the number recorded on the rota. There was good mix of staff skills in place. These included nurses, care staff and domestic staff.

The majority of the people and their relatives felt there were sufficient numbers of staff at the home and staff on the majority of occasions responded quickly when support was needed. One person said, "The staff are there when I need them." A relative said, "There are normally enough staff around to look after people." Another relative agreed and said, "When [name] needs help, they are always there." The staff we spoke with felt there were enough staff on duty to provide the care required. They said that recruitment was on-going and when shifts could not be covered by employed staff, then agency staff were used. A nurse showed us the induction an agency worker who was new to the home would complete, to ensure they were aware of important matters such as where the fire exits were situated. We reviewed three staff files and records showed safe recruitment procedures, such as criminal record checks and proof identity had been followed. We also found the nurses were appropriately registered with the Nursing and Midwifery Council. This protected people from the risk of unsuitable staff.

The people we spoke with told us they were happy with the way their medicines were managed at the home and the support they received from staff where needed. One person said, "I have tablets for my [condition] and they are always given to me at exactly the right time." Another person said, "I have [condition] and have tablets for it and the staff always give them to me in the morning when I am supposed to have them and that is really very good."

Medicines were stored safely. Temperatures of the room, fridges and cupboards used to store people's medicines were recorded and were within the recommended safe limit. We observed a member of staff administer medicines to people and they did so safely and line with people's personal preferences as recorded within the medicine administration records (MAR). People's MAR also contained a photograph to aid identification and to reduce the risk of misadministration, details of people's allergies were also recorded. MARs were also used to record when a person had taken or refused their medicine and we found these had been completed appropriately.

When medicines were prescribed to be given only when needed, protocols were in place to provide information to staff to ensure they were given consistently and safely. Staff told us their competency in medicines administration was checked within the last year and two staff files indicated competency checks were completed in May 2017. We identified that some staff required refresher training for the safe administration of medicines, after the inspection we were informed this had been completed.

People and their relatives told us they felt the home was clean. One person said, "The home is very clean although it does need a bit of 'doing up', but that does not really bother me." Another person said, "I have my own room and it is always cleaned well. The cleanliness is excellent." A relative said, "The home is clean and [name's] room is well looked after. The cleaners are very good; one in particular as they always makes a fuss." Another relative told us they felt the cleanliness of the home had improved recently.

The home had an infection control policy and an infection control lead who was responsible for ensuring the home met its obligation to provide people with a clean and hygienic environment. We spoke with a domestic assistant. They showed us the cleaning schedule they followed to ensure that all parts of the home were regularly cleaned. They told us they had sufficient time to carry out their duties effectively. Most staff had completed infection control training and where required, training to ensure food was prepared hygienically and safely.

We found the home to be clean and tidy although some furnishings such as communal chairs did need replacing. The registered manager told us an extensive refurbishment plan was in place to address some of the concerns raised during an inspection by an infection control nurse in July 2017. This included replacing some flooring and chairs. We reviewed the provider's action plan and the registered manager told us they would keep us updated with its progress.

The registered manager carried out regular reviews of the accidents and incidents that occurred at the home. These reviews enabled the registered manager to identify any themes or trends which would enable them to put preventative measures in place to reduce the risk of reoccurrence. Serious incidents were reported to the provider and where needed actions were put in place to address any immediate concerns for people's safety. Where amendments to staff practice were needed these were discussed during supervisions or team meetings.

Requires Improvement

Is the service effective?

Our findings

During the inspection we reviewed the record of the training staff had completed to see whether training deemed compulsory by the provider for staff to carry out their roles effectively had been completed. We noted a number of gaps in areas such as safeguarding of adults, moving and handling and safe administration of medicines. Most staff had completed this training but required refresher training to ensure their knowledge was reflective of current recommended best practice. We discussed these gaps with the registered manager and they told us since they had started working at the home they had identified this as an area that required improving. They assured us during the inspection that they would take immediate action to address this. After the inspection we were advised that staff had now either completed or were booked on courses in the near future to complete training in key areas. Further work was needed to ensure that training in other areas such as; end of life and mental capacity and deprivation of liberty safeguards were also completed. However, we were reassured that the registered manager would address this.

People and their relatives told us they felt staff understood how to support them or their family members. One person said, "They took a little time to get to know me but when they did all is fine now." A relative said, "[Family member] seems a lot more settled since they have moved here, that is down to the staff."

Staff received an induction when they first came to the home and then training to provide them with the skills needed to support people effectively. Many of the staff had either completed or were in the process of completing their Care Certificate training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff told us they felt they had the skills to carry out their role effectively and felt supported by the registered manager. Records showed staff received regular supervision of their role and also showed people were supported in their professional development by completing externally recognised qualifications such as diplomas (previously known as NVQs) in adult social care. Each nurses' professional qualification was regularly checked to ensure their effectiveness in providing people with effective, high quality nursing care.

People's physical, mental health and social needs were assessed and provided in line with current legislation and best practice guidelines. The registered manager was aware of the National Institute for Health and Care Excellence guidelines. They could explain how these were used to provide people with the care they needed, ensuring all people were treated equally at all times. Information from other expert professional bodies was also provided throughout the home to inform people on how they and others could contribute to maintaining good health. For example, information from Public Health England was displayed in the home about outbreaks of influenza.

Records showed a person with diabetes had an individual diabetes passport provided by the diabetes specialist team stored in their care records. This provided staff with clear instructions on how best to support this person with diabetes and indicated when their medicines were reviewed.
Recognised tools were used to assess people's risk of developing pressure ulcers and a nutritional screening tool was used to assess their risk of malnourishment. Records indicated that people at high risk of developing pressure ulcers were assisted to re-position every two hours.

Technology had started to be used to within the home to support people with understanding their own health needs and to promote their independence. The registered manager told us they had recently used an iPad to help explain a person's health condition to them. They told us the use of this technology, large fonts, pictures and photographs helped the person to better understand their health condition. They also told us the iPad was available for others to use if they wished and, more similar technology would be introduced to the home soon.

We received varied feedback from people and relatives in relation to the quality of the food provided. One person said, "The main courses are very good, but the puddings are horrible and there is no fruit. My family have to bring that in for me, including fruit to have with my breakfast. If I ask for fruit I just get a sliced-up banana." Another person said, "The food is very good. I am fussy as I don't eat meat, but there is always something without meat on the menu. There is always enough choice and enough food. In fact I am putting on weight as my trousers are getting tight." Some relatives praised the food stating there was a good choice whilst others told us they felt improvements to the quality of the food were needed. We attended two 'resident and relatives' meetings during the inspection where the quality of the food was discussed with the registered manager. The registered manager assured those who attended that they would advise the kitchen staff of the points raised.

We observed people's lunchtime experience. We found staff supported people with eating where needed but encouraged independence where people were more able. Staff were patient and reassuring and ensured people ate as much of their meal as they were able to. People were offered a choice of meals and we observed a staff member showing people the different desserts that were on offer. The staff member said to people, "You could have a little cake or some strawberry mousse. It is up to you if you have anything." We also saw staff regularly check to ensure all people were eating, including those in their own rooms and in smaller sitting rooms away from the dining room.

The cook, along with other staff, had undertaken a nationally recognised qualification in catering and food hygiene and held information about people's allergies and food preferences. The cook spoke knowledgably when we asked them about the specific dietary requirements for one person. They also told us people were involved with choosing the meals at the home and a four week, seasonally rotated menu was in place to ensure variety for people.

Where risks to people's nutrition were identified, food and fluid monitoring charts were in place to record the amount of food and drink they consumed. However, the quality of the records was variable. Some charts did not document people's food intake completely, suggesting that people had missed main meals altogether and showed very few drinks were offered/consumed. Others indicated, that whilst people's fluid intake was low they were offered drinks regularly. Fluid targets were set, however, they were set higher than we would have expected for some people and they did not reach their target. We spoke with the deputy manager about this and they told us they had realised this and the way the target was calculated did not take account of some individual issues. They told us they were intending to review the way the targets were set.

The registered manager had ensured that positive relationships had been made with other healthcare agencies involved with people's care, to ensure they received effective care, support and treatment. For example, a person's care record showed their diabetes medicines were reviewed and the diabetes specialist nurses visited regularly to monitor the person's condition when they made changes to their insulin and medication regime. Staff monitored the person's blood sugar levels more frequently as requested by the specialist nurse and worked with them to ensure the new regime met the person's needs.

We noted plans were in place to enable the smooth transition between health and social care services and Red Rose. For example, a hospital transfer document was in place that ensured when people needed short or long term hospital care, the hospital staff had sufficient information to provide each person with safe and effective care and treatment.

People had regular access to a wide range of external healthcare professionals such as GP's, dentists and chiropodists. People's records showed staff referred people to external healthcare professionals when needed. Staff told us they would contact a person's GP if they felt unwell. Care records contained evidence people had seen an optician for an eye test. We also saw a person had been reviewed by a speech and language therapist (SALT). Their care record contained information and guidance provided by the SALT on providing the person with a specialised diet.

The home had been adapted to ensure that people's individual needs were met by the environment they lived in. The home was split into three units; nursing, residential and for people living with dementia. In each of these units people's needs had been addressed by ensuring they had the appropriate support for their needs. This was particularly evident in the dementia unit, where memory boxes were placed outside people's bedrooms doors for people to identify things that were important to them, different coloured doors and handrails to help people differentiate between objects and appropriate signage to help people orientate themselves around the unit. A sensory/music room was also provided to give people who may have become distressed or agitated a calming retreat where needed.

Throughout the inspection we observed staff asked for people's consent before providing them with care and support. A relative told us the staff treated their family member as an equal and ensured they never forced them to do anything they did not want to do.

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. We checked whether the service was working within the principles of the MCA.

Where people lacked the ability to consent to decisions about their care, their care records contained assessments to ensure decisions that were made adhered to the principles of the MCA. We noted relatives were involved with this process. Consent to the use of photographs within the care records and to allow other professionals access to their care records were completed. When a person was unable to consent to a decision, mental capacity assessments were completed. These included decisions such as supporting people with their medicines and personal care.

Some people had 'do not attempt cardiopulmonary resuscitation' (DNACPR) documentation in place. These had been completed by the person's GP or other appropriate professional person. This meant that the decision for CPR to not be carried out had been taken, if it may have a detrimental effect on the person's on-going health.

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 are called the Deprivation of Liberty Safeguards (DoLS). Records showed that DoLS applications had been made for some people whose safety would be at risk if they were out in the community on their own. We looked at the paperwork for three of these people and saw the staff adhered to the terms specified. However, upon discussion with the registered manager it was agreed that more people required these safeguards to be put

in place to ensure their liberty was not unlawfully restricted. The registered manager told us they would carry out a review and make the necessary applications to the authorising authority.

Good

Is the service caring?

Our findings

People told us they felt the staff were kind and caring and they enjoyed living at the home. One person said, "The staff are very kind. They put their arms around me and give me a hug. I get more care here than I get at home; even the cleaners hug me." A relative said, "They are all very dedicated and they really seem to care."

We observed a number of kind and compassionate interactions between staff and people. They appeared at ease in each other's company and there was a mutual respect between them. Staff spoke to people as equals; they never talked down to them and appeared to value their opinions. The opinions of relatives mattered too and we actively observed the registered manager meeting with relatives to gain their views on the quality of the service provided for their family member. One relative said, "The new manager really seems to care about what I think."

People living with dementia were treated equally and were provided with good care and support that enabled them to lead fulfilling and meaningful lives. Red Rose Nursing Home has been awarded the Nottinghamshire County Council (NCC) Dementia Quality Mark (DQM). The DQM is awarded to care homes in Nottinghamshire that have shown that they provide a high standard of care for people living with dementia. A specialised dementia unit was in place. This environment supported people to lead independent but also safe lives. We saw a person was provided with a child's pram and doll which they 'cared' for throughout the day. The person's relative told us this was an effective way for managing their family member's behaviour which at times could become aggressive and challenging to others. The staff spoke knowledgably about how they supported people living with dementia and we saw many positive, caring and patient interactions between people and staff.
People were supported by staff who had a good understanding of what was important to them. The staff we spoke with were able to describe people's care and support needs, but also what was important to them and what people's likes and dislikes were. People's care records contained information about their life history and staff used this information to form meaningful relationships with people. Many of the relatives praised the approach of staff and told us they and their family members regarded them as friends.

We observed staff respond quickly when people showed signs of distress of discomfort. For example, when one person had become upset, a staff member held the person's hand and spoke reassuringly to them. When this did not alleviate the person's distress, they asked the person if they would like to go for a walk around the unit, which they did. When they returned to the lounge a short time later the person was much more settled and no longer distressed. This meant staff understood how to support people in a calm and reassuring and compassionate way.

People told us they were supported and encouraged to contribute to decisions about their care and support needs. Records showed people and where applicable their relative, had been involved with the agreement of the care and support that would be provided by the home. The registered manager told us they were looking to improve further how people were able to give their views about their care needs. This included inviting people and their relatives to meetings with them which was the next step forward in this process.

Information was available for people about how they could access and receive support from an independent advocate to make decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. We noted the information could have been provided in more prominent places throughout the home, to enable people to independently request the use of an advocate if they wished.

Staff told us they felt they had the time to sit and talk with people as well as carrying out their daily roles. We saw numerous examples of staff doing so throughout the inspection which contributed to a relaxed atmosphere throughout the home. We did note staff on the nursing unit did on occasions appear more 'task led' with less interaction with people than in other areas of the home, but this did not detract from the positive relationships between staff and the people they supported. The registered manager told us they encouraged staff to spend as much time as possible with people and if they felt staff were unable to fulfil this important part of their role due to constraints on their time, they would amend the staff rotas accordingly.

Providing people with dignified care was a key aim of the provider. Dignity Champions were in place in the home. These were staff members and people living at the home who ensured that all people were treated with dignity and respect at all times. A 'Dignity Awards' scheme was in place. This scheme enabled people and relatives to nominate staff who had provided particularly high quality dignified care.

People's privacy was respected. One person said, "When I use the commode the staff are always very considerate about my privacy. The staff always knock before entering my room." We observed staff knock on people's doors and wait to be given permission to enter and we also saw staff respect relative's privacy when they were spending time alone with their family members. There was plenty of space throughout the home for people to sit alone or with family and friends if they wished to.

People's care records contained clear guidance for staff on people's ability to carry out tasks for themselves We saw people were supported to be as independent as they wanted to be and were encouraged by staff to do as much for themselves as possible. One person said, "The staff really just let me get on with things and they often stop to have a chat."

People's care records were handled respectfully ensuring the information within them was treated confidentially. Records were stored away from communal areas to prohibit unauthorised personnel from accessing them. The registered manager was aware of the requirements to manage people's records in accordance with the Data Protection Act. They told us should the provider's computer system fail, then people's records were retrievable by a backup system provided by an external organisation tasked with managing the provider's computer systems.

We asked the registered manager whether there were people living at the home who had specific personal preferences that needed to be taken into account when scheduling staff rotas. They told us that people did not, but if someone who came to the home who had a specific cultural, religious, learning or communication need that needed specific staff in place to support them, then this would be accommodated wherever possible.

The registered manager told us that people's relatives and friends were able to visit them without any unnecessary restriction. The relatives we spoke with told us they felt able to visit their family member whenever they wanted to and were always made to feel welcome.

Good

Is the service responsive?

Our findings

People and their relatives felt involved with decisions about their family member's care. One person told us staff always listened to them and when they wanted anything changing about the way staff supported them, staff always respected and acted on their views. A relative said, "I am fully involved, they [staff] listen to you and it seems like your opinions matter to them."

Before people came to stay at the home a pre-admission assessment was carried out to ensure people could receive the support they needed. They, or where relevant an appropriate relative, were consulted and then agreed care plans were put in place detailing how they would like staff to support them or their family members. These care plans included information about people's specific health needs such as the assistance needed with meals, whether they were at risk of developing a pressure sore or support was needed with mobilising around the home. Other more personalised information was also included, such as people's preferred daily routine, the activities they liked to take part in and people's likes and dislikes in areas such as food and drink. These records were reviewed on an on-going basis with people and where relevant their relatives. Relatives we spoke with told us they felt able to give their views if they felt amendments to their family member's care were needed.

People's care plans were written in a way that protected people's rights, encouraged independence and reflected people's preferences for how they wanted their care to be provided. People's care records contained information about their life history and the registered manager was actively trying to obtain more information about their lives from relatives. We observed the registered manager discuss this with relatives throughout the inspection.

People who had a mental or physical disability were not discriminated against and efforts were made to ensure they had the same access to services and the same level of care as people who were more able. The registered manager was aware of the Accessible Information standard which ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. For example, a person was unable to use their left hand following a stroke and their care plan stated their call bell should be within reach and reminded staff that it should be place on their right side. Their communication care plan also provided detailed information about their limited ability to communicate verbally and how staff could maximise the person's participation. Other efforts had been made to ensure people with a disability or sensory loss to ensure people received the information they needed. Providing information in larger font, in alternative languages and the use of easy read information was made available for people if the need had been identified. The registered manager told us this was an area they wished to develop further to ensure that all people were treated equally no matter the state of their physical or mental health.

People's care records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life. A priest attended the home and offered people the opportunity to attend a church service and to take Holy Communion. The registered manager told us that although there were not people currently living at the home who followed a non-

Christian religion, they told us they would ensure that all faiths were respected and people's right to practice their chosen religion would be supported.

People and their relatives told us when activities were provided at the home they or their family member's enjoyed taking part and felt it added to the positive atmosphere at the home. One person said, "The activity lady is lovely, but she only comes in three days a week." Another person said, "I am fond of reading and I am provided with lots of reading materials. I watch television a lot and sometimes we have a little bit of a 'do' here which I really enjoy and wish that would happen more often." A relative we spoke with particularly praised the activities provided for people living with dementia and they felt their family member had flourished as a result of the care and activities provided at the home.

An activities coordinator was present at the home. We were told by the registered manager that they currently worked part time, however, recruitment was currently under way to employ a full time member of staff to offer additional support for people to follow the activities that were important to them. A number of activities were provided to enable people to socialise with each other and to reduce the risk of people becoming socially isolated. A 'Dignity Dance', silent auctions, coffee mornings and a 'Volunteer Day' which gave family and friends the opportunity to attend the home to help plant bulbs, flowers and plants in the garden all contributed to cohesive nature of the atmosphere at the home.

People who were cared for in bed and were unable to take part in activities outside of their bedrooms were not discriminated against and were offered support on a one to one basis. For example, records showed one person currently cared for in bed had one to one activities once a week which included hand massages, making puppets, reading poems and time spent with their pet dog. The registered manager told us they had identified a particular area of distress for people when they came to live at the home was leaving their pets behind. Therefore regular visits were arranged for people which resulted in a very happy response from the pet's owners. This showed the registered manager and staff were responsive to people's needs.

During the resident and relative meetings we attended during the inspection people and their relatives felt able to make a complaint if they needed to. The general theme throughout was that staff and the registered manager welcomed their comments or complaints and they were acted on appropriately. During these meetings we observed the registered manager give people and relatives the opportunity to discuss general concerns, or to ensure confidentiality, to discuss any concerns after the meeting. This open approach by the registered manager was welcomed by all.

Staff were able to explain what they would do if a complaint was made to them. A staff member told us if a person wanted to make a complaint they would listen, reassure the person that they would act on it for them and try to resolve the issues. If they were unable to do so themselves then this would be reported to the registered manager.

Records showed the registered manager was aware of their responsibilities to ensure that when a formal complaint was made, a response was sent to the complainant in good time, outlining what they had done to investigate the issue and where appropriate, what action they would be taking. We noted a recent example recorded in a person's care record had been responded to in detail. We noted further examples in the provider's log of complaints where, if needed, apologies were also provided to the people concerned. This open, honest and transparent approach ensured where mistakes had been made, they had been admitted, acted on and plans put in place to reduce the risk of them reoccurring. Learning from complaints made formed a regular part of team meetings with staff at the home and during discussions with registered managers of other services within the provider group and representatives of the provider.

We were told by the registered manager that at the time of the inspection no person living at the home was were very close to the end of their life. We therefore reviewed end of life care plans for four people. We found the information contained basic information for staff to follow but in two of the four care plans more personalised information about their wishes and the actions they wished staff to take were needed. Care plans for others who had recently been admitted to the home did lack detail about how they would like to be supported towards the end of their life. The registered manager told us that obtaining the information they needed about this sensitive subject was sometimes difficult, partly due to the reluctance of some people or relatives to talk about it in detail. They acknowledged this was an area they needed to improve both in terms of staff training and obtaining information from relatives. They told us training was in the process of being booked for staff and they had already started to speak with people and relatives about their preferences. The registered manager told us it was important the subject was handled sensitively but agreed it was important to ensure people were able to have a dignified death in the way they wanted.

We spoke with members of staff about the care provided when someone was at the end of their life. They spoke respectfully and knowledgably and told us they would enable people to pass away in the way they wanted whilst also managing any associated risks. They also said they would keep people comfortable and well cared for. They said they had access to Macmillan nurses for advice when necessary.

The registered manager told us they would ensure that all relatives were supported at this difficult time for them. They told us parts of the home were available to family to use when a person had passed away and they would offer reassurance to them by ensuring their family member's body was handled respectfully. Support with funeral arrangements would also be offered.

Good

Is the service well-led?

Our findings

People and their relatives spoke about the positive impact the registered manager had had since they came to the home on the way the home is managed and the general atmosphere of the environment. One person said, "The manager is very approachable and occasionally she will just pop into my room." A relative said, "The new manager is a breath of fresh air."

The registered manager ensured the provider's values and aims were respected by staff and used to provide people with high quality, dignified care. Ensuring staff treated all people equality and providing people with dignified care was a fundamental aim of the provider. The introduction of the 'Dignity Awards' to reward staff who provide exceptional care was a way of showing staff that their performances were appreciated. Staff enjoyed working at the home. One member of staff told us they enjoyed their job and felt the unit they worked in had been transformed to become more appropriate to the needs of people living with dementia. Another member of staff said the home was more organised since the new registered manager had started and said, "We can challenge anything." Staff felt valued, were able to give their views if they had concerns about their role and felt the registered manager communicated with them well. Staff understood what was expected of them and were empowered to carry out their roles effectively.

People were supported by staff who felt valued, their opinions were respected and they understood how to identify and act on poor practice. A whistleblowing policy was in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

People, relatives and staff felt able to give their views about the service provided and felt confident to speak out if they felt standards had slipped. This contributed to an open and transparent atmosphere at the home. One person said, "There are relatives and residents meeting and they are quite good, in fact there is one this afternoon" A relative said, "The manager listens and when they say they are going to do something they do it. This reassures me." A staff member said, "You get the opportunity to give you views at meetings but you don't have to wait for a meeting."

The registered manager recognised the importance of ensuring people and their relatives were able to give their views and had recently made improving the attendance at 'resident and relative' meetings a high priority. During the inspection we noted three meetings had been arranged, one for each unit. The registered manager told us that by separating the meetings into three unit specific meetings, this gave people more opportunity to have their opinions heard and ensured the discussion were more relevant to them. We attended two of these meetings. People were provided with an agenda and an open discussion was held about the positives and the areas that needed some improvement. Agreed actions were put in place and the registered manager assured people that action would be taken and would be reviewed at the next meeting. After each meeting we spoke with people and their relatives, without the staff present, to gain their views. The feedback from the attendees was positive, they felt their views were welcomed and appreciated the registered manager acknowledging any concerns raised and had confidence things would be addressed.

Other ways of gaining people's feedback were in place. We noted a survey for 2017 was due to be sent out. The results of the 2016 were on the whole positive, with people responding that the food was good, the staff cared about them and they listened to their views.

The registered manager was experienced and had worked in adult social care for many years. They had the experience, knowledge and expertise to manage the home effectively. They had recently employed a new deputy manager who as a registered nurse had the experience to support the registered manager with the clinical /nursing side of the home. Other staff were empowered to support the registered manager. Heads of department were in place and these met regularly with the registered manager to ensure that the care provided met the standards as expected by the provider. Other staff working in non-managerial roles were also encouraged to develop their knowledge to enable them to contribute to the development of the service. Some staff had lead roles in areas such diabetes, dementia and dignity. These clearly defined roles ensured all staff were able to support each other and also to be held accountable for the decisions they made.

The home is managed by a caring, dedicated, enthusiastic and experienced registered manager, supported by a provider who wished to actively improve the lives of all people. The registered manager had a clear understanding of their role and responsibilities. They had the processes in place to meet the requirements of a registered manager with the CQC and other agencies, such as the local authority safeguarding team. The manager had also ensured that the CQC were notified of any issues that could affect the running of the service or people who used the service.

The provider had ensured the registered manager had a clearly defined role and responsibilities and held the registered manager accountable for their role. Monthly reports were sent to the provider highlighting any areas of concern such as incidents, infection control and safeguarding and agreed actions were then put in place. The registered manager told us they were currently working on delegating the responsibilities of some of their role to senior staff to upskill and empower them. They told us this would also ensure, the home would continue to run smoothly if they were away from the home for any length of time. Part of this process has been to agree funding with the provider to enable the new deputy manager to attend a 'Leadership' course, designed to give them the skills to support the registered manager with the management of the home. The registered manager told us they received the support they needed from the provider.

The registered manager was keen to continuously improve the lives of people at the home and welcomed guidance, advice and support from other registered managers within the provider group. The registered manager also attended events run by Nottinghamshire County Council for registered managers of adult social services. During these events changes of relevant policies, guidance and positive and negative events at services were widely discussed to enable learning and development. The registered manager told us they had recently attended an event where the registered manager of a service that had been rated 'Outstanding' by the CQC discussed what they did to provide their people with a consistently high level of care and support. The registered manager told us they would use the knowledge gained from this to further improve the lives of people living at Red Rose.

Quality assurance systems were in place to help drive improvement at the home. The responsibility for carrying out these audits, in areas such as infection control, medication and the environment were carried out both by the registered manager during daily 'walk-a-rounds' and respective heads of department. Representatives of the provider also carried out regular reviews of the service and these were used to drive continuous improvement at the home. Actions from these audits were reviewed to ensure they had been completed. The registered manager acknowledged that more needed to be done to ensure staff training

was more regularly reviewed and gaps dealt with quicker, and they had already put steps in place to address this.