

Eminence Care Limited

# Rose Lodge Exmouth

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

An unannounced inspection took place on 15 and 19 April 2016. It was carried out by two inspectors.

Rose Lodge provides accommodation for up to 34 people who require personal care; 32 people were living at the home during our visit, including a person who had been admitted to hospital. The service provides care for older people, who are living with the early stages of dementia. They also care for people who have more complex care needs because of the progression of their illness.

The bedrooms are on the ground and first floors, which can be accessed by two passenger lifts. Work was taking place to provide an increased number of en suites in the original building called The Lodge. The Cottage, which is attached to The Lodge, is purpose built with rooms that include en-suite facilities. There are two communities living at Rose Lodge, who interact with one another. A person centred approach meant some people moved between the two communities to suit their personal preferences. For example, one person told us they chose to engage in some activities with one community but benefited from the environmental changes in The Cottage which was where their room was based.

There was a registered manager. 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'. The service is owned by a provider, who is a registered person. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions, and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. We discussed DoLS with the registered manager and looked at records. We found the provider was following legal requirements in the DoLS. At the time of the inspection, an application had been made to the local authority in relation to people living at the service. This meant people's legal rights were protected.

People praised the atmosphere of the home. People felt safe and well cared for. Staff were attentive to people's changing moods and calmly intervened if people became unhappy with each other. Staff consistently demonstrated affection and warmth in their relationships with people. People praised the standard of the food and the cleanliness of the home. People took a pride in their surroundings and several people commented on feeling part of a community. People were supported to eat and drink in a relaxed and supportive manner by staff who worked to promote a pleasant meal time experience.

The atmosphere of the home was one of constant stimulation whether on a one to one basis or through group activities. However, the atmosphere was calm. Staff were well-organised, working as a team while maintaining a relaxed and unrushed manner. Music and singing featured as an everyday part of people's

daily life. We saw this activity formed bonds between people and staff enabling them to build relationships and participate as equals.

The registered manager and our conversations with the provider clearly demonstrated their commitment, both financially and ethically, to provide an innovative environment that enabled people to be as independent as possible. They had sought specialist advice on the selection of colours, lighting, flooring and furniture, and made changes based on specialist recommendations. The gardens were laid out to provide an interesting and stimulating area to garden, with hens, rabbits and fish to watch, or a place to relax and entertain friends and family.

People visiting the home praised the way it was run and the commitment of the staff. They recognised the range of activities and the investment into the building to maximise people's independence. An ethos had been created by the providers, the registered manager and staff to ensure people's diagnosis of dementia was not a barrier to them leading full and active lives.

People told us about the skills of the staff who cared for them. They commented on their friendliness and positive approach. People were consulted about their care, and their wishes were respected. Staff were consistently smiling and looked happy to be at work. Staff said they were well supported and had access to a range of training and supervision. Staff morale was high with staff enthusiastically describing their roles and responsibilities. They were clear about the ethos and values of the home which they demonstrated in their actions and interactions with the people living in the home and their teamwork.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service. Staff were attentive and the atmosphere was unrushed. There was an effective recruitment and selection procedure in place and the registered manager carried out robust checks when they employed staff.

People were confident complaints and concerns would be addressed; they said the registered manager and staff were approachable. The service is well-led and the registered manager provides a strong role model for good practice.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Recruitment practices were robust. The manager could demonstrate that staff were suitable to work with vulnerable people before they started working with people.

Medication was well managed.

Staffing levels met people's emotional and physical needs.

Staff knew their responsibilities to safeguard vulnerable people and to report abuse.

The home was well maintained creating a safe place for people to live.

Good 

### Is the service effective?

The service was effective.

The service was outstanding in providing effective support.

People were cared for by competent staff who received training which was relevant to their roles and promoted the ethos of the home to support people's well-being and independence.

People were supported to eat and drink in a relaxed and supportive manner by staff who worked to promote a pleasant meal time experience.

The internal and external environment was designed to enable people to maintain their independence and help them make choices.

Outstanding 

### Is the service caring?

The service was outstanding in providing caring support.

People were supported by staff who were kind and caring. The service was exemplary in recognising people as individuals and responding to their preferences.

Outstanding 

People were supported by staff that were committed to providing support in a person centred manner. Staff were respectful and thoughtful in their approach.

Visitors were very satisfied with the high standard of care and praised the atmosphere of the home. They told us they were always made welcome by staff.

### **Is the service responsive?**

The service was responsive.

The service was outstanding in providing responsive support.

People were able to make choices about all aspects of their daily lives. Staff took account of people's previous lifestyles and wishes when planning and delivering care.

There was an excellent programme of activities and social events meaning people were well occupied and stimulated. Music and singing featured as an everyday part of people's daily life.

People felt comfortable to make a complaint and people told us staff and the management team were approachable.

**Outstanding** 

### **Is the service well-led?**

The service was well led.

People lived in a home which was well run by an open and approachable registered manager, who was supported by committed providers, who regularly spent time at the home.

High staff morale created a happy and vibrant place for people to live. An ethos had been created by the providers and the registered manager to ensure people's diagnosis of dementia was not a barrier to them leading full and active lives.

**Good** 

# Rose Lodge Exmouth

## 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 15 and 19 April 2016 and was unannounced.

The inspection team consisted of two inspectors. Before the inspection, we reviewed the information we held about the service and statutory notifications we had received. Notifications are forms completed by the organisation about certain events which affect people in their care. We also reviewed previous inspection reports and information from people visiting the service.

We met with most of the people living at the home. We spoke with 8 people to hear their views on their care. However, some other people were not able to comment specifically about their care experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people living with dementia. We also spoke with four visitors.

In addition, we met with nine members of staff, the registered manager and the provider. We reviewed four people's care files, three care staff recruitment files and staff training records. We also looked at records relating to the management of the service. During our visit we sought feedback from health care professionals to obtain their views of the service provided to people; they gave positive feedback.

## Is the service safe?

### Our findings

There were effective recruitment and selection processes in place. The registered manager recognised the importance of recruiting suitable new staff members, which was reflected in the recruitment process. Recruitment files provided a clear audit trail of the steps taken to ensure new staff members' suitability, which included references and appropriate checks. Disclosure and Barring Service (DBS) checks were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People told us they felt safe based on staffing levels and the response time of staff when they used their call bell. This included the support they received at night, which they said was timely. One person said "I feel very safe here" and another said "I always feel comfortable." A health professional commented that the atmosphere was usually very relaxed even around busier times of the day.

We checked the rotas for a three week period; eight care staff on duty on each morning shift, nine staff on an afternoon shift, with three waking care staff at night times. Staffing levels were increased in the afternoon to reflect people's changing needs during the day; some people living with dementia can become more anxious or restless in the late afternoon. Care staff were supported by a cook, breakfast staff and housekeeping staff, who worked every day. There was also an activities coordinator who worked five days, whose role was supplemented by regular visits from external people who provided a range of services to meet people's social and therapeutic needs. The registered manager usual working hours were Monday – Friday. There was also an on-call arrangement.

The home looked and smelt clean. People living at the home and visitors confirmed this was always the case. Cleaning staff expressed a pride in completing their job to a high standard and told us how they had job satisfaction. Care staff knew the importance of good infection control practice and confirmed there were plentiful supplies of gloves and aprons. Since the last inspection, improvements had been made to the kitchen and the laundry. For example, there was new flooring in the laundry and the layout meant there were clear designated areas for soiled and clean laundry.

Throughout the inspection, staff maintained good infection control practice, for example they demonstrated good infection control procedures when transferring and dealing with soiled laundry. Infection control was managed efficiently using a colour coordinated system to prevent cross infection. Cleaning products were stored securely. Housekeeping staff recognised the importance of locking away cleaning products should they be called away in the middle of a task, which showed they understood their responsibility to help keep people safe.

Staff from a range of roles within the home knew their responsibility to report abusive practice. They were knowledgeable about recognising types of abuse. They knew to report concerns in a timely manner and were confident about who they could speak with within the service to share concerns. Staff knew if necessary they could also contact external agencies, including a local authority team that coordinates safeguarding concerns.

Visitors told us staff were attentive to people's changing moods and calmly intervened if people became unhappy with each other. However, they told us this was rare because staff recognised who people liked to share their personal space with. For example, during a meal time staff recognised that one person's behaviour impacted on another person's well-being, they skilfully intervened so the atmosphere was kept calm and both people felt included and cared for.

People received their medicines safely, on time and the correct amounts were given. Staff completed a medication administration record (MAR) to document all medicines taken so all doses were accounted for. Correct codes were used and these records were well completed. Medication audits were completed to ensure good practice was maintained and staff were informed when standards needed to be improved.

Medicines were stored safely and securely. Stock levels tallied with written records. When medicines were opened labels were attached to show when this had happened and when the expiry date was due, which was good practice. The local pharmacy had completed an audit of the medication practice in the home. A spot check of the areas for improvement showed action had been taken, for example improved recording of fridge temperatures. Staff checked medicines together against the records when they administered medicines, which needed a witness and a double signature, which was safe practice.

Checks on upper floor windows showed they were appropriately restricted and the surface temperature of radiators had been risk assessed. One bedroom had a free standing heater which potentially posed a risk to people using the room. Staff said the room had been cold on one night due to a problem with the radiator. The registered manager had not been informed in order to complete a risk assessment. We checked the radiator, which was now working, the room was warm and staff removed the heater. The registered manager assured us there was only one bedroom where this type of heating was used regularly to supplement the central heating and its use had been risk assessed as safe. We had met the person using the room; they were unable to move independently and the room could not be accessed by others living at the home.

Spot checks on maintenance records showed staff reported areas for repair which were addressed in a timely manner. Staff involved in the maintenance of the home took pride in their work and felt part of the staff team and part of the communities living at the home. Fire records were up to date and spot checks on people's personal evacuation plans in the event of a fire showed they were personalised.



## Is the service effective?

### Our findings

The service's website states 'The home is laid out and decorated specifically to make life easier and clearer for those living with dementia. For example, the special carpet and navigation signs help make moving around and recognition much easier. This is especially important as confusion & disorientation is a major source of agitation for people. By making navigation easier, people are freed from a lot of day to day stress and this can help them to rediscover old interests and develop new ones. Our extensive gardens have been designed specifically to help people explore them independently.'

People told us how important the quality of the environment was to their well-being. This included being able to easily access the gardens, which were laid out to provide an interesting and stimulating area to garden, feed the hens, rabbits and fish, or a place to relax and entertain friends and family. People had personalised the garden area outside their external doors, for example one person arranged objects collected from the beach, which their relative said was important to them as they gained pleasure from these arrangements. A person said "it was home from home." Relatives echoed this positive feedback by talking about the "happy atmosphere of the home." A staff member said it was "most important for (the home) not to feel like an institution."

A tour of the home with the registered manager and our conversations with the provider clearly demonstrated their commitment, both financially and ethically, to provide an environment that enabled people to be as independent as possible. They had sought specialist advice on the selection of colours, lighting, flooring and furniture, and made changes based on specialist recommendations. For example, contrasting colours for hand rails and equipment, and contrasting colours between furniture and flooring to help reduce the risk of falls and to help people judge distances. Information in the home's newsletter and our discussions with staff, the registered manager and the provider showed they ensured the benefit of the refurbishment was balanced with the potential day to day impact on the people living and working at Rose Lodge.

The provider shared an environmental plan for the home, related to other planned improvements which showed they were on track with their improvement plan. This included further work to the bedrooms in The Lodge to raise them to the design standard of The Cottage in line with specialist dementia advice. Bathrooms in The Lodge had been refurbished to reflect this advice, while the layout of the hall had been refitted to provide clear sight lines for people. This provided visual signposts to help people to move around the home independently or to help them understand where staff were supporting them to access. People moved around the home and garden in a relaxed manner; staff supported them to access different areas as they were skilled to responding to people's changing needs and moods.

Innovative design features had been added to people's bedrooms, such as individual thermostatic controls to respond to people's heating preferences and automatic sensor night lights to prevent people being disturbed by staff at night and to help reduce falls. Additional features showed an attention for detail, such as bathroom mirrors with integral blinds which could be used if people became distressed by their reflection. There were also specialist wardrobes and storage units with cut away sections to show people

what was stored and encourage them to look inside. The registered manager explained this helped people become involved in choosing clothing or prompted them to dress independently. Since the inspection, the registered manager told us the service had received a Gold award from Stirling University for the design of The Cottage.

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Applications had been made appropriately so people's legal rights had been protected. The registered manager had begun work to demonstrate where best interest decisions had taken place for people assessed as not having the mental capacity to make decisions. For example, decisions relating to the use of pressure mats, which alerted staff when people who were unable to use a call bell, needed help. Staff told us they had received training in the MCA, and understood the principle of people being able to make their own choices; one staff member said "it's all about choice."

People were given choices about their care and treatment. Staff told us that they needed to treat people wishes with respect. For example, "We are not allowed to force people to do something if they don't want to do it." They described trying again at a later time and offering alternatives if the person maintained they did not wish to do something. We witnessed this approach in the way the care was delivered, For example one person was asked on three separate occasions if they wanted to join other people for lunch at a communal table. The staff team worked together to try alternatives with different staff attempting to persuade them to join the table; they declined each time. Instead the person and a staff member ate their lunch together in the lounge. The person appeared to relax and enjoy the conversation that took place between them during their meal.

Visitors told us they had legal responsibilities to support their relatives with decisions relating to finances and/or health and welfare. The registered manager was aware of these arrangements but had not routinely ensured copies of this information were on file, which they began to address during the inspection.

The service was effective as the registered manager ensured training and supervision was provided to equip the staff with knowledge and the values and ethos of the home. People told us about the skills of the staff who cared for them. A person said the "best thing about being here is the staff." The manager, provider and staff showed a strong commitment to providing a high standard of care in their discussions with us. They also demonstrated their knowledge and understanding of how living with dementia could impact on people and their families and friends.

Staff were kept informed in a variety of ways, including handovers, supervision and staff meetings, which records confirmed. New care staff had an induction period, which varied in length depending on the person's level of experience. Experienced staff worked alongside new staff on their comprehensive induction

to provide support and positive role modelling. This continued until new staff were signed off as competent in specific areas of care and knowledge. The registered manager demonstrated their understanding of the national Care Certificate, which was introduced to the care sector in April 2015. New staff confirmed their induction incorporated the national Care Certificate. Staff said the registered manager was approachable and they could request additional support when they needed it.

Staff were provided with a range of training and told us they were encouraged to develop their skills. The provider told us they were proud that working at the home had enabled staff to be accepted on training for health professionals, such as for nurses and doctors. Relatives told us some staff had left recently but recognised staff were leaving to continue their career paths, which they saw as a positive reason for the change. Staff told us about their training opportunities, which included training in safeguarding, moving and handling, food hygiene, and where appropriate medicine training.

Staff were able to describe how their training influenced the way they monitored changes in people's health. For example, staff recognised the importance in making mealtimes an enjoyable and inclusive event. People living with dementia benefit from support by staff to help them recognise when it is time to eat and drink. People were supported and encouraged to take part in activities relating to their lunch. Several people helped to set the table. Staff were inclusive in their approach, using people's names regularly and supporting people in the task whilst discussing the forthcoming lunch and the menu. People's mood and interaction with staff, showed they enjoyed working part of a team. The skills and training of staff meant they recognised the importance of making mealtimes a pleasurable and inclusive experience. Staff created a welcoming, relaxing and comfortable mealtime environment, which potentially increased people's food intake and social interaction. This made people's mealtime experience more enjoyable and helped to minimise eating difficulties for people living with dementia.

Visitors said staff were quick to call health professionals if their relative was unwell or if they had requested to see them. Visitors told us staff kept them up to date if there were changes in their relative's health, which gave them reassurance that they were being well looked after. One person's mental health needs had increased and the registered manager had sought health professionals' advice to support the person until they could move to a home able to meet their changing care needs.

Two health professionals commented on the skills of the staff and their ability to reassure people to enable them to accept the intervention of health professionals. One health professional said this was because staff knew people so well. They said staff knew how to approach people so they could be involved in their treatment and care decisions. Another health professional said staff followed their advice and contacted them in a timely manner, working alongside them to the benefit of people. Care records showed a range of contact with health professionals, including dentists, opticians, chiropodists and GPs. One health professional commented on the attention given to people's personal hygiene to maintain their self-respect and dignity.

Staff involved in food preparation understood the importance of knowing the individuality of people living at Rose Lodge whether this related to risks, such as allergies or swallowing difficulties, or preferences, such as providing alternatives to the two options served at lunchtime. A board in the kitchen held personal information about people's dietary needs or the type of support they needed, which reflected our observations at meal times. For example, a person had a plate guard in place to help them eat their meal independently, while another person told us their preference for fish instead of meat was accommodated by the kitchen staff.

People were positive about the quality of the meals, with one person commenting the food was varied with

a choice at each meal and there was "plenty of it." Another person said "the food is very good here." Relatives said they had the option of staying for meals and commented positively on the quality of the food, which reflected feedback on an independent review site. A fruit bowl in each lounge meant people could help themselves to fruit, or staff offered people fruit from it.

Discussions with care staff showed they recognised the individuality of each person and how to change their approach. For example, some staff joined people at the dining table and ate with them, making it a sociable occasion. Staff encouraged conversation whilst observing who needed additional support and prompting them to eat, for example when one person seemed to lose interest. Staff checked with them they were enjoying their meal and had enough to eat. Staff persevered to encourage a person to eat who was sleepy. Staff worked together as a team and tried different approaches then decided to return later with a meal as they told us the person become more alert later in the day.

Other staff sat with people in different areas of the room to support people who preferred a quieter place to eat. Staff recognised that mealtimes needed to be adapted to people's individual preferences. For example, a visitor told us their relative did not like their personal space invaded and could become agitated as a result if people were too close. They also told us their relative had been very unwell but had been well cared for and was making a good recovery. We saw their relative ate their meal in another part of the room; they ate well and cheerfully interacted with staff who offered support on the person's terms but did not overwhelm them with conversation. The person's care plan said they did not enjoy general conversation. People were offered a choice of drinks including shandy, sherry or a soft drink.

Several people required support with their meals and drinks; staff practice ensured their dignity was respected while they ate. Staff sat at the same level as them, gave them eye contact but also read to them as they supported them. This enabled the person to enjoy their meal without being actively watched by the staff member. It was a meaningful interaction, and not a task, and support was provided at the pace of the person.

## Is the service caring?

### Our findings

People praised the atmosphere of the home; they described it as "friendly", "light-hearted" and "happy". People told us they felt reassured as soon as they stepped through the door. Some people had visited or lived at other homes and they told us the feel of Rose Lodge was very different. A visitor told us "this home is everything I could have wished for." There was a strong caring culture amongst all staff members regardless of their role. From providers, registered manager, care staff, housekeeping, catering and maintenance staff; everyone we spoke with demonstrated a commitment for people living with dementia to be at the centre of the home.

We saw many positive messages about the home on an external review site. One review included the comment "How many people can look back at when their loved one had advanced dementia and be filled with happy memories? My lovely mother spent last two and a half years of her life at Rose Lodge and the smile never left her face. It turned out to be such a joyous, fun end chapter to her life...The carers there are so special...for Mum to be surrounded by smiley happy faces counted for everything."

Music and singing featured as an everyday part of people's daily life. We saw this activity formed bonds between people and staff enabling them to build relationships and participate as equals. The home's newsletter confirmed the range of songs available including music up to the 1980's. This reflected the different ages and experiences of the people living at the home.

People emphasised the importance of being able to carry on the roles they had held in the past, which the ethos of the home and the values of the staff enabled them to do. For example, one person told us how important it was to them to be able to entertain family. They explained how they were able to do this within a communal area because of the design of the space. And by the approach of staff, who respected and understood how important their role as a mother was to them. This meant they still felt they were the host and could welcome family and friends as they would have done at home.

We noticed another person sitting and chatting with family in an area of the communal space, there was laughter and the person was at ease, and staff respected their right for the space to entertain their guests. A visitor said they could not emphasise how important it was to them to feel they were visiting their parent in their own home; they did not view spending time at Rose Lodge as time visiting a care home. They said staff were not intrusive so they and other family members could spend private family time together with their relative. This enabled them to feel they were a daughter rather than a visitor; they said "we can be a family" and told us staff "could not be more accommodating."

A strong theme demonstrated by staff practice throughout our two days of inspection was the respect shown towards the people living at the home. When staff spoke with people they treated them as equals, listened actively to what they said and checked they understood their request. For example, a staff member discussed with a person about their fear of falling and the purpose of equipment. The conversation showed they were equals, and the person afterwards told us the approach of staff made them feel reassured. They were able to explain what equipment was in place and its purpose. The practice of staff echoed the service's

philosophy of care which stated 'we aim to relate to our residents with respect as fellow adults and we aim to help them live as full a life as is possible at any point in time.'

Staff were attentive to people's body language, particularly for people who were not able to communicate verbally, and checked with them if they had interpreted their mood or needs correctly. For example, one person went to put on their coat, which was hanging on the coat stand in the hallway, staff checked with them if they wanted to go out. Staff supported people to go out for walks in the local area and to the nearby beach. A written comment from a relative celebrated the standard of care, 'Rose Lodge provides residents with a sense of home. The staff are its greatest assets. They go the extra mile, they do it willingly and cheerfully.' Staff practice showed they took time to ensure they understood people's requests by checking back with people. If they were unsure a person had understood them, they rephrased information, changed the pace of their speech or checked they had eye contact. On occasions, we saw staff using actions to help reinforce their verbal communication to help ensure the person was supported to understand how they were being supported and to feel included. A written comment from a relative highlighted the skills of the caring staff group, 'Rose Lodge always go the extra mile, and their attention to the little things are what makes them stand out.'

Several people were very frail, the registered manager explained how their specialist seating had been chosen to blend in with the other seating in the lounge. This helped maintain their dignity and did not set them apart from others. Staff discreetly moved the chairs with people in them to provide personal care in a specially adapted bathroom. This meant people were not moved using equipment in a communal area, which helped maintain their dignity and privacy.

People told us they liked to be independent and that this was encouraged. For example, we read that some people liked to carry out daily tasks around the house or in the garden. We saw people laying the table and feeding the chickens.

Staff did not rush people; they took time to engage with people in a meaningful way. For example, on many occasions we saw staff stopping to check how people were feeling when they were sitting separately from others. They sat alongside the person and spent time with them so they did not feel alone within a communal setting. Staff ate their meals with people to make it a communal experience. One person told us how they chose to be an observer of the activities taking place but they valued the attention of staff, who recognised their choice but would sit with them to provide companionship. Another person preferred their own space, which their relative confirmed, but staff ensured they felt included by their approach and making them aware of the activities taking place, such as a singing group. This demonstrated that staff encouraged and supported people to remain independent. Staff had developed an awareness that protected people from social isolation and respected people's privacy.

The registered manager was a positive role model for promoting people's privacy and dignity. Information about people living at the home was shared with us sensitively and discreetly. A whiteboard in the registered manager's office containing a summary of people's care needs had a roller blind above it so the information could be covered when handovers were not taking place. Staff did not share information in communal spaces to maintain people's privacy. They were discreet when they needed additional support from another staff member. A written comment from a relative demonstrated the person centred approach by staff, they said 'while we were talking another lady came by and the manager immediately got up to help the lady, the lady's needs were more important than our conversation. I was impressed that she treated the lady's needs as urgent.'

Staff spoke respectfully about people, in their conversations with us; they showed their appreciation of

people's individuality and character. They knew people's background history and the events and people in their lives that were important to them. We saw these details were recorded in people's care plans. Staff recognised when people would benefit from physical contact, for example providing hand massages or a cuddle. One person told us they appreciated the affection of staff; other people demonstrated in their interaction with staff, that they were at ease and relaxed with them. People looked comfortable in their surroundings, for example sitting stroking the home's cats, cuddling the provider's dog on their lap with the assistance of staff or sitting having coffee on the decking in the garden chatting amongst themselves and with staff.

## Is the service responsive?

### Our findings

Care was delivered in a person centred way and was responsive to the needs of people. For example, it was a warm and sunny day and some people looked out the windows into the garden. Staff quickly responded to people's body language and encouraged people to spend time outside. People's expressions showed they were happy as they sat in the sun. Staff were attentive and checked with them whether they wished to wear a sun hat. Other people were supported to water the flowers and plants in the garden. One person returned from a walk on the beach with a staff member, whilst another person went out with a staff member to post a letter.

The atmosphere of the home was one of constant stimulation whether on a one to one basis or through group activities. However, the atmosphere was calm. Staff were well-organised, working as a team while maintaining a relaxed and unrushed manner. Facilities included two gardens with raised flower and vegetable beds, a large fish pond with an ornate protective cover, different seating areas, sheds used for projects, plus rabbits and chickens. A weekly gardening club had been set up. There was also an attractively designed hairdressing and beauty treatment room complete with magazines, beauty products and white towelling robes.

People completing reviews on an external website rated the activities as 'excellent'. Activities were well planned with a structured timetable but staff also responded spontaneously to people's needs, such as going out for a walk. A person commented on how one of the providers participated in whatever activity was taking place. A relative said in written feedback, 'their parties are wonderful, for both residents and families, whether its cream teas in the garden, summer BBQs, seasonal festivities. They instil a sense of fun into daily life...' Another relative told us the atmosphere of the home was "light-hearted."

A newsletter commented on evidence from research to explain how decisions had been made, such as having two communities. A person centred approach meant some people moved between the two communities to suit their personal preferences. For example, we met one person who told us they chose to engage in some activities with one community, such as a weekly disco session but benefited from the environmental changes in The Cottage which was where their room was based.

There was always an activity taking place either in a group or on a one to one basis but these events were managed in a subtle way so they were not intrusive but just appeared as part of the general routine of the home. For example, a staff member supported a person to read the newspaper which they had chosen to pick up and read. The staff member explained the headline news and engaged several other people in general conversation about the news of the day. External people supplemented internal activities, including regular inclusive singing groups, tai chi and drama sessions. People looked happy and there was a joyful atmosphere during singing sessions. Music was a social communal activity that was open to all. It brought people in from outside of the home and connected people with the wider community.

Written feedback from one relative included the comment 'The care is excellent, my husband loves his new room, his ongoing daily activities, especially when it not raining and he can help in the garden, either



tending the flower beds, brushing the paths, feeding the animals, painting the fence or in his own words topping up his suntan.' Many people's rooms opened onto the garden and visitors told us this gave their relatives a sense of space and freedom. In a written comment, a relative said 'From the moment mum saw the lovely garden from her room she was happy. To arrive and find her sitting safely in the sun at peace, is such a gift.'

Visitors told us they were always made to feel welcome when they visited. A relative also wrote 'I can visit any time and never feel in the way; and always get offered a cup of tea.' Other visitors said staff had welcomed them to stay for meals with their relative. Relatives said there was good communication between them and staff, and they were kept fully informed and involved in their relatives' care and daily life. This was a common theme during our conversations with relatives. They described staff as being approachable who valued people's family relationships. People completing reviews on an external website rated the staff as 'excellent'.

A review of formal complaints and minor concerns showed the registered manager responded to concerns in a caring and committed manner. This included a detailed investigation in response to one complaint. There was written information about how to make a complaint; the registered manager recognised additional information from the home's policy would enhance this information, for example response times. During the inspection, she worked on the complaints information to make it more accessible, which included a folder with photos of staff to help people identify staff if they were unhappy with their practice.

Some people living at the home were able to tell us how they would make a complaint and who they would feel comfortable approaching if they had a problem or a complaint. Visitors told us they were kept up to date with changes experienced by their relative and changes within the home. They said this meant they could voice concerns/complaints as part of a general conversation. We also saw records of e-mail conversations between the registered manager and relatives to resolve a complaint. A relative had commented in a review, 'A no nonsense home which never ceases to amaze me at the level of interaction, care and affection they have for their residents including my mother... They, in my experience, always take a proactive approach to any problem and are willing to/happy to take the families view into their care plans. I couldn't recommend more highly.'

The service user guide for the home encouraged people to visit to help them make a decision about moving to the home. People living at the home and their relatives confirmed they had been encouraged to visit the home and look around before they moved in. Records showed an assessment had taken place before people moved to the home. Staff confirmed the registered manager created a summary care plan before people moved in so staff knew key information about the person to help them settle in on their first day.

Care plans were in place for each person and were generally reviewed on a monthly basis. People's care plans included information about their life history; staff chatted to people about their interests and the people important to them, which showed they knew people well. One person had been matched with a staff member who could speak their language of choice; the rota had been arranged so this staff member could spend time with them. Visitors told us they had been involved in assisting their relatives with planning their care, which reflected information in the service user guide for the home. This said 'We recognise that, because of dementia, it may at times be difficult for us and our residents to communicate effectively, and so we will be patient, and we enlist the help of others in interpreting what residents are telling us. Knowing something about their lives will help our understanding.'

## Is the service well-led?

### Our findings

The registered manager had been in post since 2011. A registered manager is a person who has registered with CQC to manage the service. People could identify the registered manager, and people visited her office during our inspection. One person described her as "affectionate." Relatives were clear about the role of the registered manager and the providers, who regularly spent time in the home. Relatives described the registered manager as approachable and one person living at the home said "nothing is too much bother." They told us the home was well run and their views were listened to. Relatives participated in formal care reviews but also said they could share their views on a day to day basis, or when a meeting or an open house event was held, such as a garden party.

Staff described the registered manager as approachable, "fair" and said they felt supported. One said "she is really lovely to talk to" and told us "I love it here." Staff told us the registered manager observed practice and checked on the standard of care. This reflected our observations when we saw the registered manager paid attention to people's experiences of care. When she gave feedback either verbally or in writing she explained to staff the impact on people and why practice needed to change or improve. A health professional commented on the standard of team work and described the registered manager as "very open and honest."

The provider in the home's newsletter dated February 2016 recognised the importance of valuing staff. They said 'There is a direct link between the happiness of our staff and that of our residents. It makes sense that staff can only promote residents' dignity and well-being if they themselves are valued and able to lead to a dignified life.' Staff who worked in roles other than care said they felt valued and included as part of the team. They said they had the option of attending care staff meetings. They told us there was also good communication between staff with different roles to ensure people's care and safety was maintained. They described regular meetings with the registered manager.

Records showed there were regular audits of care and safety issues, which demonstrated how the registered manager and provider ensured the service was safe and provided good quality care. For example, she checked the audits for housekeeping and maintenance completed by other staff to ensure standards were being maintained. The provider had also commissioned an external audit of the home, which resulted in an unannounced visit to help them assess the quality of the service and the experience of people living at the home.

1.  The registered manager and providers oversaw the care given and provided support and guidance where needed. There was a positive and open culture led by the registered manager, who provided good leadership. Visitors praised the home's blog, which reassured them when they were not with their relative; they also said family members who lived away appreciated the link. A blog is a regularly updated website or web page that is written in an informal or conversational style.

Family members described being able to visit without restrictions. They said this gave them faith in the standard of care being consistent as whenever they visited the atmosphere was friendly and the welcoming approach of staff was the same.

The manager had a clear understanding of the key values and focus of the service. She and the providers were committed to continuously improving the service with a strong focus on equality and diversity issues. This was apparent when they spoke about their future plans for the service as well as the day to day experience of people living at the home. They were able to reflect on past decisions and consider if their approach could be improved, which highlighted their person centred approach.

A newsletter made reference to relatives' meetings, 'We haven't held a relatives' meeting for quite some time, we found that on the whole relatives felt well informed and so the relatives meetings attracted only a handful of relatives. However, if a number of people feel they would be useful then we will hold one...'  
Relatives told us they were informed and were happy with the current arrangements. Visitors told us how important it was for their relatives to remain part of the local community through people's daily walks to the beach and local amenities. One person commented on an external review website in reference to the stimulating atmosphere at the home 'Since he has been at Rose Lodge he has a different outlook on life and he is very happy which means a lot to me.'

Records were well maintained and organised in a structured way so that information was easy to find. The registered manager and staff demonstrated through their practice their awareness of confidentiality and did not divulge unnecessary information, for example when discussing how they supported two people to maintain a close friendship.