

Spemple Limited

# Rosebery House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Rosebery House is a residential care home providing personal and nursing care to up to 30 older people. There were 22 people living there at the time of the inspection. Most people were living with dementia and needed additional assistance due to frailties of old age; such as support to move around the home safely. Some people had more complex needs, which included Parkinson's disease and diabetes.

The manager had been responsible for the day to day management of the home for two months prior to the inspection. They had applied to register with CQC and their application was being progressed. During this time the provider had supported the manager and a number of improvements had been made since they started. For example, the layout of the furniture in the lounge had been changed so people could sit together in small groups if they wished and the decoration had been improved to brighten the room.

### People's experience of using this service and what we found

People and relatives were positive about the support provided at Rosebery House. People said the manager was very approachable and a relative told us the staff were excellent. Staff knew people very well, they treated them with kindness and respect and demonstrated a good understanding of people's individual needs. People were assisted to access healthcare services when needed.

Risk assessments and management plans were included in the care plans and, there was guidance for staff to follow to reduce risk as much as possible. The provider had an ongoing training plan, with supervision and support for staff to ensure they were aware of their roles and responsibilities. People received their medicines when they needed them by staff who were trained to give them out safely. People were protected from the risks of harm, abuse or discrimination because staff had completed safeguarding training and knew what actions to take if they identified concerns.

There were enough staff working to provide the support people needed, at times of their choice. Recruitment procedures ensured only suitable staff worked at the home.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection - The last rating for this service was Good (published 16 November 2016).

Why we inspected - This was a planned inspection based on the previous rating.

Follow up: We will review the service in line with our methodology for 'Good' services.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service caring?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Rosebery House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Rosebery House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who had applied to register with the Care Quality Commission. Their application had been accepted and they were waiting to hear how it would progress. This means the registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with a health professional, seven members of staff including the manager, care workers, housekeeping staff and chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and their medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We requested additional information, this was sent promptly and included duty rotas, staff training and some policies.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People said the staff were very good and helped them to do what they wanted to do safely. One person told us, "They check that I am ok walking about. I had a fall so not as sure as I was."
- Where risks were identified, there were appropriate risk assessments and risk management plans for staff to reduce the risk as much as possible. For example, risk of falls had been assessed and people were supported to walk around the home safely, using walking aids, holding on to staffs hands or linking arms.
- Staff had a good understanding of risk related to people's care and support needs. One member of staff said, "We encourage residents to do as much as they can on their own, we support not limit them, unless the assessments shows they are at risk. We might use a wheelchair if we take them outside or to the park."
- Staff had completed moving and handling training. A hoist was available to transfer people who were unable to stand safely and staff said, "We have no residents at the moment who can't weight bear, but we have all done the training to use the hoist if we have to."
- The fire alarm was checked weekly and fire equipment maintained to ensure it was available and safe to use. Staff attended regular fire training and people's personal emergency evacuation plans (PEEPs) were kept near the fire panel. They were available to staff and emergency services to use to support people to leave the home safely in an emergency.
- The home was well maintained and there was ongoing repair and replacement as needed. Records showed equipment was serviced regularly. This included the hoist, lift, call bells, the gas and electrical systems and tests for legionella ensured the water was safe to use.

### Using medicines safely

- There were safe systems in place for the ordering, checking, storing and disposing of medicines.
- People said they had their medicines when they needed them, and we saw staff assisted people in a way that was appropriate to each person's needs. For example, one person had the medicine placed in their hand and was able to take it with a drink. Another person was assisted by staff using a spoon as they placed the medicine in their mouth and supported them to have a drink.
- Senior care staff ordered the medicines monthly and they were checked in by two senior staff, to ensure all prescribed medicines had been received.
- Staff responsible for giving people their medicines were required to complete medicine training and were observed in practice before they gave people medicines on their own. One member of staff told us, "No I

don't do medicines, only the seniors do them." A senior care staff said they had done on line training and had been observed by the manager when giving out medicines to, "Make sure we do it right and residents have the ones they need."

- There was guidance for 'as required' medicines (PRN). Such as paracetamol for pain relief, which can be given at any time. This included information about the medicine; what it was for and, how staff could assess a person's need for the medicine through body language and expressions, if they were unable to tell staff verbally if they were uncomfortable.
- Prescribed topical creams were kept in a separate cupboard that was accessible to senior care staff. When staff supported people with personal care they asked senior staff for the creams and they were returned to the cupboard after use. Staff informed senior staff if they had been applied and they signed the MAR.
- Audits were carried out regularly to identify errors, such as gaps in the records. Any concerns were followed up with relevant staff. One member of staff said, "We don't have many gaps, we check each time we do the medicines. If there are any we talk to the staff, record it on the form at the front or the folder. We don't ask them to sign later so the gap stays on the form."

### Systems and processes to safeguard people from the risk of abuse

- People said they were comfortable and safe living in Rosebery House. One person told us, "I chose to move in and I feel much better now I am not on my own."
- Relatives were equally positive and said the staff looked after people very well and kept them safe. One relative told us, "I have no concerns about safety, they are all very well cared for."
- The provider had effective safeguarding systems. Staff had completed relevant training and had a good understanding of abuse and how to protect people from harm, abuse or discrimination.
- One member of staff said, "I would talk to the manager of senior if I had any worries, but I haven't seen anything. Could also ring you (CQC) or social services." The contact details for the outside agencies were on the notice board in the staff office.
- The manager was knowledgeable about making referrals to the local authority safeguarding and had made one referral since they started managing the service.

### Staffing and recruitment

- People said the staff were always available if they needed assistance. One person who preferred to spend time in their room told us, "I just ring and they come to see me."
- The provider had robust recruitment processes. Records showed references had been requested and relevant checks completed to ensure staff were able to work with vulnerable people. For example, Disclosure and Barring (DBS) check, which is a police check.
- There were enough staff working in the home to support people and provide the care they needed. Staff said they had less time to spend with people in the afternoon, as one member of care staff would have to do the laundry. However, the manager said they had already raised this as a concern with the provider and they expected to employ staff specifically for these duties as part of the current recruitment drive.

### Preventing and controlling infection

- The home was clean and well maintained. Staff followed a cleaning schedule, which showed the daily and weekly cleaning required and these were checked regularly.
- People were protected from the risk of infection. Staff wore gloves and aprons, personal protective equipment (PPE) when needed and, there were hand washing facilities and hand sanitisers throughout the building.



- Staff said they had completed infection control, food hygiene and control of substances hazardous to health (COSHH). One member of staff told us, "We do these trainings because we do personal care, assist with meals and drinks and also help keep the home clean."

#### Learning lessons when things go wrong

- Accidents and incidents were recorded, with clear information about what happened and what action was taken, so that staff and people could learn from them. To prevent a re-occurrence as much as possible and reduce risk without limiting people's independence.
- These were audited to identify any trends and advice had been sought from health and social care professionals, including occupational therapist and physiotherapists, when needed.
- For example, one person with limited eyesight and other health issues preferred to remain in their bedroom. External health professionals had been contacted to ensure the layout of the room reduced the risk of falls and they were as safe as possible. Staff also made sure they could access their call bell at all times.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before they moved into Rosebery House; to ensure staff had the skills and knowledge to provide the support and care people needed. One person told us, "Yes we had a chat before I moved in here." Another person said, "Yes I knew the home and my daughter likes it too."
- The information from the assessment was the basis for the care plan, which were being reviewed at the time of the inspection. We saw that there had been discussions with people and their relatives when planning care and care plans had been updated when people's needs changed.
- Staff talked about people's individual needs and explained how they provided the support people needed. We saw staff knew people very well and they encouraged them to make choices and decision about their day to day support and care.

Staff support: induction, training, skills and experience

- People told us staff looked after them well and relatives said staff were competent. One person told us, "Yes they are lovely and will do anything for me." A relative said, "From what we have seen staff have a good understanding of the residents and the care they need."
- All new staff completed induction; which included working with senior staff until they were confident supporting people on their own. One member of staff said, "Yes, when I started I had induction, did some training and worked with other staff as I got to know residents and they got to know me. Was very good."
- Staff said they had regular one to one supervision and were supported to develop their skills and knowledge. One member of staff told us, "We talk about everything (during supervision), not just work, other things can affect how we work and I think the manager is sensitive to how we feel." Another member of staff said, "I am going to sign up to do NVQ soon, the manager asked me if I wanted to do it, I think it will be good."
- Records showed the provider had an ongoing training plan and staff were required to attend, so that they were up to date with current practice. This included health and safety, first aid, nutrition and hydration and falls awareness; as well as training specific to caring for people living in the home. Such as, supporting people living with dementia and people whose behaviour may challenge their own, other people's and staff safety.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People said they chose how and where they spent their time. One person told us, "I decide what to do, staff help if I need it and I like to sit in the lounge watching TV. I have a lie down in the afternoon." Another person said, "I stay in my room most of the time, prefer that, staff come and talk to me."
- Staff had completed MCA training and had a good understanding of ensuring people had choices and made decisions about their lives. Staff told us, "This is the residents home, they decide what they want to do and when we should provide support", "Residents make decisions about all aspects of the care here" and "We always ask for their consent and we know if they don't want to do something, even if they can't tell us because of how they respond."
- We saw staff consistently asked people if they needed assistance; where they wanted to have their meals, the dining room or lounge, and what social activity they wanted to do.
- Applications for DoLS had been made to the local authority. People's capacity had been assessed by external assessors for the DoLS and when appropriate they were agreed. For example, the front door was locked and staff were concerned that some people would be unsafe outside the home on their own and applications had been made to support them safely.

Supporting people to eat and drink enough to maintain a balanced diet

- People said the food was good and they enjoyed socialising and chatting to each other in the dining room. One person told us, "We sit together and look out over the garden, very nice. The food is good, I think I have put on weight."
- Staff supported people with their food and drink if needed and observed how much they ate and drank. Records were kept of the amount if staff had any concerns about people's appetite or there had been weight loss or gain. Staff contacted their GP to discuss any concerns and where necessary referrals have been made to the dietician for additional advice.
- The chef had a clear understanding of people's dietary needs and the food they liked. The meals and snacks were made on this basis. During the inspection there were two main choices for lunch and people could have an alternative if they preferred. Cooked breakfasts were offered and the evening meal had a number of different choices that had been made fresh that day. This included quiche and sausage rolls as well as baked potato, omelettes or sandwiches. The chef said, "People can have what they want. I like to give them choice and I know they love the sausage rolls and quiche and I have made a cake for this afternoon."
- Specific diets were made when needed, such as diabetic diets. Pureed meals were offered to people who had difficulty swallowing; these were made from the same food as other meals and were presented so they looked tasty and appetising.
- Hot and cold drinks were offered throughout the day, in addition to the usual coffee and tea breaks. At these times we noted people were offered biscuits, cake and/or jelly and cream.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- There were good links external health and social care professionals and visits or appointments were made when needed.
- One person said they had seen a specialist professional to support them with their needs and appropriate referrals had been made as required. The speech and language team (SaLT) offered guidance for people who were at risk of choking or had difficulty swallowing and, community nurse and nurses from the diabetic team or Parkinson's team were contacted when additional advice was required.
- Another person told us, "I see my GP if I need to, my daughter arranges it, or the girls here." Care plans included sheets where visits were recorded, which included the guidance provided and any tests that had been arranged.
- Staff said changes in the support and care provision was also recorded in the communication book and discussed at handover at the beginning of each shift. We saw the communication book contained relevant information about people's changing needs and how these were to be met.

Adapting service, design, decoration to meet people's needs

- The building is an older converted building with rooms on two floors. There are large communal rooms on the ground floor and a smaller quieter room to the rear, for people to use as they wish.
- People said they liked their rooms. One person told us, "Yes I have brought some things with me and I will be having more pictures and little bit of furniture. Like home." Rooms were personalised with people's possessions and furniture had been arranged as people liked, and in a way that allowed them to walk around safely using walking aids.
- Staff said the manager had made changes to the internal decoration in the communal rooms, with pictures and changes to the layout, which supported people living with dementia to sit in groups and chat if they wanted to. One member of staff said, "It is much better now." A health professional said they were impressed with the changes in the lounge, "It looks very nice now, little groups so they are more social."
- Seating in the lounge had been arranged to allow people to sit in groups, to watch TV or chat, or if they preferred, on their own at the other end of the room. Where they could see what was going on and join in if they wanted to.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; supporting people to express their views and be involved in making decisions about their care

- People and relatives said they were happy with the care and support provided at the home. One person told us, "I have everything I need and they are so kind." A relative said the staff, "Couldn't do any better."
- The atmosphere in the home was calm and relaxed and staff were caring and sensitive as they provided support. They consistently asked people if they were comfortable and if they needed anything else.
- People were supported by staff who knew them well. Staff talked about people's preferences, interests and life stories and communicated with people in a way they could understand. People responded positively and there was considerable laughter and joking as they chatted about what they were going to do that day.
- Staff said they were flexible when offering and providing care. They told us, "Each day is different, what we do depends on how residents feel at the time and we respect their choices" and "We know residents are all different, they like things done their own way, which is only right. I am the same."
- Staff showed a good understanding of dignity, equality and diversity. We saw that although staff spent more time with some people than others they treated people equally based on the person's choices and preferences. For example, one person preferred to sit on their own at the quiet end of the lounge and also had their meals sitting there. Staff spoke to them throughout the inspection, asking if they needed anything and if they wanted to do an activity. Staff explained this was where the person's wanted to spend their time, it was their choice and they knew if they spent too long with them they would be upset.
- People were supported to maintain their spiritual and religious choices. A religious group visited the home monthly and people were assisted to attend church if they wanted to.
- People and/or their relatives were involved in decisions about the care they received. Care plans were discussed and agreed, they were encouraged to give opinions about the service and, put forward suggestions if they felt they could be improved.
- People were supported to maintain relationships that were important to them and relatives said they could visit at any time. A relative told us "We are always made to feel welcome." One member of staff said, "We work with people, relatives and friends to make sure we understand how they want to receive support and that we can provide what they want."
- Staff were aware of the importance of confidentiality and documentation was kept secure in the staff room or managers office.

## Respecting and promoting people's privacy, dignity and independence

- People said staff treated them with respect and protected their privacy and dignity. One person told us, "Yes they are very careful. They keep me covered up when washing, which is nice." A relative said, "Yes the staff are excellent."
- Staff were discreet when they asked people if they wanted to use the bathroom and they respected people's choices if they refused. Staff said support was based on each person's specific needs, which had been discussed and agreed with them and/or their relatives. One member of staff told us, "We respect that people want to be independent, we respect that, treat with dignity and protect their independence."
- Staff understood how important it was for people to have their own personal space and they supported them to spend time in the bedrooms when they wanted to. One member of staff said, "Some resident like to have a lie down after dinner, not every day but it is up to them."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- There was a person-centred approach to planning and delivering care, which was specific to each person's needs and preferences. One person said, "They look after us all, we need different things, but that doesn't matter." A relative told us, "I don't think we could find anything better, like a family."
- We saw staff adapted their approach to people as they offered assistance and support. For example, one person's behaviour changed and they seemed uncomfortable. Staff sat quietly near them and watched to assess what support, if any, was needed. They spoke quietly and agreed together the person wanted to do some colouring.
- The manager was reviewing all the care plans at the time of the inspection, with people and/or relatives. The ones we looked at had clear information about people's individual needs and clear guidance for staff to follow to meet these.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We found people's different communication needs were recorded in the care plans and staff had a good understanding of these. One member of staff said, "We make sure people have their glasses on and hearing aids in if they need them" and "Some people don't like to wear their aids all the time, so we have to make sure we are sitting in front of them and they can see what we are saying or pointing to."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they decided what they wanted to do and if they wanted to join in an activity. Staff said they gave people different options and they chose which one to do. Staff offered to put music on the TV and a group of people chose to watch Elvis, which they clearly enjoyed, tapping chairs and the floor along with the music.
- Other people read a newspaper or magazine; spent time drawing or looking at the dog pictures in Dog

Bingo, staff gave people a manicure and other people went for a walk in the garden or out to the local park with relatives.

- Despite the noise from the music, tennis on the TV or general chatter, people were relaxed and enjoyed taking part or watching other people.
- A local farm brought different animals to the home. During the inspection they arrived with 10 kittens and people sat with them in baskets on their laps. People who usually sat on their own and refused activities enjoyed stroking the kittens.
- People who chose to remain in their rooms were visited by staff on a regular basis. One staff said they had joined one person doing their exercises. They said the person, "Had me doing squats with him this morning, too much for me."
- One person liked to sit in the entrance area

#### Improving care quality in response to complaints or concerns

- People and relatives said they had no complaints or concerns about the support and care provided at the home.
- The provider had a complaints policy, this was included in the information given to people and/or relatives when people moved into the home. It was also clearly displayed in the entrance area for visitors to see.
- The manager said there had been no complaints since they took responsibility for the day to day management of the home, but they had encouraged people to raise any concern and put forward suggestions.
- Compliment forms were available for people and visitors to complete if they wished. One person had written 'My compliment for the entire staff who very friendly and helpful. They are kind and always good for a laugh which is very important for me. They are willing to do anything for you at any time'. A relative wrote 'I feel the staff are very helpful and look after my mother very well. My mother is happy here, but she does like to go out with the family. The home is looking nice with the extra flowers about'.

#### End of life care and support

- The manager said as far as possible people were supported to remain at Rosebery House when their health needs changed.
- Care plans showed some people had discussed their end of life wishes, while others chose not to and staff respected this.
- Staff had completed end of life training and were supporting a person whose health needs had changed. They explained how they were assisting the person to be comfortable and have enough nutrition, whilst protecting them from pressure damage to their skin through regular changes in position.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question is Requires Improvement.

The manager had only been in post for two months and was being supported by the provider through a probation period. This meant there was no registered manager and the leaders were still working towards the delivery of high-quality, person-centred care.

Understanding quality performance, risks and regulatory requirements; managers and staff being clear about their roles; continuous learning and improving care;

- The manager had been responsible for the day to day management of the services at Rosebery House for two months prior to the inspection. They said they had applied to register with CQC as the manager and from our records we can see this was being progressed.
- The manager said the provider had worked with them since they started work and they had identified areas where improvements were needed.
- Action had been taken to address some of these areas, including the layout of the environment and internal decorations. People, staff and visitors were positive about these changes.
- A range of audits had been developed to assess care plans, medicines, incidents and accidents, meals and staff files. The manager said as they had started to use these, they had found some information missing and they filled these gaps. For example, people's life stories had not been included in the care plans previously and at the time of the inspection most people and/or relatives had completed these.
- The manager said there were other areas where the service could be improved and they would continue to make changes. For example, the staffing levels would be reviewed to ensure care staff provided support and care rather than doing laundry in the afternoon.
- There was a clear management structure, with lines of responsibility and authority for decision making. The manager was responsible for the day to day running of the service; senior care staff allocated work to care staff and took responsibility for medicines. Care staff provided support and care and reported any changes or concerns to the senior care staff or manager.
- Staff were clearly aware of their own roles and responsibilities and, they said they all worked well as team. One member of staff told us, "I know what I am responsible for and if I have any questions there is always someone here with the answer. I think it is a lovely home to work in."
- Staff said they were encouraged to continue to learn and were positive that the manager did the same training as they did.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People said the manager was very approachable and the staff were brilliant. People told us, "She (manager) is very good, always smiling and asking if everything is ok", "I like them all very much, they look after me really well and let me do what I want" and "I am very happy here, feel much better after moving in." A relative said, "They are like a family, work together and no worries." We observed the mood in the home was positive, the manager was involved with staff in supporting people. Staff said, "Things have improved in last couple of months", "It is nice to be thanked for doing our work" and "I feel good when I go home because I have provided the care people want."
- Feedback was consistently positive and we saw outcomes for people were good and they were empowered to make decisions about the support and care they received and all aspects of their day to day lives.
- The manager understood their responsibilities under duty of candour and said, "We aim to be transparent and honest about everything, we have nothing to hide and admit when we can improve things or have made mistakes."
- People said they could talk to the manager or staff at any time and staff told us the manager had an open-door policy. One member of staff said, "The managers door is always open and we can talk to them at any time."

#### Working in partnership with others

- Staff at Rosebery House worked in partnership with the local community, other services and organisations.
- A health professional confirmed that staff worked effectively with them and staff gave them positive feedback about the training they had provided to support people with foot care.
- Handover sessions at the beginning of each shift enabled staff to discuss people's needs, if they changed and how these changes would be met.
- Staff had a good working relationship with the local authority and they sought feedback from the safeguarding team, to ensure they were following current guidance.
- Relevant statutory notifications have been sent to CQC, which has meant we have monitored the service between our inspections.