

Rochester Care Home Limited

Rochester Care Home

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?	Good ●

Summary of findings

Overall summary

About the service

Rochester Care Home is a residential care home providing personal care and support for up to 56 older people. The Napier Unit provides respite care for up to eight people with complex physical and learning disabilities. At the time of the inspection there were 53 people living in Rochester Care Home and six people on respite stays in Napier Unit. Rochester Care Home is divided into four separate wings, Bishop Obo, Bishop Gundulf, King John and King Henry.

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

People, relatives and staff told us the service was exceptionally well-led. The registered manager led by example and promoted an open, inclusive culture where people, their relatives and staff were all valued for their individuality. Since the last inspection they had built, developed and sustained a caring and committed staff team. The registered manager and staff were dedicated to making sure people were empowered to remain independent for as long as possible. Visions and values were promoted and shared throughout the staff team who worked cohesively to provide high-quality care and support. There was a strong emphasis on continuous improvement and views of people and their relatives were highly valued.

People felt safe. They were supported by staff who understood how to keep people safe, how to report concerns and how to reduce risk. People were protected from discrimination and their life-choices were respected. There were enough staff in each area of the service and people told us staff spent quality time chatting with them. The staff had been recruited safely. People had their medicines when they needed them, and medicines were managed safely.

People's physical, mental health, emotional and social needs were regularly assessed and reviewed. Care plans were kept up to date with people's changing needs and preferences. People told us they were involved in planning their care and support. People were supported by a staff team who were skilled and knowledgeable. Staff were supported to complete regular training and additional qualifications to keep up to date with best practice. Staff felt valued and supported by the registered manager and the provider.

People were offered choices of home-made meals and plenty to drink to make sure they ate a balanced, healthy diet and stayed hydrated. People really enjoyed their meals which were social occasions. People were involved in setting tables and washing up when they wanted to be.

People had access to health care professionals when needed. Staff worked closely with GPs, community nurses and the local dementia team to ensure people stayed as healthy as possible. 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.

People were treated with kindness and compassion. People said, "This is the place I always wanted to come to and I am very happy here" and, "This is a very good home. Staff get on well together and help each other

out. They are always laughing and joking with us". People's privacy and dignity were respected and promoted.

People and their relatives did not have any complaints. They knew how to raise a complaint if needed. They had confidence the registered manager would resolve any concerns quickly if necessary. The registered manager actively sought feedback from people, relatives, health care professionals and staff to monitor the quality of service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (report published 28 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Rochester Care Home

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 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.

Service and service type

Rochester Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they 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 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 15 people and six relatives about their experience of the care provided. We spoke with 11 staff

including care staff, catering staff, domestic staff, the deputy manager and the registered manager. We also spoke with two visiting health care professionals.

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 three people's care records, associated risk assessments and multiple medication records. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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.

Systems and processes to safeguard people from the risk of abuse

People told us they felt safe living at the service. One person said, "It is very nice here. I feel very safe now. If I want to, I can lock my door with my key". A relative commented, "[Our loved one] is absolutely safe here".

- People continued to be safe from bullying, harassment, avoidable harm, neglect and abuse.
- Staff completed training to ensure they recognised any potential signs of abuse and knew how to report concerns.
- One staff was the whistle-blowing champion and were the first point of contact for staff to discuss any concerns about standards of care and staff practice.
- The registered manager followed the provider's safeguarding policy and process to make sure safeguarding concerns were recorded and reported to the relevant authorities in line with guidance. Concerns were investigated thoroughly and were dealt with in an open and transparent way.

Assessing risk, safety monitoring and management

- People continued to be supported to stay safe and have their freedom respected.
- Risks to people were assessed, identified, monitored and reviewed. Action was taken to reduce risks as far as possible. Staff considered people's freedom, choice and control and understood people were about to take positive risks.
- When people were at risk of developing pressure areas they were provided with special equipment, such as pressure relieving cushions, to help protect their skin. The registered manager and staff were passionate about making sure people's skin remained healthy.
- Staff worked closely with tissue viability nurses to prevent people from acquiring pressure areas. Staff spoke proudly of this work and that there had not been any reportable pressure areas in the last 12 months.

Staffing and recruitment

- People continued to be supported by staff who had been recruited safely.
- Recruitment systems were robust. Checks to make sure new staff were safe to work with people were completed. This included Disclosure and Barring service checks and two verified references.
- People told us there were always enough staff to provide their care and support.
- People said, "There is always someone around to look after me if my legs give up. The girls make sure I am using my trolley to get about". A relative commented, "[My loved one] is not on their own. There are always carers around to help them".
- The registered manager had, over time, built up regular and flexible 'bank staff'. This reduced the need to use agency staff who would not know people well.
- Staff levels were continuously reviewed and, when people's needs changed, staffing levels were adapted

to make sure people's needs were met. Deployment of staff was organised and monitored to make sure there was always enough staff on each unit. Throughout the inspection staff had plenty of time to spend with people. They were not rushed.

Using medicines safely

- People continued to have their medicines, as prescribed, safely and on time. One person told us, "I always get my medicines. It keeps me alive and I get them with a drop of water to help them down".
- Robust checks and trained staff made sure the medicines were ordered, stored, managed and disposed of safely and in line with national guidance.
- The registered manager and deputy manager liaised with people's GP when required and arranged for medicines to be reviewed.
- When people needed to be given their medicines without their knowledge, for example putting into their food, the right procedures had been followed and there were clear instructions issued by the person's GP.
- When people needed special creams to keep their skin healthy, staff had guidance to follow about where to apply the cream. This included a body map to make sure the creams were applied consistently.

Preventing and controlling infection

- People commented about the cleanliness of the service and one person told us, "The gardens are kept lovely. My room is kept clean and tidy. It is a bit like a hotel here".
- The service was exceptionally clean and free from unpleasant odours. The domestic team took pride in their work. They told us it was very important, and people deserved to have a clean, tidy and homely environment.
- Staff used gloves and aprons to protect people from the risks of infection as needed.
- Staff understood the importance of cleanliness, hygiene and food safety. Kitchen areas were clean and closely monitored to make sure they remained safe for the food preparation.
- An 'infection control champion' monitored cleanliness throughout the service. They shared best practice with staff and were the first point of contact for advice.

Learning lessons when things go wrong

- The registered manager continued to be open and transparent when investigating concerns or incidents.
- The registered manager was proactive in making sure opportunities to learn from events were identified.
- When lessons could be learned, or things could have been done differently, this was shared with staff to make sure the service continued to learn and make improvements.
- Accidents and incidents were recorded and reviewed. The registered manager checked carefully to identify any possible trends to make sure the right action could be taken.
- When people were prescribed anti-biotics, the registered manager monitored the reasons why these had been prescribed to see if there were any patterns. For example, if a number of people were being treated for a urinary tract infection this may indicate people were not having enough to drink.

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 physical, mental health and social care needs continued to be holistically assessed before they began living at the service.
- The registered manager told us their assessments included identifying any protected characteristics under the Equalities Act 2010. This meant people's needs and lifestyle choices, including sexuality, disability and religion, could be fully respected.
- Staff referred to national guidance, such as the National Institute of Health and Care Excellence and the Royal Pharmaceutical Society, to make sure they followed best practice.
- People's health needs were regularly assessed and reviewed. This included nutritional requirements and skin integrity to help keep people as healthy as possible.

Staff support: induction, training, skills and experience

- People told us they thought the staff were knowledgeable. They said, "They know what they are doing, and they are all very capable". Relatives commented, "Staff know how to care for people in here and they know how to talk to people with dementia" and, "I have always seen staff being very interactive. They have a good understanding of people's needs".
- People continued to be supported by a skilled, knowledgeable staff team who kept up to date with best practice.
- Staff completed a comprehensive induction when they began working at the service. Training was ongoing and monitored closely to make sure refresher courses were attended in good time. Additional training was completed to make sure staff could support people's specific needs. For example, staff supporting people in the Napier respite unit completed training about the use of feeding tubes and positive behavioural support.

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

- People continued to be supported to eat healthily and drink plenty. People told us they enjoyed their meals and that these were very social times. People sat together in the dining rooms and chatted throughout their meals. People ate at their own pace.
- People said, "The meals are outstanding", "The food is very good. I enjoy it and there is plenty of choice" and "I can assure you they would not let me starve! The cook is excellent. They would find me something that I liked". A relative commented, "[Our loved one] is sitting with some friends they have made. They are enjoying their meal. It looks appetising".
- When people were supported by staff to eat their meal this was done discreetly. Staff sat with people and allowed them to savour each mouthful whilst chatting with them.

- People were offered choices at every meal and catering staff worked flexibly to meet people's individual preferences.
- People's religious, cultural and health needs were considered by the catering staff. For example, some people were made specific meals to meet their cultural needs. When people were living with diabetes the catering staff made sure they still had choices and options available. Staff said, "I like to make sure everyone is included in meals and have a good choice. I bake cakes with reduced sugar, so people can still enjoy eating cake".
- Staff monitored people's weight when needed and had referred people to health care professionals, such as speech and language therapists and dieticians. Advice given, such as giving a fortified diet or high calorie drink supplements, was followed by staff.

Staff working with other agencies to provide consistent, effective, timely care

- People received consistent, co-ordinated and person-centred care when they were moving into the service and when they moved on to a new service.
- People and their relatives or representatives were involved in the planning, management and reviewing of their care and support.
- Staff worked closely with people, their loved ones and health care professionals to make sure transitions between services were as smooth and effective as possible.
- A relative commented, "We came in to hang up some pictures in [our loved one's] room. The maintenance person has done it for us and sorted out the television. Everyone is so kind at helping [our loved one] settle in".

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

- The design and layout of the service continued to meet people's needs.
- People's rooms were full of their own possessions. People had photos, pictures and ornaments to make their room 'home-from-home'.
- Each person had a personalised 'front door' to their room. This helped people recognise which room was theirs. For example, each door was brightly coloured, they had different handles, bells and knockers. Some people chose to have their photo or name on their door.
- The bedrooms in the Napier Unit were equipped with modern aids and adaptations to support people with complex needs.

Supporting people to live healthier lives, access healthcare services and support

- People's physical, mental health and social care needs were monitored, and people were empowered to lead as healthy a life as possible.
- People told us they had access to a dentist, chiropodist and GP whenever they needed one.
- Relatives commented, "Staff were concerned when [my loved one] complained of a pain in their legs. They called an ambulance straight away and then phoned me" and, "If staff call a doctor for [my loved one] I am informed straight away so I am able to be here when the doctor comes".
- People's oral health was assessed and monitored. Staff were knowledgeable about supporting people with their teeth and dentures.

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's capacity to make specific decisions was assessed.
- Staff empowered and supported people to make decisions and choices. For example, by using pictures.
- When people were unable to make a decision for themselves, staff met with relatives and health care professionals to make a decision in the person's best interest.
- Applications for DoLS authorisations were made in line with the MCA. The registered manager kept a record of applications submitted to make sure they could follow up on any actions needed. They notified the Care Quality Commission of authorised DoLS in line with guidance.

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; respecting equality and diversity

- People continued to be treated with kindness, compassion and empathy by staff who valued them, and each other, for their individuality.
- People told us, "I cannot fault the staff. They are always cheerful", "I won't have a bad word said about the staff or [the registered manager]. If you have got a problem they will go out of their way to help you" and, "[The staff] are always polite. They speak to me as friends, they don't talk down to me". A relative commented, "Staff know and care about the people here. They always have time to talk".
- Staff showed a genuine interest in people's well-being. As staff passed people they stroked their arms and asked if they were comfortable. Staff gave people a hug when they reached out to them. When people were walking through the service, staff often offered them their hand for reassurance.
- People's birthdays were celebrated, and the registered manager arranged for personalised gifts to be given. For example, a relative had written to the staff to thank them for their loved one's 'Pretty scarf and drop-earrings. They wear them often. They have always loved their jewellery'.
- People were encouraged and supported to maintain relationships with family and friends. Visitors were welcome at any time and staff told us they actively encouraged family involvement.

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt in control about the care and support they received. One person said, "This is my home and it is my choice what help I want. The staff always record what help I have asked for and what I have done".
- Staff understood when people needed support to make decisions. They made sure people and their relatives had the information they needed or signposted them to get further advice. This included support service for people living with dementia and advocacy services.
- The registered manager shared several examples where they went 'over and above' to provide specific support to people and their families to make sure they could access the support services they needed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity continued to be promoted. One person said, "Staff are very considerate. If I am in my bathroom they will always knock on my door and ask if it is ok to come in".
- People were empowered to remain as independent as possible and to be in control of their day to day life. One person told us, "I thought, when I moved into a care home, I would lose my independence. Since I came here I have gained it". A relative commented, "[My loved one] can be as independent as they want to be".
- People and relatives gave examples of how independence had been promoted. One person told us they

had arrived at the service in a wheelchair and now used a walking frame and were able to walk around freely. They were 'over the moon' that they had been helped to regain their confidence to walk independently again.

- A relative recently wrote to the registered manager and noted, 'Whilst in hospital, nurses were talking about using a hoist to transfer [our loved one] to their chair. After five days at the home they were walking with a frame. The friendly, caring attitude of the staff, and how they interact with the residents is to be commended'.
- People's confidentiality was protected. Records containing people's confidential personal information was stored securely.

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

- People continued to receive care and support that was tailored to and responsive to their needs. Care plans, followed by staff, reflected people's physical, mental health, emotional and social care needs.
- People and their relatives were involved in the planning, management and reviewing of their care and support. Relatives commented, "We have been fully involved in [our loved one's] care plan and kept informed if there have been any changes to their health" and "All the staff have been fantastic, nothing has been too much trouble and they have consistently gone over and above that required".
- People's life history, career and family connections were recorded and gave staff plenty of information, so they could get to know people well. One person said, "I think the staff know me pretty well and understand what I like and what I don't".
- People were empowered and supported to make choices and have as much control and independence as possible. One person said, "I like to be independent and I told them I like to do as much as I can for myself and they told me that all I have to do is ask when I need some assistance".

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.

- People's communication needs were assessed and reviewed when their needs changed.
- People were provided information in a way they could understand. For example, in large print, with pictures or basic sign language.

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 continued to be encouraged to stay as active as possible, were actively encouraged to maintain hobbies and interests and were offered meaningful activities. People told us they had plenty to do to keep busy. They said, "I like doing exercises. We have a bit of fun", "I like helping fold up the laundry", "I like helping staff to dry up the dishes and lay the table for lunch" and, "Sometimes we get a minibus and go into Maidstone".
- People enjoyed regular, planned activities, 'dates for your diary' were displayed on the wall, to make sure people knew what was happening. Ad-hoc sessions included using pictures to prompt conversations between people about memories they had. For examples, pictures of steam trains, prams and landmarks. People enjoyed taking part in this and reminiscing.

- People played an active part in the Care Homes Open Day and photos showed them enjoying arts, colouring, painting, raffles and cakes. Horses visited the service and photos of people smiling and really enjoying the experience had been displayed.
- People were encouraged to keep their minds active and used a well-being journal. This contained creative activities to inspire people and included colouring, poems, space for writing notes and a section on thoughts and feelings. People were supported to use tablet computers for their enjoyment and to keep in touch with loved ones.
- People staying at Napier unit, for respite, had a sensory room to relax in and were involved in therapeutic activities. During the inspection people were sat in the shade outside enjoying playing musical instruments.
- A quarterly newsletter reflected on what people had done and what was coming up. There were lots of photos of people doing the things they enjoyed, such as stroking dogs and horses, doing puzzles, using the internet and washing up. People were involved in creating the newsletter and one person had written a very complimentary poem about a member of staff and the positive difference they made to their life.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain and felt comfortable speaking with the registered manager or staff if they had a concern.
- People said, "If I had a moan I would look for [the registered manager]. I know they would soon sort it out" and, "There are no complaints from me". A relative commented, "If I have a query I speak to [the registered manager] and they sort it out straight away".
- The registered manager recorded all complaints and minor issues and compliments received. Complaints were investigated, responded to and resolved to people's satisfaction and in line with the provider's policy.
- The provider's complaints policy and process were displayed in the entrance to the service and was available in an easy to read format.
- The registered manager chatted with people and their families every day. They checked people had everything they needed and that they were happy living at Rochester Care Home.

End of life care and support

- People were supported to have a comfortable, dignified and pain free death.
- People's views regarding their end of life care were recorded and reviewed to make sure their wishes could be followed.
- The registered manager and staff worked with health care professionals, such as the local hospice, palliative care team and community nurses, to ensure people had any specialist equipment they needed.
- People's religious and cultural preferences were respected.
- People's family and friends were supported. For example, when a person had been at the end of their life, a bed was set up for the person's loved one in their room. A small table was provided so they could continue to eat together. This had provided reassurance for the person and their loved one at this difficult time.

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 has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff felt the leadership of the service was exceptional. Comments included, "[The registered manager] is truly wonderful", "[The registered manager] goes out of their way to provide us with an exceptional service" and "The home would not be well run if [the registered manager] wasn't at the helm". A recent review from a relative noted, 'An extremely welcoming home from home, well looked after residents. Staff interact with compassion. Management should be applauded for all their efforts. Residents all happy! Well done to all involved'.
- The open and inclusive culture was clearly visible. People, relatives and staff all spoke about the registered manager's door always being open and always having time to spend with them to discuss their needs. People were able to be surrounded by the people they loved whenever they wanted them to be there as there were no restrictions on visiting. The registered manager and staff were actively involved with 'John's Campaign', which actively promotes the rights of people living with dementia and the rights of their loved ones to be fully involved with their care and support. They spoke passionately about the importance of ensuring collaboration with people, their loved ones and the staff, at every stage of their care, because it was crucial to their health and well-being.
- The registered manager and staff embraced the provider's values and placed people at the heart of everything they did. One of the values related to encouraging a culture of knowledge, expertise and accountability. Staff were passionate about each of them making a difference and working collaboratively with people, their loved ones and health care professionals. Staff said, "We are all responsible for making sure we get it right" and "[The registered manager] has a vision and it is shared by all of us".
- The registered manager spoke passionately about the people and their loved ones. They said, "It is really important to listen to people, their relatives and the staff. Everything we do is about a person's welfare and well-being". Staff consistently went over and above to help people do the things they wanted to do. For example, staff, in their own time, took two people to a local pub for lunch because they had told them they really wanted to do this. On another occasion a person was unable to attend a family wedding and was very disappointed. A member of staff worked on their day off to support the person to make a video to send to their family wishing them the best on their wedding day. These were spur of the moment decisions by the staff because they wanted to make sure people were happy.
- The registered manager displayed genuine care for others, empathy and compassion. They regularly told staff they were proud of them and their hard work to provide people with high quality care. The registered manager spoke about support provided to people's families. They had supported people to access support networks and signposted people to different places for advice. For example, supporting relatives to access

support from the local dementia team and for a relative to receive support from the mental health team to enable them to stay healthy. This enabled them to continue to visit and support their loved one.

- The registered manager spoke about how proud they were of one person who had painted butterflies which were used as part of the Tree of Celebration Exhibition – this featured 3000 butterfly's hanging on a tree and in the gardens of a National Trust property in Devon. This formed part of the Care Homes Open Day events. The person had been featured in the local newspaper and their painting was used on all the publications about the exhibition.

Continuous learning and improving care; 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

- There was a strong emphasis on continuous improvement. For example, following the Care Quality Commission's 'Smiling Matters: Oral Care in Care Homes' report the registered manager arranged for staff to attend additional training by the local council about oral health for people living with dementia to develop their skills and keep up to date with best practice. This resulted in every person having regular check-ups with either their own dentist or with the visiting dentist. Staff were well educated about and had an increased awareness of the risks associated with poor oral care and monitored people closely. They noticed small changes in people's eating which could indicate a problem with their teeth or dentures and made sure people saw a dentist when needed.

- Since the last inspection the registered manager had continued to develop and improve the service. They consistently demonstrated passion and commitment to providing an excellent level of care and support. This led to improved outcomes for people. For example, the registered manager and staff worked closely with tissue viability nurses as part of the NHS #StopThePressure campaign to raise awareness and understand early warning signs of pressure areas. They made sure preventative measures, using the NHS SSKIN approach, were taken to keep people's skin healthy. As a result, there had been no reportable pressure areas in the last 12 months and people's skin was healthy. The staff team had received a congratulatory certificate for their work on reducing acquired pressure areas which they were incredibly proud of.

- The registered manager understood their regulatory responsibilities. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen. CQC were notified in line with guidance.

- People and their loved ones were kept informed when things could have been done differently or better. The registered manager welcomed feedback and was open and honest. They were proactive in making sure lessons could be learned. They told us, "If there is something I can do better, I will reflect and look at making changes".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was strong, clear, visible leadership at Rochester Care Home. The registered manager set very high standards and demonstrated excellent leadership. They coached, mentored and motivated the staff. They led by example, actively promoting high quality, person-centred care and support. A stable workforce had been developed. They worked very closely as a cohesive team to make sure people were supported to lead fulfilling lives. Staff told us it had taken a long time to build the team and that the hard work was worth it. It was clear that, as a result, people and their relatives had formed strong bonds with the staff who supported them.

- Since the last inspection the registered manager focused on providing high quality care and identifying areas for improvement. Effective governance was well-embedded into the running of the service. A range of robust checks and audits to monitor risk, quality of care and staff performance were well-embedded and effective. When shortfalls were identified, action was taken to address them.

- The registered manager had developed their staff team to share learning and best practice. New roles had been established to give staff responsibility and accountability as champions in certain areas. For example, dignity, dementia and whistle-blowing. Champions were active in team meetings and at handovers to make sure their colleagues felt confident they could talk to them about any issues or concerns. Dignity champions constantly monitored that people's privacy and dignity were being promoted. For example, they made sure people's glasses were kept clean and checked staff spoke about people's health care needs in private. They were very observant, for example they noticed if a person was not wearing earrings that usually wore them.
- Staff were supported to attain additional qualifications. The registered manager commented, "I am so proud when my staff do something, like national vocational qualifications. I love being able to bring staff on and see them grow". Staff were supported and mentored to achieve additional qualifications. Staff told us their confidence was boosted and they were proud to receive their training certificates. The registered manager made sure that all staff had an opportunity to expand and develop their skills and knowledge. They arranged for additional support to enable staff with dyslexia to attain their qualifications.
- Staff were very proud to work at Rochester Care Home and told us they felt valued by the registered manager and the provider. An employee of the month award was used to acknowledge and reward staff who people and their relatives felt had gone above and beyond their role or done an exceptional job.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were consistently high levels of constructive engagement with people, relatives, health care professionals and staff. They were regularly asked to provide feedback about the quality of service. People and their relatives told us they felt involved in the service and in the management of their support.
- People told us, "[The registered manager] shows concern for us. They are always walking around and seeing that we are all ok and happy with things" and, "[The registered manager] always leaves their door open. They don't mind us popping in for a chat".
- Relatives commented, "I get on very well with [the registered manager]. They care for their residents and don't just sit in the office" and, "[The registered manager and deputy manager] are very helpful and give you time to discuss anything with them".
- Regular residents' meetings and family meetings were held to obtain people's views and opinions about the day to day running of the service. People and relatives told us they were kept up to date with changes and improvements and were able to make suggestions. For example, one person's relatives suggested ponies visiting the service. They worked with the registered manager and staff and arranged a horse and pony day. This also involved children from the local community. People told us they had a wonderful time.
- Regular meetings with staff were an opportunity to share experiences and learn from each other. The registered manager attended each handover between shifts. Staff told us they were always asked if they had any concerns to raise.
- There were strong links with the local community. There were regular visits from schools and churches. Events, such as open days and fetes were well attended by local residents. A relative had recently written to the registered manager and noted, 'Thank you for the one to one support in establishing the best way forward for [my loved ones] during a very difficult, challenging, stressful time. I can't thank you enough'.
- The registered manager and staff worked with health care professionals to make sure people received efficient, effective joined-up care. A health care professional told us, "Staff are exceptionally good at spotting early signs of changes in people's health".