South Coast Nursing Homes Limited

Rookwood Residential Home

Inspection report

26 Silverdale Road
Burgess Hill
West Sussex
RH15 0EF

Tel: 01444462100

Date of inspection visit:
28 November 2019
29 November 2019

Date of publication:
27 December 2019

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
Rookwood Residential Home is a residential care home providing personal care to 22 people aged 65 and over at the time of the inspection. The service can support up to 25 people.

The home is a large detached property spread over two floors with a large well-maintained garden and patio. The home provides care and support to some people living with dementia.

People's experience of using this service and what we found
People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. There were enough staff available to meet people's needs promptly. People received their medicines safely. Incidents and accidents were investigated, and actions taken to prevent a reoccurrence. Infection control procedures were followed by staff.

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 supported to eat and drink well and were provided with healthy choices. People were supported by staff who received regular training to meet their needs. Health needs were acted upon and referrals were made promptly to other services.

People received kind and compassionate care. Comments from people included, "I'm as happy as I'll be. Staff are very kind. They always greet me as if I'm an old friend" and "I can't fault it here. They are all so caring and helpful." People's independence was promoted by staff. People were treated with respect and dignity and supported to make decisions about their care.

People received personalised care that was tailored to meet their individual needs, preferences and choices. Care plans were detailed and guided staff about people's needs and how to meet them. People's concerns and complaints were listened to and used to improve the service they received. People received compassionate support at the end of their lives.

The manager was well regarded and had a clear vision for the service which was understood by the staff. One person said, "She's very nice, precise and correct. She knows what she's doing."
There were effective quality assurance systems in place that were used to drive service improvements.

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 (published 28 June 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Rookwood Residential 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 team consisted of one inspector.

Service and service type
Rookwood Residential Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. Registering with the CQC means that a registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection, the manager was about to start the process of registering with the CQC.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We looked at other information we held about the service. This included notifications. Notifications are changes, events or incidents that the service must inform us about. We used this information to plan our inspection.

During the inspection
We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with eleven members of staff including the director, manager, deputy manager, one senior carer, three care assistants, two activities coordinators, one cook and one cleaner. 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 ten people's care records and medication records. We looked at four 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 sought feedback from the local authority commissioning and three health professionals who work with the service.

Good

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

● There were systems and processes in place to safeguard people from abuse. People told us they felt safe living at the service. One person said, "They look after you and make sure you're alright."

● Staff told us that they received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe. Staff had a clear understanding of the different types of abuse, how to recognise these and what to do should they witness any poor practice. One staff member said, "Self-neglect can be a major issue, so we look at how they present. It's about keeping them safe, giving them the environment that I'd want my own parents to live in."

● Incidents had been escalated appropriately where safeguarding concerns were highlighted. The manager had made appropriate notifications to the CQC and the local authority to report incidents of concern.

Assessing risk, safety monitoring and management

● Risks to people were identified, and comprehensive assessments were in place in areas such as falls. Some people had risks associated with their mobility and needed support to move around, and there was detailed guidance for staff in how to support people in the way they preferred.

● Risks to people's mobility was assessed. Mobility risk assessments and falls care plans were clear on people's level of mobility, what equipment they needed and how many staff were required to support them. For example, one person mobilised without mobility aids, but their care plan identified that they were at risk of falls and were assessed daily by staff. Actions to mitigate these risks were in place. For example, staff ensured that the person wore particular soft sandals to support them walking.

● People told us that staff ensured they were safe when supporting them to move. One person said, "They're pretty good at moving me in the hoist. They tell me what's coming next when they move me." We observed one person being supported to move from their chair to their bed. Staff ensured that the person was comfortable and safe, while communicating with the person throughout the manoeuvre.

● Risks to people's hydration were monitored as some people were at risk of contracting urinary tract infections (UTIs). Staff recorded how much fluid people were offered and how much they drank. If people had not received sufficient fluids, alerts would be automatically sent through to the management team to ensure that this was investigated immediately. One professional told us, "Records regarding fluid intake are up to date and observations are taken with good knowledge of NEWS (National Early Warning Score)." NEWS is a standardised system for recording and assessing baseline observations of people to promote safe and effective clinical care.

Staffing and recruitment

● There were enough staff to ensure that people remained safe. People and their relatives told us that there were enough staff to meet people's needs. One family member said, "There's always staff going up and

down and they always check that mum's ok."
●One staff member said, "Generally yes we are well staffed. It allows the seniors to come off and do the senior task we couldn't do before. We are good at covering to do extra hours, so we only use one agency staff member." Another staff member said, "Yes, we take our time with the residents. There's no rush in the morning or at lunch. We can sit and talk to them in the morning."
● We observed people being supported quickly when they asked for help, while call bells were responded to quickly. Call bells are electronic devices used by people in their rooms to alert staff that they require support. Staffing levels were good during the lunch time period to ensure that people sat and ate at the same time.
● Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people.

Using medicines safely
● There were safe systems in place to ensure that medicines were administered safely. Some people needed support with medicines. Staff had received training in the administration of medicines and had regular checks to ensure they remained competent.
● The administration and recording of medicines were safe. Staff were patient and ensured that people had taken their medicines before leaving them. Staff used personal protective equipment and used hand sanitiser between administrations.
● Medicines were stored and disposed of safely. Medication Administration Records (MAR) showed that people received their medicines as prescribed and these records were completed accurately. Where people received 'as and when needed' (PRN) medicines, staff were supported by guidance on when to administer these. One person required their medicines to be administered at specific times and records showed that staff were doing this.
● Staff were responsive in ensuring that changes in people's medicines were communicated to other agencies involved in their support. One professional told us, "Every update in patient's medication is promptly communicated to us, that enable us to update patient's MAR charts for next cycles."

Preventing and controlling infection
● All areas of the service were seen to be clean, tidy and smelt fresh. Records showed that staff maintained a consistent and thorough cleaning schedule of all areas of the service. One relative said, "It's always clean and tidy, definitely."
● Regular quality assurance checks were undertaken to ensure the prevention and control of infection. These audits also monitored staff completion of infection control training. One staff member said, "We prioritise high risk cross-contamination areas such as handrails and toilets to prevent the spread of infection."
● We observed staff using personal protective equipment (PPE) when carrying out personal care and administering medicines.

Learning lessons when things go wrong
● Incidents and accidents were consistently recorded, and staff understood their responsibilities to report any concerns. The manager had oversight of all incidents and accidents to ensure that appropriate actions were taken, including the review of risk assessments and care plans.
● The provider had reviewed the incidents of concern and when things had gone wrong and appropriate made changes to the service. For example, a recent event led the provider to improve its pre-assessment documentation to ensure that a more robust assessment was completed before people moved to the home.

● The manager audited records of people's falls to identify themes so that appropriate actions could be taken.

Good

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

● The provider carried out assessments regarding people's physical, mental health and social needs prior to them moving into the service. The provider had ensured that protected characteristics, such as people's religion, race, disability, and sexual orientation were explored and recorded appropriately. One family member said, "The manager came to the old house. The assessment was thorough, and she gave me a questionnaire on mum's likes and dislikes which was good."

● People's needs were assessed using evidence-based guidance to achieve good outcomes. For example, people who were at risk of malnutrition had risk assessments in place. The provider had consulted national guidance and implemented the Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under-nutrition), or obese. The MUST tool enables providers to monitor people's risk of malnutrition. Staff also used the National Early Warning Score (NEWS) to record and monitor people's basic health readings following an accident or a fall to determine whether further medical support was required.

Staff support: induction, training, skills and experience

● When new staff commenced employment, they underwent an induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. Training had been identified according to the needs of the people living at the service. These included positive behaviour support, moving and handling, safeguarding, dementia, Mental Capacity Act (MCA), and medication.

● Staff told us that they had the training they needed to work effectively with people. One staff member said, "The in-house training is excellent. They make it interactive and interesting. Everyone enjoys it and you learn a lot. I've done dementia training and learnt an awful lot. I have requested end of life care as I'm interested to do that. We only have to ask, and they'll put us on it." Another staff member said, "I think its brilliant training. I'm always happy to learn, you can never learn enough. Moving and handling is really good, what equipment to use in an emergency. The different methods of moving people are always good to know."

● Staff told us that they felt well supported in their roles and were provided with regular supervision sessions. One staff member said, "I get wonderful support. Our seniors give supervisions as well."

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

● People were supported to have enough to eat and told us that they liked the food they received. People were given choices of what they wished to eat and were provided alternatives if they requested. One person said, "The food is very nice. We eat greens and other vegetables. If there's something different you can have it." Another person said, "The food is lovely. It's freshly made. I lost four stone before I came here but have put two stone back on since."

● We observed the lunchtime meal in the dining room. Tables were attractively laid with tablecloths, napkins, cutlery and condiments and special cutlery for people who needed it. When some people had difficulty eating independently, staff assisted them patiently.
● People's specific dietary needs were known and met effectively by staff. For example, some people had their food pureed to allow them to swallow safely. The provider had sought guidance from a speech and language therapist (SALT) to support people safely. One relative said, "She has the sensation of food sticking so they puree her food so it's comfortable for her. They have strategies to provide her with more protein such as adding cream and butter to the food."

Adapting service, design, decoration to meet people's needs
● People's needs were met by the design and decoration of the home. For example, staff had ensured that the step outside one bedroom of a person with a sensory impairment was clearly visible to them. Some people used wheelchairs and frames to mobilise, and hallways and communal areas were of sufficient size and decoration to support them safely and efficiently.
● Some corridors had lighting underneath handrails to make then clearer when people steadied themselves. A stair lift supported people to mobilise more safely between floors. Signs were displayed in some areas to warn people when there was a change in the gradient of flooring.
● The provider ensured that the environment was maintained. Decoration and maintenance of the home was in progress during the inspection, and staff ensured that there was little disruption for people. One relative said, "They've been redecorating and updating things. The chairs have all been updated."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People had access to health and social care professionals. Records confirmed people had access to a GP, opticians, dentists and chiropodists and could attend appointments when required. Referrals were made to specialist services such as speech and language therapists, as needed. One professional said, "The staff follow advice and medication protocols and are always aware of red flags and when to escalate to us or the ambulance service." One health professional said, "The staff and management are very efficient in bringing any concerns to our attention."
● People's needs were detailed within hospital, or care passports. These provided details to clinical staff as to what the person's current health and care needs were should they be admitted to hospital.
● People had care plans in place to support them with their oral health. Oral healthcare was part of each person's personal care routine and staff were required through electronic recording to confirm what support they had provided, when it was needed. People were supported to access dentist appointments when required.
● People and their relatives told us that staff worked together effectively to provide consistent care. When discussing their family members need for support with their emotional wellbeing, one relative said, "As soon as something drops, what really strikes me is that other staff know very quickly. The communication is excellent."
● People were supported to remain physically active. Exercise activities were led by staff in the communal areas and we observed this during the inspection.

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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. 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 consent to their care and treatment had been considered and was documented appropriately. Where people lacked capacity to make specific decisions, appropriate assessments had been made. Decisions made in people's best interests were recorded to show how the decision had been made in accordance with the legislation. The manager had made appropriate applications for people where DoLS could apply. For example, some people needed rails on their beds or sensor mats in their rooms, and appropriate applications had been made.

● Staff understood their responsibilities regarding the MCA and demonstrated a good knowledge on seeking consent and people's capacity to make decisions. One staff member said, "It's about whether they have capacity to make choices, or if they don't. Most people here can make their views known and have capacity. We just need to make sure the decision and choices they make are safe."

Good

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 were consistently positive about the caring attitude of staff. They told us that staff were kind, approachable and welcoming. One person said, "They are lovely, smiley and welcoming." Another person said, "They've all got a smile on their face from morning till night. They make you feel like you are at home."
- People and their family members told us that staff were skilled in providing emotional support when it was needed. We observed one person, who was living was a visual impairment, being given reassurance that they were not alone in the lounge and were with others. The person thanked the staff member and appeared to noticeably relax following the reassurance.
- People's care plans guided staff on how to ease people's anxieties and provide reassurance in different situations. For example, one person's care plan stated that they will often leave their activity for a moment and carers needed to reassure them that their items and pens would not be removed or taken away.
- People's diverse needs were captured when they moved to the service and staff supported them to meet these needs. For example, spiritual care plans recorded people's chosen faiths and how they practised them. People were supported to access monthly Bible groups while faith leaders attended the home regularly to provide accessible services. Staff spoke knowledgably about the different denominations of people's faiths.

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

- People and their family members told us they could express their views and be involved in their care. One person said, "They always ask me what my preferences and opinions are, they're good like that."
- People and their relatives told us that their opinions were sought, and ideas and suggestions acted upon. For example, relatives had suggested, during one meeting, that their loved one's art work should be displayed around the service to celebrate their achievements. We observed that staff had acted on this.
- Relatives told us that staff were focussed on the needs of people at the home and provided consistent communication with them. One relative said, "There is a genuine interest in residents and they are actively engaged with them."
- Where people were unable to advocate for themselves or had no representative that could do this on their behalf, staff supported people to access an advocate or advocacy service.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff ensured their dignity was maintained when providing care. One person told us that their carers would ask them if they were happy following support with their mobility. The person said, "They help me with my leg splints and they always ask me if I'm comfortable when they've helped me."

● People's independence was promoted by staff. We observed one person being gently guided by staff when they were being supported to mobilise downstairs. The staff member provided gentle guidance so that the person could walk as independently as possible. The stat member offered encouraging support on maintaining their posture and informed them of a sloping floor so that they could be prepared. One relative said, "It's more than giving you just care. It's about giving you quality of life."

Good

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 and their relatives told us that staff provide personalised care and were responsive to their needs. One person said, "Whatever you want, you ask, and they get." Another person said, "They supply all your needs. Whatever I need I've got." One family member comment from a survey taken stated, "They are also very flexible to accommodate mum's choices with her care."

● People's care plans recorded the outcomes people wished to achieve and how to achieve them. People's personal histories had been captured and recorded in detail and staff used this information to engage with them. One staff member said, "The information in the care plans is perfect, everything is there. They work. You can understand a bit more about them from their histories - where they grew up, their children. You can talk to them and relate to them more. For example, I spotted that one lady was brought up in the same place as my husband, so we talked about it."

● Care plans reflected changes to people's circumstances, how these affected the person and what staff could do to support them. For example, a review of one person's behavioural change care plan, had noted that they had changed bedrooms that week. The person required ongoing staff support to manage their extreme anxieties, so an alert was set on staff's electronic recording devices for them to be aware of any changes in mood or behaviour.

● Technology was used to support people to receive timely care and support. For example, staff told us that the electronic devices they used allowed them to record care more effectively, as all people's information was instantly accessible. One staff member said, "Their history is all under one file. (The system) has been brilliant for recording things. It's made things a lot better. We can sit next to clients and talk to them when we do it whereas before we couldn't. We can document their one to one session directly onto the device. We can alert managers if anything has been noticed such as a skin tear in the morning. It's helped with communication between staff a lot."

● Staff provided personalised support to people, some of whom were living with dementia. Care plans were updated regularly and recorded when people's wellbeing changed. For example, one care plan of a person living with dementia described their current wellbeing and how staff could support them more appropriately. The person would pack and unpack their clothes in the evenings, believing they were about to go home. Staff allowed the person to carry on with the routine as it gave them piece of mind but would support them patiently to unpack.

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 had communication care plans in place to support staff to understand their wishes and engage with them more responsively. Information about people's anxieties were reflected in these plans to ensure staff could communicate effectively. For example, one person had the capacity to communicate their wishes, but at times would not come forward with any issues or wishes they had. Staff were required to be patient and encouraging to allow the person time to make decisions.
● Another person living with dementia was often reluctant to initiate conversations but would respond when spoken to. Staff were required to allow them time to process the information given to them. We observed this practice during the inspection when the person was being supported to have their medicines.
● The manager was aware of their responsibilities to follow AIS and a detailed AIS policy was in place. There was no one currently requiring information in a different format, but the managerial team would be able to provide alternative formats if required.

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 were supported to participate in a range of in-house activities that were relevant to them, such as flower arranging, monthly pamper day, music therapy, chair exercises, sing-a-long, arts and crafts, and poetry reading. One person said, "They do a lot of things here, it's great." One staff member said, "Activities are brilliant for as long as I've been here. The coordinators do go into people's rooms if they don't want to come out of their rooms. They get offered the same level of engagement. They'll take art or other things. They're never left out."
● Staff supported people who found it difficult to engage in some activities. For example, one person living with a visual impairment had been supported in a sensory activity where they used their fingers to read the images on historical coins brought in by the activity coordinator. These coins were then displayed decoratively so that other people could view and touch them.
● We observed various activities being led by two activities coordinators. Four people were involved in making a collage of photographs of a recent themed party at the home. This was part of a project where people contributed to a memory wall in the lounge areas. The coordinator said, "It invokes memories in so many ways. It brings out their stories."
● People living with dementia were supported to participate and staff organised reminiscence events. Staff sourced a world war two activity pack from the local library for Remembrance Day which contained CDs to evoke past memories. One staff remembered the impact this had on one person with dementia. They said, "It prompted her to remember things she had forgotten."
● People and their family members told us that staff were proactive in ensuring people avoided social isolation and were encouraged to remain active and engaged. One relative said, "My mum has improved no end since she moved in. She was very depressed and unengaged. Staff firmly but gently used strategies to help her stay in the communal lounge rather than being in her room." Another relative said, "There's interaction all the time. Staff come to her room and speak to her and give her a kiss." One comment from a relative's survey stated, "Mum is not one for joining in always but does enjoy the entertainment and the activities. Staff make an effort to get to know a resident's likes."

Improving care quality in response to complaints or concerns
● The provider had a complaints system and people and relatives told us they were aware of how to make a complaint and would feel comfortable making one if needed. One person said, "I have no problems, but would be happy to speak to the manager if I needed to."
● Records showed that complaints were responded to in a timely way and people had been informed of the outcome of the investigations. People had access to the complaints policy and one was on display in the communal hallway.

● Complaints were used by the manager to improve the delivery of care. For example, alerts and prompts for staff were placed on electronic devices following the receipt of one complaint about a person not receiving their afternoon drink.

End of life care and support

● People had care plans in place, where applicable, to record future planning and advanced wishes for their end of life support. These detailed whether people wished for life-extending treatment and preferences about whether they wished for treatment to be provided in hospital or at the home. These captured any spiritual guidance they wished for, preferences for pain relief, details on funeral arrangements and family members and professionals who were involved in decisions about their care.

● The provider ensured that end of life support was discussed with those close to people at the service. The director had discussed end of life support at a relatives' meeting informing family members that end of life care plans were optional but recommended should people's health deteriorate quickly.

Good

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

● The manager and provider promoted a person-centred culture that looked to achieve good outcomes for people. People, relatives and staff told us that the service was well-led and found the management team to be open, transparent and inclusive. People told us that they had been aware of the changes in management personnel and that there had been positive changes. One person said, "(The manager) is on top of it and she's happy. There's been a lot of good changes."

● Staff members told us they were happy working at the home and described an open and inclusive culture. One staff member said of the manager, "She's made a big difference." Another staff member said, "I can approach the management and seniors here if I need help or guidance, they are brilliant. You can see them confidentially and feel confident it will stay that way."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

● The manager and staff were clear about their roles and understood the importance of quality performance. Staff told us that they were clear about their roles and responsibilities. The home had gone through a period of managerial change with a new manager and deputy manager in place, together with new senior carer roles introduced. Full roles and responsibilities were still being fully embedded, but it was clear that staff had worked closely together to determine where people's strengths were and what worked most effectively. One senior carer told us confidently about their new responsibilities and the support they received to carry them out. The staff member said, "It's busy and different. There's a lot I'm learning. It's nice to get an insight into the other side of caring.

● The provider and manager ensured that systems were in place to make sure that care and support was of good quality and to drive improvements. Regular audits and monitoring were completed on areas such as people's medicines, accidents and falls, care plans, activities and oral health care. For example, some people at the service had been assessed at being at risk of falls. There were quality assurance systems in place to review records to identify trends and whether there were other types of intervention that could prevent further falls.

● Checks completed by the managerial team were then audited by the operations team to ensure they were being completed effectively. The provider completed quality assurance tools every six months and covered each area of care, treatment and support.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics; 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

● The manager and provider actively engaged people and staff in the service. People and their family members could give feedback about the service through quality assurance surveys. The management team analysed these surveys to inform improvements of the service.

● Staff spoke positively about the approach of the manager in supporting them to be engaged and involved. One staff member said, "She is very positive, 100% better in every way. She's given all of the staff a chance to learn. As soon as she started, she asked everyone what they wanted to do. She's given us more freedom to make our own choices and responsibility. It has done a lot for staff esteem. It's nice to feel trusted that you can make decisions. It's come on leaps and bounds. She feels part of the whole team and not just the care team."

● The manager was clear about their responsibilities for reporting to the CQC and their regulatory requirements. Risks were clearly identified and escalated where necessary.

Working in partnership with others

● Staff had developed positive working relationships with a range of health and social care professionals, that included local pharmacies, local authority care management teams, GPs, and occupational therapists.

● Professionals and partners described positive working relationships with the home. One professional said, "I have been dealing with Rookwood service the last five years, in all this time we have built a good relationship based on mutual efforts to provide the best care to their patients, putting patient's safety as the milestone to every step with take." Another professional said, "I have always found (the manager) very approachable and helpful in any queries that I have."