Runwood Homes Limited

Rose House

Inspection report

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Doncaster
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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

The inspection took place on 4 January 2016 and was unannounced. This was the first inspection of the service following the Care Quality Commission registration in September 2015. The service was previously registered under another provider.

The service has a registered manager who has been registered with the Care Quality Commission since September 2013. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Rose House is a care home situated in Armthorpe Doncaster which is registered to accommodate up to 31 people. The service is provided by Runwood Homes Limited. At the time of this inspection there were 21 people living at the home. Accommodation is provided on both the ground and first floor. The service has several communal and dining areas and easily accessible secure gardens. The home is close to local amenities of shops and healthcare facilities.

The requirements of the Mental Capacity Act 2005 were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

There were sufficient staff with the right skills and competencies to meet the assessed needs of people living in the home. Staff told us they felt supported by the manager and provider however, formal supervisions and appraisals were still being transferred onto Runwood Homes Limited's documentation.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink. People we spoke with told us they enjoyed the meals and there was always something on the menu they liked.

People were able to access some activities although there was no dedicated activity co-ordinator. People told us they had enjoyed Christmas with parties and involvement from the local community. Some people told us they would like more activities as sometimes there was not sufficient happening to prevent them becoming bored.

There was a strong and visible person centred culture in the service. (Person centred means that care is

tailored to meet the needs and aspirations of each individual.) We found the service had a friendly relaxed atmosphere which felt homely. Staff approached people in a kind and caring way which encouraged people to express how and when they needed support. Everyone we spoke with told us that they felt that the staff knew them and their likes and dislikes.

Staff told us they felt supported and they could raise any concerns with the registered manager and felt that they were listened to. People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it. We noted from the records that no formal complaints had been received since the transfer of services in September 2014.

There were systems in place to monitor and improve the quality of the service provided. However, we were unable to see how effective they were embedded as audits were relatively new following their registration in September 2015. We saw copies of reports produced by the registered manager and the provider. The reports included any actions required and these were checked each month to determine progress. The regional care director shared an action plan with us that the registered manager was working towards. The action plan related to objectives set by Runwood Homes Limited

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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the homes procedures in place to safeguard vulnerable people from abuse.

People's health was monitored and reviewed as required. This included appropriate referrals to health professionals. Individual risks had also been assessed and identified as part of the support and care planning process.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Medicines were stored and administered safely. We saw staff administering medication to people safely.

Is the service effective?

Good

The service was effective.

Each member of staff had a programme of training and was trained to care and support people who used the service safely and to a good standard.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. We also found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. We observed people being given choices of what to eat and what time to eat.

Is the service caring?

Good

The service was caring.

Staff had an excellent approach to their work. People and their relatives were complimentary about the care provided. People told us that staff were very caring and respected their privacy and dignity.

Staff were motivated and passionate about the care they provided. They spoke with pride about the service and the focus on promoting people's wellbeing.

People were supported to maintain important relationships. Relatives told us there were no restrictions in place when visiting the service and they were always made to feel welcome.

Is the service responsive?

Good

The service was responsive.

People had their care and support needs kept under review. Staff responded quickly when people's needs changed, which ensured their individual needs were met.

People had access to some activities although this was an area which could be improved to be more person centred.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

Good

The service was well led.

The registered manager had developed a strong and visible person centred culture in the service. There was a strong emphasis on promoting and sustaining the improvements already made at the service. Staff told us that the management team were knowledgeable which gave them confidence in the staff team and led by example.

The registered manager continually strived to improve the service and their own practice. Systems were in place but not fully embedded to monitor the quality of the service people received.

Systems were in place for recording and managing complaints, safeguarding concerns and incidents and accidents. Documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Rose House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 January 2016 and was unannounced. The inspection team consisted of an adult social care inspector and an expert by experience with expertise in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 21 people using the service. We spoke with the registered manager and the deputy manager. We also spoke with three care workers, two general assistants and the cook. The regional care director was also present during the inspection and received feedback following the visit. We also spoke with eight people who used the service and eight visiting relatives. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We spent time observing care throughout the service. We also 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.

Prior to the inspection we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We spoke with the local council quality assurance officer who also undertakes periodic visits to the home.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's written records, including the plans of their care and we looked at Deprivation of Liberty Safeguarding applications which had been submitted to the local council supervisory body. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

People told us they felt safe in the home and visiting relatives told us they felt the home was a safe environment for their family members. One person told us, "I like it here. I've been twice before for rehabilitation. It's really nice. I feel secure. I always know there's someone at the end of the buzzer at night. They come quickly, they've lots of things to do as well but I'm happy. If I'm in bed they'll knock and just put head round door to see if I'm alright." Another person told us, "I feel safe because you don't have to worry about anything; every one of the staff is smashing." Another said, "Yes, nobody can get in my room if I don't want them to." One visitor said of her friend, "[my friend] is quite frail, [my friend] does fall, tangles their feet but [my friend] very safe in the carers' hands. You can walk away knowing they not going to be left alone." Another visiting relative told us in regard to her [family member] "She's had quite a few falls and they put things in place. [Family member] likes to stay in her room so they put in sensor pads but they also encourage her to come down more."

We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They were aware of the local authorities safeguarding policies and procedures and would refer to them for guidance if needed. They said they would report anything straight away to the senior carer or the registered manager. Staff had a good understanding about the services whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

Risks associated with personal care were well managed. For example we saw care records included risk assessments to manage people's risk of falling. The risks were managed by making referrals to the falls team when required. Staff also obtained equipment such as falls mats to alert staff if the person got up out of bed in order to reduce the risk of the person falling. We looked at care plans and found they contained other risk assessments such as pressure care and nutritional assessments. The registered manager showed us a record used to analyse accident and incidents. This was used to identify any trends. The registered manager was required to submit the detailed analysis to the provider each month.

During the afternoon of the visit we saw that one person had a fall. We saw that staff dealt with this in a calm and professional manner. One member of staff sat with the person whilst waiting for an ambulance and other members of staff reassured other people and kept them away from the scene. All this was done in a kindly respectful manner but with appropriate humour.

We saw people had a personal evacuation plan in place which would be used in the event of any emergency. The registered manager told us that these were easily accessible if required in the event of an emergency. We saw systems were in place for events such as a fire and regular checks were undertaken to ensure staff and people who used the service understood those arrangements.

The registered manager told us that no new staff had commenced at the service since the new provider had taken over the service. Most staff had worked for the previous provider for many years. One staff member

had worked at the service for 30 years and another had completed 20 years' service. We found the recruitment of staff was robust and thorough. We looked at six staff files which contained information about the applicant. There was clear evidence how staff had transferred from the previous provider.

The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service. The providers were fully aware of their accountability if a member of staff was not performing appropriately.

We looked at the number of staff that were on duty and checked the staff rosters to confirm the number were correct. The registered manager told us they used a dependency tool to assist with the calculation of staff needed to deliver care safely to people. The registered manager told us that the organisation calculates staffing ratios based on the occupancy and dependency of people who used the service. The registered manager told us that staff were currently maintaining their contracted hours which meant staffing levels were sometimes higher than what was required. We asked staff about the levels working during the day. They told us they were able to deliver a good service to people who used the service. Relatives and people we spoke with did not raise any issues regarding the staffing levels.

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medication was securely stored. Drug refrigerator temperatures were checked and recorded to ensure that medicines were being stored at the required temperatures. We checked records of medication administration and saw that these were appropriately kept. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. We found the records were clear and up to date.

Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were managed safely in line with current legislation.

The medication administration record (MAR) sheets used by the home included information about any allergies the person may have had. This helped to make sure that staff trained to administer medicines, were able to do so safely.

We saw the deputy manager followed good practice guidance and recorded medicines correctly after they had been given. Some people were prescribed medicines to be taken only 'when required', for example painkillers. The deputy manager we spoke with knew how to tell when people needed these medicines and gave them correctly. However protocols for the safe administration of PRN medication were not always in place. We discussed this with the registered manager who began to address the issue immediately.

The deputy manager showed us training records to confirm staff had the necessary skills to administer medication safely. An annual competency check was also undertaken. We saw records which confirmed these arrangements.

The deputy manager conducted monthly medication audits, including the MAR charts, to check that medicines were being administered appropriately. Staff checked the MAR charts at each shift change to identify any errors or omissions so that these were dealt with immediately.

We asked people about how they were supported to take their medication. One visiting friend said "[My

friend] is on quite a lot, for blood pressure, pain control, staff deal with all that now, it's lovely to know that [my friend] is well looked after." A visiting relative said in regard to her relative's medication, "There's a lot of it and they give it regularly and on time. My relative can be quite verbal if it's not given on time."

We checked around the home to see if it was clean and tidy. There were no obvious trip hazards and everywhere was very clean. We did not notice any unpleasant odours or badly stained furniture and bedding. People were clean. Clothing, skin and hair on everybody was very clean. People and relatives we spoke with told us, "Clean, yes. The baths and toilets are always very clean." Another said, "The home was very clean."

We saw staff followed good hand hygiene procedures and protective equipment such as aprons and gloves were available throughout the building. We spoke with two of the general assistants who told us they had worked at the home for a number of years and took pride in knowing they helped maintain good standards of cleanliness. We looked around the home and found the home was clean and smelt fresh. Relatives we spoke with confirmed they found the home to have good standards of protecting people from the risk of infection.

Good

Is the service effective?

Our findings

People received care which was based on best practice, from staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. The staff we spoke with were clear about the training they had received. Training also included their role in promoting people's rights and choices. We saw that when people did not have the capacity to consent, procedures were followed to make sure decisions that were made on their behalf were in their best interests.

Records we looked at confirmed staff were trained to a good standard. The registered manager and staff had obtained nationally recognised care certificates. The registered manager told us no new staff had been employed for over a year but any new staff employed all staff would complete a comprehensive induction which included, care principles, service specific training such as, equality and diversity, expectations of the service and how to deal with accidents and emergencies. The registered manager told us new staff were expected to work alongside more experienced staff until they were deemed to be competent.

The registered manager was aware that all new staff employed would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Systems to support and develop staff were in place, however the registered manager told us that formal supervisions were now taking place but they were not as frequent as set out by the provider. She showed us that all appraisal documentation was due to be distributed to staff and she anticipated that they would be completed within the next two months. We spoke with staff about the support they received. They told us they had very good relationships with the manager and deputy and they felt supported in their roles. They told us they felt able to discuss any issues either work related or on a personal level without fear that information shared would be dealt with in confidence. Staff told us during the period leading up to the transfer to the new provider information was shared regularly. They said they trusted the manager to be transparent when discussing the move to Runwood Homes Limited. Staff told us that the new provider had excellent values and they shared those values to provide the best care possible for people who used the service.

People were supported to eat a balanced diet that promoted healthy eating. Meals and mealtimes were arranged so that people had time and space to eat in comfort and at their own speed and liking. We joined a group of people eating their meals. We carried out a SOFI during lunch. We saw that when staff assisted people to walk into the dining room they asked them where they would like to sit and then ensured they were seated comfortably before leaving them. We saw two care workers bring in a person in a wheelchair. This person was obviously distressed and we saw that one care worker continually spoke to that person, reassuring them in a kindly, calm manner. We saw that the care worker ensured that the person was calm and comfortable at the table before leaving them.

We saw that one member of the kitchen staff was giving out drinks to people seated at the tables. We saw

that she asked people what they wanted, explaining the choices of juices in a cheery, friendly manner. We saw that she took time to speak to people and that after pouring them drinks she left the jugs of juice on the tables saying, "So you can get some more if you want it."

We saw that when one person walked into the dining room she became slightly agitated on seeing that her "usual" place had been taken by another person who was sitting engaged in conversation with others at the table. We saw that on seeing this two care workers made the considered decision not to disturb the person already sitting but to encourage the late arrival to sit with others. This was all done with sensitivity and without fuss and all appeared satisfied with the outcome.

We saw that people were offered "aprons" by staff and that if they said no this was respected. We saw that even where people said they wanted an apron they were still asked by staff if they wanted help putting them on.

We saw that as staff seated people and then went about serving people they did this in a calm, unrushed manner and took time to talk to people. At one point we saw a carer sit down at a table and talk for some minutes with one person. During that time we also saw she ensured that person had a drink.

People we spoke with after their meal said, "The food was nice, we have a good choice." Another said, "I've enjoyed everything. They are not great big helpings, there's enough, I'm never hungry." And another said, "I always clean my plate, always have a choice. Even if its sandwiches for tea there's always four sorts of sandwiches. We don't have big plates which is good. We have smaller plates and it's always set out nicely."

The staff team were knowledgeable about people's food preferences and dietary needs, they were aware of good practice in relation to food hygiene and this was promoted by signage around the kitchen. All people using the service had individual nutritional plans which were detailed and gave staff information on how to support people. People were referred to the Speech and Language if required to being assessed as at risk from chocking.

The cook told us they received training specific to their role including food safety, healthy eating and food processing. They had a good knowledge of specialist diets. The cook had knowledge about the latest guidance from the 'Food standards agency.' This was in relation to the 14 allergens. The Food Information Regulation, which came into force in December 2014, introduces a requirement that food businesses must provide information about the allergenic ingredients used in any food they provide. The cook told us they had been awarded a 'five star' rating by the local council who were responsible for monitoring the food and cleaning standards. This represents the highest standard that can be achieved.

We looked at the care records for three people who used the service and there was evidence that people were consulted about how they wanted to receive their care. Consent was gained for things related to their care. For example we saw people had consented to the use of photographs on care plans and medical records. People were also consulted about their continuing involvement in care plan reviews. We saw care records were evaluated monthly.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were aware of the Mental Capacity Act and the Deprivation of Liberty Safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own. At the time of the inspection the registered manager told us they had made applications to the local council's supervisory body for some people living at the home. We looked at a sample of the DoLS applications which gave information about the reasons for the application so that they could support people's needs in the least restrictive way. The applications which had been submitted were still awaiting decisions.

People's healthcare needs were carefully monitored and detailed care planning ensured care could be delivered effectively. Information on health professionals and health procedures were detailed to enable staff to make the necessary referrals to dieticians, chiropodist, speech and language therapists and their own doctors. People and relatives we spoke with said they were confident their health needs were taken care of effectively. A visiting relative told us, "When [my family member] did have falls they [staff] always checked [my family member] and got them to hospital if needed. They call me straight away, on occasions I'd be at hospital before the ambulance." They added, "My [family member] has a psychiatric consultant come and I'm always told. Staff sit in and I'm told everything." A visiting friend told us in regard to her friend's dementia "What we like is they make things happen, they facilitated a diagnosis, and an assessment, very quickly." Another relative told us that when her [family member] had had a fall staff were "great, told my sister straight away". She said that attendance at hospital had not been necessary at the time but added that "when her knee came up next day they [staff] wouldn't let her get up and got the doctor who got her in for an X-ray." She told us that the family had no complaints or concerns regarding the initial response to the fall.

Good

Is the service caring?

Our findings

People were happy with the care and support they received. One person said, "I've not come up against any [staff] that weren't good, so patient." Another person said "Staff are very patient. There are a lot of people here with dementia and they are very good with them, very patient." There's one who wants to walk about a lot at dinner time and they just sit her down kindly." A visiting relative said she had "No complaints about staff, they need to be special people and they are." People told us that they felt the staff often went that extra mile in providing that care. One visiting relative said, "I cannot praise the staff enough and I know a lot of them do come in on their days off to do things like put up decorations, take people out, arrange parties. They go above and beyond. My [family member] considers them as part of the family."

Without exception all the interactions we saw from staff with people were positive social interactions. We saw that whenever staff undertook tasks they still ensured their approach was person centred and they fully engaged socially with people. We saw that staff spoke kindly to people, always appeared to have time to talk to people, provided reassurance where necessary and were not patronising or over familiar.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was written in care plans care plans and discussed at staff handovers which were conducted in private.

People's privacy and dignity were respected by the care workers. They made sure bedroom and toilet doors were kept closed when they attended to people's personal care needs. People were assisted to their room whenever they needed support that was inappropriate in communal areas. Care plans promoted people's dignity and gave examples of how staff could enhance this, for example; protecting meal times so that staff can support people with the meals. We saw provider placed a great deal of emphasis to ensure people had a good dining experience. Staff completed a 'Highlight of the day' record which looked at the whole dining experience for people who used the service. This meant the provider valued people's views on the whole mealtime. Further work to analyse the responses was underway.

We saw the entrance hall had information about the provider and their vision for the future of care provision. There was also a dignity tree and people and visitors were encouraged to put leaves on the tree which had comments about how people expect to be treated with respect and have their dignity maintained.

People and relatives we spoke with told us that staff treated them with respect saying, "Yes, and they are so patient. They don't try and rush you into anything. They always ask you for example, like its dinner time now and they'll say "would you like to come," not just "come on it's dinner time." A visiting friend said, "Definitely, they are respectful, they treat everyone as equals." A visiting relative said, "They are all spoken to with the dignity and respect that they are entitled to given their age. My [family member] would tell them if they didn't."

We asked relatives if there were any restrictions regarding the times when they visited. They told us that they

were asked to respect meal times, although they were sometimes asked if they would like to join their relative for something to eat. One visitor told us, "What we all like is the fact that you are made so welcome, staff are so cheerful, very friendly." Another said, "They make us welcome, we can come in when we like but I do avoid mealtimes."

Good

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of three people's assessments and care plans. They gave a clear picture of people's needs. They were person-centred in the way that they were written. For example, they included such information as people's preferences about their likes and dislikes in relation to food and leisure activities, and the times they usually liked to go to bed and to get up. This was recorded on a record which described 'My day'.

People we spoke with told us they were offered choices about when to go to bed and get up, where to spend their time and what to eat. One visiting relative told us in regard to her family member. "They do encourage my [family member] to keep their independence, they still dress themselves, and can choose of what they wears, and if they want to join in activities or not. My family member always tells them when they want to go to bed." One person we spoke with said "Yes I tell staff when I want to go to bed I say sometimes I want to stay up later and that's always alright." Another person said, "I have to ring for people as I can't use the lift on my own but I can go to bed and get up when I like. This morning they came and I said I didn't want to get up, so they came back later."

We found that people's care and treatment was regularly reviewed to ensure it was up to date. We saw on care plans how staff evaluated the progress on the plans. Daily handovers ensured new information was passed at the start of each shift. This meant staff knew how people were presenting each day.

We did not observe any activities taking place during the inspection. The registered manager told us that they did not have a dedicated activity co-ordinator, however one of the care team managers organised activities when they were on duty. We spoke with the regional care director about our concerns that there was little opportunity for people to take part in activities. They told us that staff on duty were responsible for organising activities while on duty.

People we spoke with people and relatives about this and they told us that activities could be better. One person said, "I sit and watch telly there's not much else to do. No activities. I'd like to knit; I'd like to crochet, to sew. We haven't the facilities here, not like home." Another person said, "I'd have thought there would have been a bit more entertainment it's such a long day" The person went on to say, "We had some singers at Christmas. The other day we had a quiz thing, and we had a pantomime, singers in and someone giving us physical jerks but that's it. You get fed up doing nothing." One person told us, "There is a carer (Name) who did a quiz and we've thrown bean bags but we could do with more, especially at weekends. You may have visitors but you seem to be on your own a lot when they are not here." One visiting relative said, "I think they need some more activity but I think that's going to happen. I think they need an extra member of staff to sit and chat for 10 minutes. They have a lovely tea room which is used by relatives but it would be nice if staff took people there occasionally."

Relatives were though realistic about their family members' desire or ability to join in any activity. One relative said, "My [family member] just sits and reads, knits and watches a bit of telly but that's all she did at

home." We saw that staff did attempt to socially interact with people all the time they were with them. However this was on an individual basis which meant that whilst a member of staff was with one person other people were left alone.

We saw the tea room was very popular with visitors to the home. It seemed to be occupied by different relatives throughout the day. We saw one person who used the service making a cup of tea for their relative and also the person was able to offer cake and biscuits which was a nice touch.

The registered manager told us there was a comprehensive complaints policy and procedure, this was explained to everyone who received a service. It was written in plain English and we saw these were displayed on the notice board in the entrance. The registered manager told us that they met regularly with staff and people who used the service to learn from any concerns raised to ensure they delivered a good quality service. People we spoke with did not raise any complaints or concerns about the care and support they received. The relatives we spoke with told us they had no concerns but would discuss things with the staff or the registered manager if they needed to raise any issues. People told us that they would know what to do if they had any complaints or problems. One person we spoke with said if they ever had a problem "I'd mention it. It seems as if there's anything that's bothering you they'll sort it." One visiting relative said, "Staff would anything out if it needed to be sorted." Another relative said, "No complaints no never needed to. I've never seen or heard anything I didn't think was right."

Relatives and people who used the service were encouraged to give their views about the service and they were encouraged to attend reviews of care for their family member. One visiting relative said, "Yes, we used to get them like an annual review. There's always the opportunity to have your say. Just recently I've completed a 'feedback form', they are by the door." Another said, "We filled them in before Christmas, staff asked us if we'd like to give our views on the service. Overall we think it's well run and they give good care."

Good

Is the service well-led?

Our findings

The service was well led by a manager who has been registered with the Care Quality Commission at this location since September 2015. However, she was previously registered at this location under the previous provider in 2011 and has worked at the location for over 30 years.

People told us they thought highly of the manager and felt she was approachable. One visiting relative said. "The manager is an absolutely lovely lady and wants to ensure people get the best care possible. She's very approachable; I wouldn't hesitate to go to her if I had a problem." Another relative said, "The manager is very well respected, it comes over that she's really caring. We've seen how she is with the residents and she is the same with all of them."

Staff told us that they had been supported through a very difficult time leading up to the transfer to the new provider. They said the manager played a big part in being there for staff, relatives and people who used the service. One visitor told us in regard to any concerns over the transition, "Staff have acted very professionally and they have made sure their concerns were not passed on to people who live here." Another visiting relative said, "Everybody has been consulted and the change has gone quite smoothly. It hasn't caused any disruption to the residents and that's good."

We looked at a number of documents which confirmed the provider managed risks to people who used the service. For example we looked at accidents and incidents which were analysed by the registered manager. She had responsibility for ensuring action was taken to reduce the risk of accidents/incidents re-occurring.

The registered manager continually sought feedback about the service through surveys, formal meetings, such as individual service reviews with relatives and other professional's and joint resident and relative meetings. This was supported by informal feedback via day to day conversations and communication from the staff team.

The registered manager told us that quality monitoring systems were in place following the transition to the new provider. We checked a number of audits on all aspects of the service provided. These included administration of medicines, health and safety, infection control, care plans and the environmental standards of the building. We were unable to assess how effective these were as they are still being tested and were not fully embedded. We will look in more detail at these at our next inspection of the service.

The regional care manager supports the manager in developing action plans for the future of the service. He told us that the service was making progress and was pleased with the staff's response to change. We saw examples of monthly quality visits completed by him which were reviewed at each visit.

We saw the entrance hall contained information about the provider which included their vision and values. Rose house featured in a seasonal newsletter which showed pictures of the opening events which took place soon after the transfer of the service. The home has also developed 'Rose Gazette' which is a monthly newsletter and features future events and special mentions for people's birthdays.