Norse Care (Services) Limited

Rose Meadow

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

The inspection took place on 14 and 15 July and was unannounced.

Rose Meadow provides residential care for up to 34 older people. At the time of this inspection there were 32 people living within the home. The accommodation is over two floors with a number of communal areas. Sinks are available in all rooms and there are bathroom facilities throughout the home.

There was a registered manager in post. 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.

The service had processes in place to ensure that only those suitable to work in the home were employed. New staff received an induction to prepare them for their role. Staff received ongoing training which was delivered in a variety of forms and that was relevant to their job role.

People benefited from receiving care and support from staff that felt supported and were happy working at Rose Meadow. Staff morale was good and team work evident. Staff supported each other.

People had mixed views on whether there were enough staff to meet people's individual needs. Some people said they felt that more staff were needed in the evenings, as they sometimes had to wait for assistance to retire to bed.

Care and support was delivered in a kind, courteous and respectful manner. People's dignity and privacy was maintained and their independence encouraged. People had choices in most areas of their daily lives. However, some people felt the flexibility around what time they received assistance to retire to bed and get up in the mornings was not always as they would like.

Staff understood the importance of safeguarding the people they supported. They understood the different types of abuse and knew what signs could indicate when a person may be being abused. Staff knew how to report any concerns they may have both inside, and outside, of the service. Processes were in place to analyse any safeguarding concerns and these were monitored by the registered manager and senior management team.

The risks to the people who used the service, staff and visitors had been robustly assessed and recorded. Appropriate measures were in place to minimise risks and these had been reviewed on a regular basis. Accidents and incidents had been recorded and analysed to identify any trends or contributing factors. Actions had been taken to reduce the risk of future occurrences.

People received their medicines as the prescriber intended. Medicines management followed good practice

and any medicines administration errors were fully investigated and appropriate action was taken. Staff had their competency to administer medicines assessed to ensure they were safe to do so.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. Staff had a good knowledge of the MCA and knew how it applied to their role and those they supported. An appropriate application to legally deprive a person of their liberty had been made and the service had taken the correct steps to manage the needs of this person.

People had been fully involved in the development of their care plans and regular reviews had taken place. Care plans were accurate and person-centred. These provided staff with relevant and detailed information about how to support people and meet their individual needs.

People had had the opportunity to develop a document about their life history, which helped staff to develop meaningful relationships with them. Activities also took place that people enjoyed.

Access to a wide range of healthcare services was available to people and referrals were made promptly. The healthcare professionals we spoke with told us that the service followed advice and were responsive in regards to people's healthcare needs.

People received enough to eat and drink and their nutritional needs and dietary requirements were met. They received a choice in what they had to eat and drink, although some people had mixed opinions on the food served.

The home had systems in place to monitor the quality of the service. These included gaining people's feedback and taking action to resolve any concerns identified. Regular meetings also took place where the people who used the service, relatives and staff could make suggestions. Regular audits had taken place that covered different areas of the service. A complaints procedure was in place and the records we viewed showed that any complaints received were used to improve and develop the service.

People spoke positively about the service's management team and told us they were visible and approachable. They told us they were supportive and actioned any concerns they may have. The registered manager had an overview of the service and was knowledgeable in regards to their role and the sector. There were processes in place that ensured senior managers also had an overview of the service being delivered at Rose Meadow.

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.

Procedures were in place to help protect people from the risk of abuse and staff had a good understanding of these.

The risks to people who used the service, staff and visitors had been identified and assessed to help protect people from the risk of harm. People received their medicines safely and as the prescriber intended.

People had mixed views on whether there were enough staff to meet their individual needs.

Is the service effective?

Good

The service was effective.

People received care and support from staff that had been trained and felt supported in their roles.

Staff had knowledge of the Mental Capacity Act 2005 (MCA) and worked within its principles.

People's nutritional and healthcare needs were met.

Is the service caring?

Good

The service was caring.

People were treated with respect and staff demonstrated a caring and considerate approach.

People's dignity and privacy were maintained and their independence encouraged. Some people told us that they did not always feel they had a choice in what time they went to bed and rose in the morning.

People's care plans were developed with their full input. Staff discussed these with them in private and people signed to say they agreed with them.

Is the service responsive?

Good

The service was responsive.

The service developed detailed and person-centred care plans with the people who used the service. These were individual, accurate and had been regularly assessed.

A variety of activities took place which people told us they enjoyed.

The service listened to people's complaints and concerns and took action to address them appropriately and promptly.

Is the service well-led?

Good

The service was well-led.

People had confidence in the management team and staff told us they were happy working at Rose Meadow.

People benefited from a staff team that were supportive of each other and whose morale was good.

The provider sought people's views and used them to improve the service. An effective quality auditing system was in place.

Rose Meadow

Detailed findings

Background to this inspection

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

This inspection took place on 14 and 15 July 2016 and was unannounced. One inspector and an expert-by-experience carried out the first day of the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of inspection was carried out by one inspector.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority safeguarding team, the local authority quality assurance team and two healthcare professionals for their views on the service.

During our inspection we spoke with six people who used the service and two relatives. We gained feedback on the service from one visiting healthcare professional. We also spoke with the registered manager, one team leader, two care support workers, one chef, the business administrator, the maintenance person and the activities assistant.

We viewed the care records for three people and the medicines records for four people who used the service. We tracked the care and support one person received. We also looked at records in relation to the management of the home. These included the recruitment files for three staff members, staff training records, compliments and complaints, quality monitoring audits and minutes from meetings held.

Good

Is the service safe?

Our findings

People told us they felt safe living at Rose Meadow. One person who used the service explained how their mental health had improved as a result of feeling safe after moving into the home. Another person said, "Yes, I definitely feel safe." The relatives we spoke with agreed and had no safety concerns in relation to the care and support their family member received.

The service had robust procedures in place to help protect people from the risk of abuse. Staff had received training on this and were knowledgeable in regards to how to prevent, protect, identify and report potential abuse. They were able to identify what constituted abuse and knew what to do if they suspected someone was being abused. Staff had knowledge of the outside agencies where they could report potential abuse. During our inspection, we saw that information regarding safeguarding was visible in a number of areas of the home. This allowed the people who used the service, their relatives, visitors and staff to have access to information in case of any concern they may have. The staff we spoke with knew where this information was within the home.

When we discussed safeguarding with the registered manager, they told us that they used the local safeguarding team for advice and discussed any concerns they had with them. In addition, all safeguarding concerns were electronically logged in order to analyse the information for trends or patterns. The senior management team also had access to this information.

Risks to people had been identified and assessed and were managed by the use of appropriate measures. These had been regularly reviewed and were individual to people and their circumstances. For example, the service had assessed the risks associated with the mobility and transferring of one person. It took into account such contributing factors as the person's medical conditions and how this affected them together with their height and weight. We saw that where there were risks associated with people not eating enough, experiencing falls and developing pressure areas, these had also been identified and assessed.

For one person living with diabetes, we saw that the risks associated with this and the administration of insulin had been recorded and assessed. This included detail such as where advice could be sought, the person's insulin regime, what the expected outcome was and any other contributing factors such as the person's diet.

The risks associated with the premises, environment and work practices had been identified and assessed in order to help protect people from the risk of harm. These were up to date and contained relevant detail to manage the risk. For example, the service had assessed risks such as the use of asbestos in the building, fire, flood, transporting people who used the service and infectious diseases. In addition, the service had a business contingency plan in place to manage any adverse events. These included the loss of power, failure of the lift and staff shortage. This ensured that, in the event of any of these events, plans were in place to safeguard service continuity. Accidents and incidents had been recorded and actions taken to reduce the likelihood of reoccurrence.

Procedures were in place to help reduce the risk of employing staff that were not suitable to work in the service. This included completing a police check on potential employees and gaining at least two references. The service also sought a ten year employment history. The registered manager stated, and the staff we spoke with confirmed, that employees did not start in post until these checks were completed.

When we talked with the people who used the service, their relatives, healthcare professionals and staff, we received a mixed response on whether there were enough staff to meet people's needs at a time they required. People agreed that they were sometimes kept waiting in the evenings. One person who used the service told us, "When you ring your bell, sometimes we're kept waiting. The evenings are the worse, sometimes they forget you and it makes you anxious." Another person said, "The staff are so busy, if it was fully staffed they'd be here in five minutes." However, one relative we spoke with said, "Every time I've come here there's been enough staff." Whilst a healthcare professional told us that they 'never' had to wait for a staff member when delivering treatment to the people who used the service.

The staff we spoke with had mixed opinions on staffing levels. Two of the staff we spoke with agreed that they felt more staff were required in the evenings. Other staff told us that when the service was fully staffed they felt that people's needs were met. Staff told us that they 'occasionally' worked with less staff than the service stated should be on shift. When we checked the staff rosters for the three weeks prior to our inspection, they showed that staffing levels were as the registered manager told us they should be.

When we requested recent call bell records, these were not entirely legible due to the system needing new batteries. However, when we discussed this with the registered manager, they told us they would discuss this feedback with the regional director. They also told us that, once new batteries had arrived for the call bell system, they would monitor call bell response times. Shortly after the inspection, the registered manager confirmed this was being undertaken.

We looked at the medicine administration record (MAR) charts and associated documentation for four people who used the service. This was to see whether they supported the safe administration and management of medicines.

The service had started a new system of medicines management and administration one week prior to this inspection. This had been planned and prepared for. Staff had received training prior to the commencement of the system and all those we spoke with talked positively about it.

People told us they received their medicines regularly and that there were no issues with the administration of them. One person who used the service told us, "I know what I'm taking and the medicines are in the cupboard in my room. The staff stay with me while I take my tablets." Another person said, "They come fairly quickly, pretty regular, they're in a big card – the staff remove the tablets and put them in a pot – they wait to see that you take them."

The MAR charts we viewed were legible and accurate and had been fully completed. Identification sheets were in place for each person who used the service. These included person-centred information on how each person liked to take their medicines. Instructions for staff on the administration of medicines that were to be taken only as required were in place and detailed. These included information on actions to take to try and prevent the need for the medicine, symptoms to be aware of, how the person would express the need for the medicine, frequency of dose and when to seek medical advice.

Medicines were stored securely in either people's rooms or a lockable trolley. The temperature of the rooms where medicines were stored had been taken on a regular basis to ensure they met the required levels. Staff

had received training in the administration and storage of medicines and their competency regarding this had been assessed. The service had robust procedures in place in the event of a medicines administration error. These demonstrated that errors were investigated thoroughly and actions taken as a result. These included the staff member responsible for the error writing a reflective account of the incident and having their competency to administer medicines reassessed. Staff told us that this procedure made them more aware of the risks associated with medicines administration. Regarding completion of the reflective exercise, one told us, "I found it really helpful and it made me more aware."

Good

Is the service effective?

Our findings

The people who used the service and their relatives, spoke positively about the skills and knowledge of the staff. One person who used the service said, "No doubt about it, the staff know what to do. If they weren't sure they'd ask a senior." Another person told us, "The staff are very good." They went on to explain what assistance they gave them. One relative told us how the staff had assisted their family member to recover after a serious illness. A healthcare professional we spoke with said, "Staff are knowledgeable."

The staff we spoke with told us they had received an induction when they first started working at the service. They told us it had prepared them for their role. The service provided ongoing training that was varied and relevant to people's roles. Most of the staff we spoke with told us that they enjoyed the training they received. One staff member said, "The training is good. It refreshes your knowledge which makes you less likely to make a mistake." One staff member told us that the service had provided them with extra training in order for them to become a champion for people living with dementia. The staff member had also gained a qualification which meant they could train other staff within the home. We saw that this training had been booked to take place shortly. They told us that the training, "Will give staff a better understanding of a person with dementia."

We saw records that showed staff were mostly up to date with their training. Where people required a particular training session, we saw that the service had booked this. Meetings were also used as training sessions where topics could be discussed and explored. Recent training that the staff had undertaken showed it was delivered in a variety of forms and included such topics as the use of chemicals, first aid, infection control and health and safety.

Staff told us they felt supported in their roles and received regular supervisions. One told us, "I feel very supported by [the registered manager]." Whilst another said, "In general, the team leaders and management are good and supportive." From the records we viewed, we saw that most staff had received regular supervisions. Those that were responsible for administering medicines had also been observed completing this task to ensure they were competent to do so.

The service had processes in place to ensure staff had the information they needed to deliver care and support to the people who used the service. A handover meeting took place at the start of every shift so staff could be updated on any relevant information. There was a communication book in place and a variety of other processes to aid communication. One healthcare professional we spoke with told us, "Messages get passed on."

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

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

The staff we spoke with had knowledge of the MCA and DoLS and how this applied to their role in supporting people. They told us it was about supporting people to make decisions for themselves. One staff member we spoke with had a small leaflet on the MCA and DoLS in their pocket. They told us they kept it on them to remind themselves of the principles of the act so that they ensured they worked within them. Another staff member told us that people's capacity could sometimes fluctuate. They explained that when this happened, it was important that, if possible, a decision be delayed until a time when the person was in the best position to make that decision.

When we discussed the MCA and DoLS with the registered manager they were able to demonstrate that they had a good understanding of this and worked within its principles.

The service had made one detailed and appropriate application to legally deprive a person of their liberty. The staff we spoke with had knowledge of this application and the service had assessed this person's mental capacity prior to the application. From the records we viewed we saw that the service had taken a number of actions to try and prevent the need for a DoLS. We saw that decisions had been made, and recorded, in the person's best interests and that appropriate people had been involved in this. The service had come up with solutions that were as least restrictive of the person's rights and freedom as possible.

When we asked people who used the service about the food provision, they gave us mixed views. One person said, "I just don't like the food although I like the breakfast." Another said, "Well, I wouldn't recommend it, it's the same old stuff, some sort of stew and sandwiches." A third person said, "It depends on who the chef is." However, one person told us, "Eggs and bacon for breakfast and lunches are marvellous". Everyone we spoke with told us they received plenty of food and drink and a choice. One person who used the service said, "I think they try and cultivate choice." Another person told us that they received their meal to their personal liking. When we discussed this with the registered manager they told us that they regularly sought people's views on the food provision and that the feedback had been positive. The feedback questionnaires that had most recently been completed showed that all of the 22 people who responded, either 'strongly agreed' or 'tended to agree' that the quality of food was good.

When we spoke with the chef they demonstrated knowledge of people's different dietary requirements. They told us how they managed people's food intolerances and diabetic requirements and knew which people required high calorific and fibre diets and those that required their food to be softened. Some people had difficulties with swallowing and we saw that dysphagia diet descriptors were available within the kitchen for guidance. The chef told us that the meat and most of the vegetables were fresh and delivered regularly. We saw that fresh fruit was available.

During the inspection, we observed people receiving their lunch. A menu was displayed outside of the dining room which included pictures. This offered choice and we saw that what was advertised was offered. The chef told us that extra portions of food were cooked in case people changed their minds about what they would like to eat. The atmosphere within the dining room was pleasant and cordial with people chatting with one another. Choices of drink were available and vegetables were served separately on each table. The warm, covered dish was then left on the table for further helpings if wanted. We saw that people received the diet they required and that, where needed, people received dedicated assistance to eat and drink.

People received the healthcare intervention they required and spoke highly of this aspect of their care. One person said, "I had the doctor recently. The staff called the doctor out promptly. I was definitely happy with the response." Another said, "I just tell the carer when I want to see a doctor and one appears pretty quickly." People told us they saw the chiropodist regularly and one person explained that they had regular reviews with a district nurse.

Prior to the inspection we spoke with two healthcare professionals. We also spoke with a third one during the inspection. All spoke positively about the service and one said, "They [staff] seek advice appropriately and respond when issues are discussed."

Good

Is the service caring?

Our findings

People were complimentary about the approach of staff. One person who used the service said, "All the staff are friendly; lovely staff – all happy." Whilst another told us, "They're very caring, they'll do anything." A third person said, "I think the most important thing is the staff, they can't do enough for you. The staff are fantastic, always very helpful." The relatives we spoke with agreed. One healthcare professional we spoke with said, "Staff speak to people nicely. They converse with them and are respectful." Whilst another healthcare professional told us, "Staff conduct themselves professionally."

Staff interacted with people in a caring, positive and respectful manner. One person who used the service said, "Staff have time to come and talk to me," Whilst another told us, "My keyworker makes me feel like they belong to me. I can say anything to them." One of the healthcare professionals we spoke with said, "It's a positive place to come." One staff member explained how important it was to keep the staff happy as this, in turn, had a positive impact on the people who used the service too. Another staff member said of Rose Meadow, "I love being here." When we asked why this was they told us it was because of the interactions they had with the people who used the service. A third staff member said, "I'm here because of the people who use the service."

During our inspection we saw that staff spoke politely and respectfully with others and demonstrated warmth. For example, we saw one staff member assisting a person to eat. This was done with respect for the individual. The staff member offered reassurance and ensured the person was in control of the activity. They chatted with them, explained what the food was and asked if the temperature of the food was to their liking.

Staff had developed relationships with people and this was demonstrated through the knowledge they had of those they supported. When we spoke with staff we asked them to tell us about certain individuals that we had case tracked during the inspection. Staff were able to tell us people's histories such as where they had lived, what they had done for work and their family circumstances. They were able to explain people's medical needs, dietary requirements and spiritual needs. The staff we spoke with knew the needs of those they supported. One staff member explained how interesting they found the people who used the service and that they enjoyed hearing their memories.

The people who used the service told us that their dignity and privacy were maintained. One person said, "The majority of staff knock before they come into my room." This person went on to say that staff always asked their permission before assisting them. All of the other people we spoke with confirmed staff gained their consent before providing care and support. The staff we spoke with were able to give us examples of how they promoted a person's dignity. One told us they ensured doors and curtains were closed prior to providing care and that the person was covered up as much as possible whilst assisting them.

People told us that their independence was encouraged and that they mostly had choice in how they spent their day. One person told us how staff encouraged them to walk with their mobility aid but that staff were available with a wheelchair if they were unable to do it. The people we spoke with told us they had choice in most areas of their lives. However, some people told us that they didn't always feel they got a choice in

when they rose from, and went to, bed. One person said, "You can more or less go to bed when you like although they like you to go to bed as early as possible." Whilst another explained that they had their breakfast at different times depending on when a staff member was available to assist them up in the mornings. However, another person told us, "The staff let me lie in till I'm ready to get up."
When we discussed this with the registered manager, they told us they talk with the people who used the service regarding this. They also told us that they would feed the comments back to their senior manager and discuss the findings.

People had been involved in their plan of care and support. One person who used the service told us, "Yes, I'm involved. We updated my care plan a couple of weeks ago in my room and checked it was up to date. I signed it." Another person said, "Just recently a staff member came in with my care plan. They came in, asked me questions. I don't think there were any changes." Where appropriate, relatives had also been involved in developing the care plan of their family member. One told us, "I saw it today and signed to say it was ok and up to date."

The service had no restrictions on visiting times and family and friends could visit whenever they chose. People also had access to advocacy services if needed. One person who used the service told us that an advocate was currently helping them write their life story.

Good

Is the service responsive?

Our findings

People told us they felt their needs were met. However, some of those we spoke with felt there were occasional times when this didn't happen at the time they wished. They told us this was mostly in the evenings and was around not having assistance to go to bed at the time they chose. However, people agreed that their needs were met in all other ways. One healthcare professional told us the service took good care of people and that they tended to continue to care for a person even when their needs increased, by just increasing the care input accordingly. Another healthcare professional said, "People appear well cared for."

People agreed that the staff knew them and their preferences well. One person said, "Some of them seem like friends, a little bit of love there. They've found the time to get to know me." The service had a keyworker system in place that was effective. The people we spoke with knew who their keyworker was and comments received regarding this included, "Yes, I've got a keyworker, they give me a lovely bath. I'd speak to my keyworker if I had any problems." And, "We have someone, a keyworker, who's our own carer." People told us their preferences were adhered to and that they had been asked if they preferred a male or female carer to provide care and support. Whilst speaking with staff, they clearly demonstrated that they knew the individual needs and preferences of those they supported. One healthcare professional told us, "The staff know people and their needs."

We viewed the care and support records for three people who used the service. This was to see whether the service had identified, assessed and reviewed people's needs in a person centred manner. Each person had a personal details page that gave a good overview of important information. This included how the person wished to be addressed, important contact numbers of relevant people, medical status and allergies, dietary requirements and details around consent to share their information. It also contained details around when care plan reviews had taken place, what had been updated and who the person had chosen to be involved. These showed that regular reviews had occurred.

Care plans were accurate, individual to the person, up to date and person-centred. They included information such as what support was required, what was important to the person and what could cause them distress. We saw that personal incidents that could have an impact on a person's mental and physical wellbeing were recorded. This was to ensure that staff were aware and could assist the person appropriately. All care and support plans had been regularly updated either as a regular review or as a person's needs or circumstances changed. We saw that relevant people had been involved as required.

One relative we spoke with told us how the service had moved their family member from one room to another to accommodate their preferences and needs.

Each person had a document entitled 'My life so far'. These gave staff a history of the person that included pictures of things that were important to them. They were vibrant, gave good information and contained quotes from the people they belonged to. For example, one we viewed contained a map of the place a person was born. However, staff had taken the time to find a map of the area at the time of the person's

birth. Other images included those of hobbies and a photographic image of a person's school, again at the time they would have been a pupil there. One staff member told us that these were completed with the person and it was agreed what the document would contain in relation to words and photographs. This would then be developed and the person had to agree it before it was signed off. The staff member told us this document was then used not only to give staff relevant information on people but for reminiscence purposes also.

People said they enjoyed the activities they participated in. One person gave us examples of the kind of activities they got involved in. They said, "We go to the local theatre. [The events] are well-organised and I enjoy them. We have entertainment, singers, a magician, keyboard player and people coming in with dogs, cats, snakes, owls, tortoises…" Another person who used the service told us, "Most days we do something – bingo, cycling exercise…oh yes, I enjoy them. I understand the benefits to me. Last night we went to the local cinema to watch the 'Dad's Army' film." Another person told us that the service had specifically sought their opinion on a type of entertainment as this was a particular interest of theirs.

During our visit, we saw activities taking place. Whilst playing cards, we saw that the staff member made sure people were fully involved. People were seen chatting amongst themselves and enjoying the card game. A game of bingo also took place during our visit. We saw that the service worked flexibly around the leisure needs of the people who used the service and staff told us they often gave up their free time to assist with activities.

The service had processes in place to manage any complaints or concerns people may have. One person who used the service told us about a complaint they had made. They told us, "I was happy with what they did to resolve the problem." Another person said, "If I've got any complaints, I'll ask one of the staff or managers and they come and see me. They listen to what I have to say and something is done about it." We saw that the service had recorded and actioned a recent complaint they had received. This was dealt with promptly and appropriately and, once resolved, we saw that the manager liaised with the complainant to ensure the service had continued to improve and that they were happy with the outcome.

When we discussed the management of complaints with the registered manager they told us some of the actions they had taken as a result of complaints. This demonstrated that the service took complaints seriously and used them to further develop and improve the service. The registered manager told us that complaints were analysed and used to identify any trends within the delivery of the service.

Good

Is the service well-led?

Our findings

The service had robust management procedures in place and people spoke positively about the way the home was managed. One person who used the service said, "My relative goes to other homes and they said this one is the best." One relative we spoke with said of the service, "It is well run." Whilst a health professional told us, "I think Rose Meadow is a very well run home with good staffing levels." A second health professional said of the registered manager, "They are very approachable and responsive and are involved with the people who use the service."

The staff we spoke with agreed. One said, "[Name] is a good manager." Another staff member said of both the deputy manager and registered manager, "They see things that need doing and do it." A third staff member told us, "The organisation is well run. The structure is better than it was. It works really well."

During our inspection we saw that the management team were involved and visible. We saw that staff and the people who used the service engaged with them. One person who used the service said, "Oh yes, I know the manager. They talk to me regularly."

The staff we spoke with said morale was good amongst the team and that they were supportive of each other. One said, "I like to be part of a team and promote morale." Another staff member told us, "We all get on as a team. Most of the time morale is good." A third staff member told us that it was on days that were busy that they worked best as a team. They said, "On those days we all pull together". This staff member went on to say, "I'm very happy working here."

During our inspection we saw that staff communicated well amongst themselves and were respectful towards each other. We saw a care support worker hand over relevant information regarding the health of one person to a more senior member of staff. They gave them appropriate information and had identified some symptoms that the senior member of staff needed to be aware of so that they could take the correct actions.

Accountability and responsibility was promoted amongst the staff by the service and processes were in place to ensure this happened. For example, the more senior staff members were allocated specific 'lead' responsibilities within the service. These included being responsible for medicines management, assessing people's risk of malnutrition and end of life care. Staff also had to sign to say they were responsible for the shift.

There was a registered manager in post at the time of our inspection that had been in post for a number of years. They were experienced and demonstrated knowledge in their role and the sector. They told us they felt supported by the provider and saw senior management on a regular basis. They said of the senior management team, "I find them very supportive. I accept their criticism as well as their praise – they're very fair." The registered manager took steps to keep their knowledge current. This included attending meetings and training, using other people's knowledge and experience, receiving sector magazines and alerts and the use of internal updates.

We know from the information held about the service that they had reported events as required in the past.

The home sought people's views on the service delivered and acted upon suggestions. This was achieved via meetings and questionnaires. Meetings were held on a regular basis for the people who used the service. One person told us, "We have meetings, about every two months. I remember asking for gateaux for tea, and we got it although we haven't had many since. We asked for hot sausage rolls too and we got those. They did what we asked." We saw records to show what actions had been planned to address people's feedback regarding the laundry service. We saw that the service had told people what they proposed to do to resolve the issue. On the day of our inspection we saw that these actions were in place. Regular staff meetings were also held and were role specific. The staff we spoke with told us they felt comfortable in voicing their opinions within these meetings. We discussed the feedback some people had given us regarding the staffing levels in the evening with the registered manager. In response, they told us that they would monitor the call bell response times, speak to the people who used the service as well as discussing it with a senior manager. We also saw records that showed the service had appropriately responded to a complaint in regards to staffing levels. The service had made a change to its working processes as a result. Records showed that, following the complaint being addressed, the registered manager had spoken with the complainant to ensure they were happy with how the complaint had been handled and addressed. Records showed that the complainant had reported an improvement and that they were happy with the outcome.

We saw that the people who used the service had had the opportunity to complete an independent questionnaire called 'Your Care Survey' on the quality of the service. The service had received 22 responses and had comprehensively analysed the results and formed an action plan as a result. The results showed that the majority of people were happy with the service and that the satisfaction rate was above the national average. Where people had responded less favourably, results had been analysed and actions put in place to address them.

An auditing system was also in place to manage the quality of the service. Regular audits were completed on various aspects of the service and included medicines management, care plans and health and safety. Senior managers for the provider also carried out audits. The system the service had in place was effective.

When we asked people for their general opinion on the service, they gave us positive comments. One person said, "There's a good atmosphere. As the staff go by where you are, they'll wave and call out and, if they have time, stop and chat." Another person told us that the management team asked them how things were and involved them in decisions. They said, "In general, it's very good." Whilst a healthcare professional said, "I would recommend it and be happy for a member of my family to come here."