

Rosedale House Residential Care Home Limited

Rosedale House

Inspection report

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Date of inspection visit:
12 May 2017

Date of publication:
14 July 2017

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?	Outstanding ☆

Summary of findings

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The inspection took place on 12 May 2017 and was unannounced. The inspection was carried out by one inspector. This was the first inspection of the service since a registration change to the legal status of the provider.

Rosedale House provides accommodation with personal care for up to 23 older people many of whom are living with dementia type illnesses. The home is located in a suburb of the city of Bristol.

There was a registered manager for the service. 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 registered manager and staff team demonstrated their commitment to providing a very caring service. They cared for people with dignity, to further improve and to follow best practice for the care of people living with dementia. The home had a good reputation within the local community and with health and social care professionals.

People were supported to stay safe because any risks to their health and welfare were well managed. The premises were properly maintained and staff were trained in how to support people safely. A full range of pre-employment checks on new staff were completed. These helped ensure that unsuitable staff did not gain employment at the home. The management of medicines was safe and in line with good practice.

People received a highly personalised care which was unique to their individual needs. Care records set out how to provide person centred care for each person. Daily lives for people included activities and hobbies that interested them. People were involved in things they liked and they told us they really enjoyed their days. The environment had been decorated and set out in a way that meant that people living there had their own space that they enjoyed. The home environment was full of unique areas and themes to keep people engaged in their surroundings.

People received safe care as staffing levels were reviewed and adjusted regularly according to the needs of the people who lived at the home. The staffing numbers fully took account of the number of people being looked after and their level of care and support needs. The staff were properly trained and this meant they were able to carry out their roles and responsibilities. It also meant they were able to provide care that was effective. Staff were being well supervised and supported by the registered manager, deputy manager and

other senior staff.

People received care and support that met their individual needs. People were encouraged whenever possible to make their own choices and decisions in relation to their daily life. When people did not have full capacity to make decisions for them staff understood what to do to ensure that decisions made on behalf of the person were in their best interests. We found the service to be meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Risks to the safety of people were minimised as the staff had attended safeguarding adults training, and knew how to identify the different types of abuse. Staff also understood the procedure for reporting concerns. Risk assessments were in place that identified the areas where the safety of people may have been at risk.

There was enough suitably qualified staff on duty at any time of the day or night to provide safe care. Staff were recruited by safe procedures being followed. Accidents and incidents were investigated and health and safety risk assessments of the home environment were completed. There were safe practices and procedures for the management of medicines in the home. People were assisted with their needs by staff who were properly inducted into their role. Staff were well trained and received regular support and supervision to support them in their work.

The staff understood how to support people effectively. The staff team were very caring and extremely attentive in manner towards each person who lived at the home. People were provided with the food and drink they enjoyed and they were able to make a choice. People were given sensitive assistance if they needed support to eat their meals. There were arrangements in place for people to see their GP and other healthcare professionals when they needed to do so for their health.

Feedback from health care professionals was very positive and all said the service worked with them to improve people's lives. People received very flexible care that was responsive to their needs. People were supported by staff in a very person centred way. People where possible had been involved in devising their care plans.

The registered manager continually demonstrated that they were very highly committed to improving the service for people at the home. Their passion and commitment to providing exceptional care for people was evident in many ways. For example how they spoke about what they did for people as well as how they aimed to meet people's individual needs. It was evident from the feedback from people and relatives, staff and health and social care professionals that this was a really well run home.

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.

People felt safe and staff knew how to safeguard them from harm and abuse.

People received their care and support from enough staff that had been appropriately recruited to provide safe care.

Medicines that people needed were properly managed and safely stored.

Risks were regularly reviewed and, where needed acted upon. The involvement of other professionals in this process also helped to keep people safe.

Is the service effective?

Good 

The service was effective

People were supported with their range of needs by well trained staff that had the knowledge and skills to provide effective support.

Staff understood how to ensure they promoted the freedom and rights of people. This was because people were assisted by staff who knew about the Mental Capacity Act 2005 and its implications.

People were able to eat and drink what they wanted. When people were at risk of poor nutrition or dehydration action was taken.

Staff worked with GPs and healthcare professionals to ensure their health care needs were met. This meant people had access to the services they needed for their health and well-being.

Is the service caring?

Good 

The service was caring.

People were supported by staff that were kind and caring and

treated them with respect and dignity.

People were supported to maintain independence in their lives. Care and support was planned in a way that enabled people to do so. Innovative methods were used to communicate with people.

There were individualised processes in place to help people understand and make decisions about the care.

There was a strong emphasis on person centred care. The staff were aware of the importance of encouraging people to lead their lives in the way they chose.

People were provided with the information they needed if they wished to speak with an independent advocate, to support them with decisions about their care.

Friends and relatives were able to visit whenever they wanted to and agreed processes were in place to support people with visiting their relatives.

Is the service responsive?

Good ●

The service was responsive

Staff worked to meet people's preferences and needs. They provided them with new experiences. People were supported to be an active part of the local community.

Care and support was planned in partnership with people. People felt valued and listened to. Staff focussed upon people's strengths, knew them as individuals and valued people's life experiences.

People's feedback was proactively sought, valued and used to continuously develop and improve the service.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

There was a very clear focus upon providing person centred care and support. The culture of the home was focussed upon providing personalised care. These values and culture was understood and followed by all of the staff at Rosedale House.

The vision and values were imaginative, and ensured that people were at the heart of the service.

The service worked in partnership with other agencies to ensure they followed current best practice and provided a consistently high quality service.

Rosedale 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 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.

Before the inspection, we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We read the Provider Information Record (PIR) and previous inspection reports before our visit. The PIR was information given to us by the provider. This enabled us to ensure we looked closely at any potential areas of concern. The PIR was detailed and gave us information about how the service ensured it was safe, effective, caring, responsive and well led.

This inspection took place on 12 May 2017 and was unannounced. The inspection was carried out by one inspector.

We spoke with 12 people who were living in the home; two relatives. Staff we spoke with included the registered manager, deputy manager, six care staff, domestic and catering staff. We also spoke with the provider.

We observed how staff interacted with the people they supported in all parts of the home. 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.

We looked at care records and charts relating to four people and nine medicine records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty records, meeting minutes and arrangements for responding to complaints.

Is the service safe?

Our findings

Relatives and people repeatedly told us that they felt safe and well cared for living at the home. Comments included, "They look after us very well." We saw how people who could not make their views known looked very relaxed and comfortable with the staff. This helped to convey that they felt safe with them.

The home used a CCTV camera system in communal parts of the home. There was a clear policy in place. This had been put in place as an extra safeguard to ensure that people were safe and staff supported them appropriately.

To ensure that there were the right numbers of staff on duty at any time the registered manager told us, and staffing records confirmed this, that staffing levels were adjusted regularly. This was done to take into account the number of people being looked after and their care and support needs and what level of dependency needs they had. We saw that people were supported by enough staff to provide them with prompt and attentive care. For example when a person became agitated and wanted to leave the premises there were staff always available. This was to provide one to one support to them to help them to become calmer in mood.

Risks to the people living at the home were well managed. They had been properly assessed and reviewed regularly. There were risk assessments completed for each person in relation to a number of areas related to health and wellbeing. These included behaviours that may challenge, moving and handling, falls, the risk of skin pressure breakdown and nutritional risks. Where risk assessments had highlighted specific support needs the care plans clearly set out what to do to keep the person safe. We saw staff follow the risk assessments and care for people in a way that aimed to keep them safe. For example, in relation to certain people's mobility needs, and also in relation to the safest way to support certain people when they became agitated and angry in mood.

People were given their medicines safely. We saw that people were given their medicines when they needed them. Medicines were stored and administered in line with the current guidance to ensure this was done safely. The review of medicine records confirmed that stock checks were completed regularly. Regular medicine audits were also completed. These confirmed that medicines were being kept safely in the home. We saw a senior staff member give people their medicines. The staff member told people what they were giving them each time and stayed with them while they took them safely.

To help to protect people and keep them safe there was a system in place to minimise the likelihood of abuse occurring in the home. Staff demonstrated an up to date understanding about the different types of abuse that could occur. The staff also understood what they needed to do to report concerns about people at the home. The staff told us they were always able to approach the registered manager if they were ever concerned for someone. Staff told us they had been on training on the subject of safeguarding adults from abuse. Staff told us that the subject of safeguarding people was also raised with them at one to one meetings. This was to try to ensure staff knew how to raise any concerns and what to do to keep people safe.

To ensure only suitable staff were employed all new staff underwent a thorough recruitment process before they could start work. Staff had Disclosure and Barring checks in place to establish if they had any criminal record, which would exclude them from working with vulnerable people. There was a staff disciplinary procedure in place. This could be used if there were concerns around staff practice. This was another system that hoped to keep people safe from the risks from unsuitable staff.

To help to ensure that the premises were kept safe relevant safety and monitoring checks were completed. We also saw up to date certificates relating to gas, electricity and fire safety checks. The home was clean and tidy and smelt fresh in all areas. To minimise risks from cross infection we saw that staff used protective equipment in the form of disposable gloves and aprons and hair nets when dealing with food. There was an ample good supply of alcohol gel, paper towels and liquid soap in the home. These products also helped with the prevention of cross infection.

Is the service effective?

Our findings

People and their relatives told us they were happy with the way staff supported them or their family members. One person said, "The staff are very kind they know what they are doing." A relative said, "I'm so glad we found this place the staff have been really helpful."

People had their range of needs met by staff who knew how to provide effective and skilled support to them. This was seen in a number of ways. Staff used a variety of responses when people became agitated in mood and anxious due to their dementia type illnesses. Staff talked through with people how they were feeling, and sometimes they used specific distraction techniques to support the person. For example staff would go for a walk with certain people to reassure them and calm their mood. The staff also assisted people to have a shower or a bath and to get up at different times of the day. We saw that staff helped some people to be sat in a comfortable position before they had meals and drinks so that they would not be at risk of choking. The staff assisted people discreetly and encouraged them through the day to eat and drink enough. Staff checked on people regularly and helped people who needed support to move to be comfortable. Staff were meeting the needs of people in the ways that were explained in their care plans and were following what was written in each individuals care plans.

People were supported to access health services when they needed to and referrals were made to allocated health professionals in a timely manner. Where health professionals had implemented plans of care these were followed by staff in the home. Staff completed regular usually daily, health checks and wrote in the care records the support provided to people. This included any observations about general health of the people they had supported. This helped them identify any health needs or concerns they had. When staff became concerned about a person's health they took prompt action to ensure they received appropriate support from the relevant healthcare professional such as the GP. Records showed that where other specialist assistance was required, people had been referred. A visiting healthcare professional told us, "The staff are very good here they know the people they look after extremely well and always contact us when they spot any changes. They work very well with all of our team."

People were happy with the food and told us they were always offered choices at each mealtime. People told us, "The food is very nice" and "I enjoy the food here." Tables were set with linen napkins and condiments. There was specialist cutlery and plate guards in use for those who needed them. This was to maintain independence and allow people to eat meals without staff support and in a way that maintained their dignity. We saw that people were sometimes offered a glass of wine with their meals.

Some people ate their meals in the lounge area in lounge chairs. We heard staff offer people a choice of where to sit for their meals. People were encouraged to eat their food. When needed the majority of staff sat next to people and helped them eat their meals discreetly. We heard staff talk with people and tell them what the food was. The staff were organised and they communicated among themselves to ensure everyone had their meal in a timely way. There were menus available in pictorial format and to help people make a choice from the meals to be served. We observed a choice of water and other soft drinks were available in the lounge and people were offered tea and coffee throughout the day.

We read clear information in care records that set out how to support people with their nutritional needs. An assessment had been completed using a recognised assessment tool. This is a five-step screening tool to identify adults, who could be at risk of being malnourished or at risk of being obese. The care plans used this information from the assessments and clearly showed how to assist them with their particular dietary needs. For example, some people required a diet that was of a certain softer texture so that they could eat it safely and not be at risk of choking. We saw this was provided for them. The staff demonstrated they understood people's different nutritional needs and confirmed that special diets were readily catered for. They said they were knew when people required a specialised diet. There were also nutritional records kept in the kitchen to show when people had any specialist needs or dietary requirements. For example, diabetic needs and people who needed to increase weight, a fortified diet with butter, cream and full fat milk as part of their diet.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision 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.

Staff were able to tell us how they made decisions in line with the MCA. They described how they supported people to make decisions that were in their best interests and ensured their safety. We saw examples of where people's capacity had been assessed and found that full and situation specific assessments had been completed. 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 the Deprivation of Liberty Safeguards (DoLS). The registered manager and records confirmed that applications had been made when it was assessed as being in the best interest of the person and no other options were available. One the day of our visit a best interest assessor came to the home to complete an assessment with a person who lived there.

Staff received training which helped them to understand the needs of people they cared for at the home. This included topics such as different health and safety practices and procedures, the needs of older people, safeguarding people from abuse, and correct moving and handling. New staff also underwent an induction programme that had equipped them with the skills and knowledge to enable them to fulfil their roles and responsibilities. Staff were supported to complete the Care Certificate to gain and improve their skills. The Care Certificate consists of a period of assessed practice and is designed to ensure that all care workers have the same introductory skills, knowledge, and behaviours to meet the needs of people and provide safe, and high quality care and support.

Staff received the support and supervision that they required to provide effective care and carry out their roles and responsibilities. The staff told us and the records confirmed that all staff received regular supervision and were observed by more experienced staff to ensure that they were able to provide care and support to people that was safe and met their needs.

Is the service caring?

Our findings

The service was really caring and throughout our visit we saw repeated, positive interactions between people and staff. We saw that there was a positive culture whereby people were valued. People told us that they felt valued by staff, who took a genuine interest in getting to know them as people and that they felt they mattered. One person said, "They are all so very kind here each and every one of them." Another comment was, "They are all lovely girls here".

The service had received many compliments from relatives, people who used the service and health care professionals since our last inspection. Written comments included, 'through dedication and care they have promoted a more person centred and dementia aware home', 'The staff are happy and welcoming and the promotion of dementia awareness has been outstanding', 'We see different carers at the home and at all times they have the ability to calm and reassure any residents who becomes agitated or upset' and 'Nothing is too much trouble for the staff, they stop what they are doing to interact with the residents, the staff go the extra mile with love and affection for the people they look after'.

We read written feedback from people and families about the exceptional care at Rosedale House. These included, "I would not consider moving my relative, the home is filled with love and laughter, dementia care is promoted. It has had an excellent effect on my relative's wellbeing the staff build up an excellent working pattern with people" and "I feel that Rosedale should be recognised for its continuing improvements and excellent care which is led with such love and affection for people they look after. The staff not only go the extra mile but they do it with what lots of homes don't have and that's love and affection for the people they look after." A health care professional commented to us about how caring and exceptionally well run the home was. They said that all of the staff were very kind and skilled at caring for people with dementia.

The registered manager and staff team were constantly looking at ways to enhance the care people received so that their lives were meaningful and fulfilled. Staff had completed virtual dementia tour training endorsed by various organisations including Dementia UK. The aim of the training is for staff to walk in the shoes of a person with dementia, and start to further understand the issues that they experience every day. People who do the training will feel confused, isolated, lost, intimidated, vulnerable and much more and therefore hopefully understand what they need to do change and improve quality of care. Large headphones cover the ears, producing disruptive background noise, makeshift sunglasses distort the central vision and thick gloves are worn to restrict finger movement and sensation.

Every staff member told us this learning had had a powerful effect on them. Comments included, "This was a real shock and frightening, and it helped you understand how people feel" and "It has definitely helped me and given me a greater understanding and helped me learn to be more patient". Staff set up for themselves and completed recent person centred case studies about people in the home. These were done as part of in house learning. The staff said this had really helped to increase their awareness of each person as a unique individual. For example staff told us they now more regularly talked with people about their families, their jobs and where they used to live. They said people responded very positively when they engaged them to talk about themselves. We saw staff engaging people in reminiscence conversations throughout our visit.

People responded very warmly to staff at these times.

The service had a clear person centred philosophy of care that staff followed and 'owned' in the way they cared for people. The service was based upon a clear philosophy of care. This was displayed prominently and had been further developed by the registered manager. This was on display and was based on the idea of person centred care. This came from the idea of 'personhood' as described by Kitwood 1997. This is an idea that builds upon the need for providing individualised care by highlighting the importance of the person with dementia rather than seeing just their illnesses. This was seen in many ways during our visit we saw staff go for walk with people who enjoyed being outside and away from others. Staff also used gentle humour with people who they told us echoed a laugh and a joke. Staff told us some people did not like this kind of interaction and they used a totally different approach with them. We saw and heard staff talk with people about current affairs such as the forthcoming election. People responded very attentively to these conversations. People were also assisted to get up at different times during the day. People ate their meals at times of their choosing and sat where they felt most relaxed in the home. These ways of supporting people were all reflected in individuals care plans. They were very good examples of staff seeing the person before their illness.

The service had won an award for quality in dementia care in 2016. The award had been won by the activities co-ordinator, and the service had gone on to win the regional award for the whole of Bristol. The service worked with the local dementia care team and were implementing the butterfly effect for people who lived at the home. The Butterfly Scheme provides a system of care for people with dementia or who simply find that their memory isn't as reliable as it used to be. It is a way to reach out to people with dementia and to anyone needing memory support. Staff were observed applying these principles in their interactions with people.

Staff showed their in-depth insight and awareness of people's likes, dislikes and the care needs of each person they supported. Care records had a personal pen picture section that gave each person's life history and experiences. These were documented in very clear detail. This information gave staff essential facts and past experiences of the people they cared for. We saw how all staff had taken the time to listen to people and their relatives. They had used this information to form a detailed account of people's life experiences, preferences. This also helped ensure people received person centred care. One person for example used to be a nurse and a staff member who was pregnant engaged this person in stories about their time delivering babies. They also understood that this was a probable reason why the person always took a very keen interest in the health of other people at the home. Another person had a strong love of children. Their care plans gave clear guidance about using doll therapy in an appropriate way to help them to feel calm in mood. The Alzheimer's society supports that this can be used to bring back some happy memories and enhance the feelings of being needed and useful. The person had a detailed care plan that set out why this was beneficial for them. Staff supported the person with the use of doll as therapy in a discrete and dignified way.

We saw how staff organised their day flexibly around people's needs and wishes and noticed what was happening for people. This was evident in a number of ways, staff offered people comfort through gentle humour that was well received, held people's hands, maintained eye contact with people and held and hugged people when requested. Staff were attentive to people and their moods When people looked sad or anxious staff responded with these comforting responses. Staff were very aware of people who could get anxious. Staff successfully gave support and reassurance to them. One person with dementia became upset and staff quickly provided reassurance and engaged this person successfully in an activity that they enjoyed. One person who did not speak English as a first language. They were very well supported to communicate with staff using sign cards showing familiar objects and locations within the home. The staff had done

research in their own team to be able to put this initiative into place for the person. The staff told us and the records showed that this now meant that this person was able to communicate effectively with staff although they did not share a common language.

There were various acts of kindness where staff went above and beyond to support people. Staff regularly came to the home in their own time to support people to go out to social events in the community. The deputy manager for example regularly came in on their days off and took people to certain events that they wanted to attend. One person who did not speak English as a first language was supported to communicate with staff using sign cards showing familiar objects and locations within the home. This meant that this person was able to communicate effectively with staff although they did not share a common language. In addition, staff were able to show us how they met this person's individual needs by supporting them to have a quiet place within the home. This was a clear example of staff reflecting the choices and cultural background of the person. This information was clearly set out in their care plan.

Staff continually encouraged people living in the home to remain as independent as possible. This was seen in a number of ways, we saw staff supported people in what they would perceive as household chores within the home, for example setting of tables for mealtimes and the folding napkins. One person told us, "I like to help them it makes me feel useful." One person smoked and they told us staff supported them to smoke in the back garden whenever they wanted to have a cigarette. The person said, "It's just what they are like they drop everything for me and they don't have to."

People's relatives were encouraged and enabled to maintain relationships with people living in the home. The activities coordinator arranged celebratory days in the home that relatives were invited to. The next planned event was a social day for National care home open day. We looked at a memory book created by staff with people living at the home. These contained photos of them taking part in activities in the home and participating in events with their family and loved ones. The registered manager told us that this record was valued by people's families and provided a record of positive memories for people's relatives, especially for those who were unable to attend events.

The service protected people from social isolation and recognised the importance of social contact. The service supported and promoted raising the profile of the home and being part of the local community. School children regularly came to the home from a nearby primary school. They took part in arts and crafts sessions with people which we were told had had a very positive effect on people. For example one person always became much calmer and happier in mood with the children. This was felt to be linked to their own memories of caring for their own children when they were younger.

The registered manager and staff were fully committed in enabling people to remain living in the home at the end of their life if it was what people wanted. Families had stayed in the home on such occasions when a person was at end of life care. A section of each care record set out people's wishes and included guidance on religious beliefs as well as whether they would like to stay in the home, next of kin details and personal details around their wishes for the end of life care.

We saw a number of ways where the home had supported people and their families to make sensitive decisions about how they wish to be cared for in the last years of their lives. One relative spoke with us about their relative who had passed away at the home. They praised the staff very highly for their 'care and kindness'. They also said staff would 'go the extra mile and nothing was too much trouble for them. Relatives have been able to use the registered manager's personal residence at this time as they lived nearby. The registered manager told us and this was confirmed by people, that they always stay at the home and do not leave it until a person had passed away, when they were nearing the end of their life.

Is the service responsive?

Our findings

People and relatives consistently said that they received very good care at Rosedale. Relatives told us that they had total confidence in the staff that provided people with care. They also said that they knew that the care people received was always of a very high standard.

We saw that people received all of their planned care at the times they required. For example, people were supported to get up at times of their choosing, where needed they were given appropriate discreet support with their meals and with intimate personal care throughout the day. We also saw one person with dementia who was walking around and suddenly became very upset. Staff were prompt and stayed with them. They supported them to feel less anxious in mood. Staff were also very aware of people who could be at high risk of falls. The staff made sure that there was always a member of staff allocated to the communal areas to ensure people moved around safely. The staff responded attentively and naturally to people in need of support. They did this in a calm, engaging way that ensured people received care that was flexible to their needs.

Care plans explained in clear detail the actions staff needed to follow to support people in a positive way to ensure all their care, social needs and risks were met. People had a summary of their care plan in their bedroom which set out key aspects of their care and support needs. There was also a summary of any risks and details about their life history and what and who was important to them. When we spoke with the staff about specific people and their care needs, they knew about them really well as an individual. The staff told us what was most important to the person. They were also very knowledgeable about people's life history, day to day routines and choices in their life. Staff told us that people's plans of care were clear to follow and often updated. This meant they were reflective of people's current care and support needs.

Staff attended handover meetings at the start of each shift throughout the day where the plan for the day was discussed alongside any changes to people's needs. These meetings were an effective way to ensure that key information about people's well-being and care needs were handed over to the team coming on duty.

People were supported to enjoy their interests and take part in social activities. There was a broad range of activities on offer at the home. These were led by a very enthusiastic activities organiser who had won a regional award for their work for people with dementia. As well as activities available in the home such as art, music and external performers people were supported to attend local events and activities in the community. A singer came to the home to perform in the afternoon of our visit. People and staff were laughing, singing and dancing together during the entertainment.

During our visit people were involved in an activity, planning for a forthcoming open day. The activities coordinator engaged with people and we heard and saw friendly conversations between people and staff during this activity. Some other people were reading the newspaper with staff. The staff used this as an activity to engage with the people who were sat with them. We saw that people responded warmly to the staff and enjoyed having individual time with them.

Care records included an activities assessment for each person. These set out the preferred activities for each person. They included hobbies and types of entertainment they enjoyed, or if the person preferred to be quiet and on their own more frequently. Care records also included each person's spiritual or cultural needs and a pen picture about the person. This enabled the activities coordinator and other staff to plan activities that people enjoyed. They also planned one to one time with people for those who preferred this. People were supported to practise their faith and to attend religious and spiritual services whenever they wanted to. Weekly services took place within the home for people to join if they wished. We also saw that culturally specific services and events were held in the home. For example national days, and specific holy days were acknowledged and celebrated for those who wished to take part.

The environment had been thoughtfully adapted with a number of areas within the home providing a positive environment for people with dementia. There were different themed areas in the home which were bright and creative. These were to provide areas of stimulation around the home for people to stop and look and become engaged. Louder activities or parties usually took place in the main lounge area on the ground floor. This meant that people who wished to remain in a quieter part of the home were able to stay in other areas of the home and did not feel impacted on negatively by the noise from activities. There was a mock phone and vintage posters on the walls. People looked at the items and staff discussed them with people and reminisced about their lives' prior to living at the home.

There were also throughout the home easily accessible magazines, puzzles, picture books, and arts and craft materials. Staff offered arts and crafts, books and time to talk to people. These actions by staff helped to ensure people with dementia, were engaged and stimulated.

The registered manager had added rummage boxes for people who had dementia. The idea behind these is that they are a way of 'tapping' into memories from the past. This is aimed at helping people with dementia feel empowered and secure in familiarity. The staff used these boxes with people and the registered manager told us they had very positive benefits from them.

People knew how to complain and could be assured that their complaints would be resolved positively. We saw that there was a procedure in place that stated that the registered manager would thoroughly investigate any complaints and respond to these constructively and openly. The procedure also stated that appropriate action would be taken in response to any complaints raised. A service user and relatives survey was carried out on an annual basis. The result were analysed by the provider. The most recent survey had been very positive. However action plans were prepared to improve the overall service. For example plans were in place to decorate parts of the home in a way that made them dementia friendly and easier to recognise for people who lived there.

Is the service well-led?

Our findings

People, staff and relatives spoke very highly of the registered manager and their strengths, leadership skills and qualities. Comments included, "The manager builds as a leader of Rosedale House in order to help others and build a work pattern. They set direction and build an inspiring vision and help others to create something new". "Nothing is too much trouble for the management team, the home manager has an open door policy and we can just walk in and discuss matters at any time, the fact that this is in place gives us reassurance" and One relative said "I feel Rosedale should be recognised for its continuing improvements and excellent care which is led with love."

The registered manager had good relationships and communication with healthcare professionals and we received very positive feedback. Comments included, "It comes from the top, this is an exceptional home and the leadership is frankly outstanding here", "They get to know the people they look after very well. They update us and get in touch whenever needed. The manager is very good at keeping us updated and will tell us what they are doing" and "This is an excellent home that is extremely well run".

The registered manager conveyed very clearly to us that they provided effective leadership of the home. They had a real knowledge, enthusiasm and love for the home, the people who lived there and the team. The registered manager led by example and was an effective role model. All staff embraced and shared her vision for providing the best quality of person centred care. This ensured the vision and values were put into practice. Staff told us, "The manager is lovely very easy to talk to and always wants what's best for the residents." Staff also told us that they saw the registered manager and deputy all the time at work and both were very supportive.

The culture of the service was very much about a total commitment from staff to delivering a person-centred and very well run service. The values staff were taught to understand and follow for the service focused on providing person centred care and going the extra mile for people in the way they were supported. The registered manager and her team embedded these values into their practise to the clear benefit of people at the home. This benefited people in many ways. The provider had agreed with full consultation with the registered manager to complete changes in the environment. These had started and included a major refurbishment programme home. The environment was being decorated in a way that was dementia friendly. Colours had been chosen with the involvement of people, families and staff. These were based on research into dementia, and were chosen to make it easier for people to find their way around the home. The registered manager also worked closely with a falls team who were attached to a local health service in the community. The environment was arranged in a way that did not restrict freedom but where hazards were constantly kept to a minimum. This initiative that the registered manager had been working on meant that people were free to move around the home and their independence was promoted. Further examples were how staff regularly chose to go above and beyond in the way they supported people. Staff regularly came to the home in their own time to support people to go out to social events in the community. The staff and families told us, and records also confirmed this, how this really helped certain people to improve their mood. Having quality one to one time with staff who came in on their day off was an excellent way to improve the overall quality of life for people. The registered manager always moved into the home and did

not leave it when a person was really ill. The registered manager chose to stay there until a person had passed away, when they were nearing the end of their life. This was an exceptional example of how the registered manager followed the values of the service and gave people total care and support at the end of their life.

The deputy manager also regularly came in on their days off and took people to certain events that they wanted to attend. We read in the care records how much people enjoyed being able to have these extra times to go out to places of interest and to activities that mattered to them. One person had recently gone to a sporting event with the deputy manager.

The provider and staff said that the registered manager was respected, trusted and encouraged to make decisions and implement change to improve the service even more. Both the registered manager and providers explained how they clearly understood their roles and responsibilities and worked well together. The provider was very open to new ideas and always sought the registered manager's view about proposed improvements. The registered manager told us the provider would do anything for people at the home and never thought about the cost. They also said the provider was very interested and engaged in what was going on in the home. They also added that they were very approachable and would always help and support.

The registered manager and provider were sharing at no cost training sessions for relatives and people from another local care home in the virtual dementia tour training endorsed. The registered manager and staff team were constantly looking at ways to enhance the care people received so that their lives were meaningful and fulfilled. Staff had completed virtual dementia tour training endorsed by various organisations including Dementia UK. The aim of the training is for staff to walk in the shoes of a person with dementia, and start to further understand the issues that they experience every day. People who do the training will feel confused, isolated, lost, intimidated, vulnerable and much more and therefore hopefully understand what they need to do change and improve quality of care. Large headphones cover the ears, producing disruptive background noise, makeshift sunglasses distort the central vision and thick gloves are worn to restrict finger movement and sensation.

Every staff member told us this learning had had a powerful effect on them. Comments included, "This was a real shock and frightening, and it helped you understand how people feel" and "It has definitely helped me and given me a greater understanding and helped me learn to be more patient". Staff set up for themselves and completed recent person centred case studies about people in the home. These were done as part of in house learning. The staff said this had really helped to increase their awareness of each person as a unique individual. For example staff told us they now more regularly talked with people about their families, their jobs and where they used to live. They said people responded very positively when they engaged them to talk about themselves. We saw staff engaging people in reminiscence conversations throughout our visit. People responded very warmly to staff at these times.

In addition to the dementia care award, the registered manager had won two awards for registered manager of the year in 2016. The award had been given by Care and Support West an organisation who work in partnership with a wide range of statutory agencies. Care and Support West describe themselves as an organisation 'who share the same commitment to quality, choice and value'. They are also known as a leading representative body for companies, charities, organisations and individuals involved in the social care, support and health sectors in the West of England. The awards had been given for innovative and forward thinking management and leadership of the home. The awards are given to a manager in the field of social care who has been able to show excellent leadership and management skills. They are given recognition that a manager is also a role model and champion in the field that they work in. The registered

manager had been nominated for these awards by their line manager, staff, and relatives. One person said of them that they were 'an excellent leader and their open door policy is what wins the trust of everyone they work with'. The registered manager was described as 'always goes the extra mile, providing exceptional care to residents whilst providing reassurance to families and support to staff'. The registered manager had been working at Rosedale House for over 20 years where she started training as a care assistant.

All of the staff and the people, relatives and professionals commented on the registered managers vision and commitment to care for older people in social care. People said they were "An Inspiration to the rest of us ". Another comment was "The home is excellent it is so well led it comes from the top "and "The manager is a role model to all her staff."

The registered manager told us they were very well supported by the provider. They visited the service at least twice a week and made daily contact with them. The provider audited the service and provided the registered manager with feedback and an action plan to make improvements where these were felt necessary. These were then checked at the next audit to ensure action had been taken and the expected outcomes from these had been achieved. Following a recent audit, it was identified that certain areas of the home would benefit from being redecorated in dementia friendly colours. This was going to be actioned so that people with dementia would be able to find their way round the home with more ease.

The registered manager repeatedly showed how they were very committed to improving the service they provided. There was a focus and importance placed on ensuring staff had the skills to do their jobs well with opportunities for continued learning and development linked to the needs of people. Extra training had been made available when new areas of expertise had been recognised as being needed such as virtual training for dementia care. Other areas the registered manager had improved included ways to improve end of life care for people, minimising falls risks and improving communication within the service. These improvements had a positive effect and impact on the people's daily lives and health.

The feedback from staff and others and our own observations showed how everyone worked as a team. Staff told us they felt individually valued and treated as equals by the registered manager. The registered manager told us how much they loved their role and felt it was for them, a way of life. They said they felt as if people were like their own family. We saw that staff were very motivated and enthusiastic in all aspects of their roles and responsibilities. Staff were also very positive towards us and our inspection. The registered manager said they had been looking forward to it and were ready to show us all the improvements they had made.

The registered manager saw the strengths and positive qualities in all the staff and how these should be used to have the best positive impact for everyone. They had used this to choose staff who wanted to extend their roles and responsibilities. This was to further enhance the service they provided and the open management culture in the home. Staff members had taken individual lead roles and become 'champions' (leads). These roles had helped ensure the service was up to date with current best practice and legislation. The leads would go on training and events with other agencies to increase their knowledge and skills. This management approach was helpful as it developed staff and further enhance person centred care. The staff told us they felt very valued and motivated in their work by this approach. One staff member told us how they had enjoyed working on writing and updating care plans to ensure they were person centred in the way they were written. One staff member was taking a lead on a local project to work with community health care professionals to reduce the risks of falls in the home. Other staff members said they felt they were a part of the management team and they felt responsible for the areas that they took a lead on. We saw staff engaged constantly with the registered manager in a very relaxed and open way. Staff repeatedly said they were "Like a friend when you need them" and they said they were "Brilliant" as their manager and everyone

supports her"

The staff and registered manager also delivered learning sets for staff about particular subjects to ensure better quality of care and health and safety.

Staff were encouraged to perform well in their roles. The provider had introduced an employee of the month award. The award recognised outstanding care and service at the home. Gift vouchers and an acknowledgment that was prominently displayed in the home were given to the staff member who won this award each month. All of the staff told us this award made them feel very valued by the registered manager and the provider.