T Lewis

Rosedene Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We conducted a comprehensive inspection of Rosedene Nursing Home on 20 and 22 February 2017. The first day of the inspection was unannounced. We told the provider we would be returning for the second day.

At our last comprehensive inspection on 14, 16 and 20 June 2016 we found breaches of regulations in relation to person centred care, dignity and respect, consent, safe care and treatment, safeguarding service users from abuse and improper treatment, complaint handling, good governance, staffing and submitting notifications to the CQC. We issued warning notices in respect of the breaches relating to person centred care and dignity and respect. Following receipt of an action plan from the provider we returned to complete a focused inspection on 19 September 2016 to check that the provider had met the requirements in relation to person centred care and dignity and respect. We found that some improvements had been made but these improvements were ongoing and had not been fully implemented at the time of the inspection. During this inspection we checked that the provider had fully implemented their action plan to make the required improvements to the service.

Rosedene Nursing Home provides care and support for up to 67 people who require nursing and personal care. There were 42 people using the service when we visited. There are three floors within the building and people of different genders, mobility and mental health diagnosis were placed on each floor.

There was a registered manager at 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were good systems in place for the safe management and administration of medicines. Staff had completed medicines administration training within the last year and were clear about their responsibilities.

Risk assessments and support plans contained clear information for staff. All records were reviewed every month or sooner if the person's care needs had changed.

Staff demonstrated a good knowledge of their responsibilities under the Mental Capacity Act 2005. Mental capacity assessments were completed as needed and we saw these in people's care files. Where staff felt it was in a person's best interests to deprive them of their liberty, applications were sent to the local authority for Deprivation of Liberty authorisations to ensure this was lawful.

Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way.

People using the service and their relatives were involved in decisions about their care and how their needs

were met. People had care plans in place that reflected their assessed needs.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them for their role. Staff were provided with appropriate training to help them carry out their duties. Staff received regular supervision, however, not all staff who had been working at the service for over a year had received an annual appraisal of their performance. There were enough staff employed to meet people's needs.

People who used the service gave us good feedback about the care workers. Staff respected people's privacy and dignity and people's cultural and religious needs were met.

People were supported to maintain a balanced, nutritious diet. People at risk of malnutrition had appropriate assessments conducted and were referred to the community dietitian as appropriate. Advice from the dietitian was followed by care staff and the kitchen staff who were also aware of people's dietary needs. People were supported effectively with their other healthcare needs and were supported to access a range of healthcare professionals.

People using the service felt able to speak with the registered manager and provide feedback on the service. They knew how to make complaints and there was a complaints policy and procedure in place. Care staff gave good feedback about the registered manager.

People were encouraged to participate in activities they enjoyed and people's participation in activities was monitored. People's feedback was obtained to determine whether they found activities or events enjoyable or useful and these were used to further develop the activities programme on offer. The activities programme included a mixture of one to one sessions and group activities.

The organisation had implemented improved systems to monitor the quality of the service. Feedback was obtained from people through quarterly residents and relatives meetings as well as bi annual questionnaires and we saw feedback was actioned as appropriate. There was evidence of auditing in many areas of care provided. However, we were unable to fully assess the effectiveness of these as they had not been in operation for a sufficient amount of time.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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. Risks to people's health were identified and appropriate action was taken to manage these and to keep people safe. All previous concerns in this area had been addressed.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred. All previous concerns in this area had been addressed.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

The service had adequate systems for recording, storing and administering medicines safely.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective. Systems had been implemented to ensure that all staff received regular supervision, however, not all staff who had been working at the service for over a year had received annual appraisals of their performance at the time of the inspection.

People were supported by staff who had the appropriate skills and knowledge to meet their needs.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff demonstrated a good knowledge of their responsibilities under the MCA and DoLS applications were made to the local authority where it was felt that a person's liberty should be deprived in their best interests. All previous concerns in this area had been addressed.

People were supported to maintain a healthy diet. People were supported to maintain good health and were supported to access healthcare services and support when required. All previous concerns in this area had been addressed.

Is the service caring?

Good

The service was caring. We saw kind and caring interactions between staff and people using the service.

People using the service and relatives were satisfied with the level of care given by staff. All previous concerns in this area had been addressed.

People and their relatives told us that care workers spoke to them and got to know them well.

Staff took account of people's social and emotional needs and care records documented this.

People told us their privacy and dignity was respected and care staff provided examples of how they did this. People's diversity was respected and celebrated. All previous concerns in this area had been addressed.

Is the service responsive?

Good

The service was responsive. People's needs were assessed before they began using the service and care was planned in response to these.

People were encouraged to be active and participate in activities they enjoyed. There were two dedicated activities coordinators who ran an activities programme that covered five days a week. All previous concerns in this area had been addressed.

People told us they knew who to complain to and felt they would be listened to. All previous concerns in this area had been addressed.

Is the service well-led?

Requires Improvement

Aspects of the service were not well-led. Improved quality assurance systems had been implemented by the provider but sufficient time had not passed to enable us to assess if these would sustain improvements to the service.

Staff gave good feedback about the registered manager.

Feedback was obtained from people using the service in person through monthly residents and relatives meetings and in writing through a bi annual survey. The registered manager and other senior staff completed various audits.

Rosedene Nursing Home

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 was also done to check that improvements to meet legal requirements planned by the provider after our inspection on 14, 16 and 20 June 2016 had been made. This is because the service was not meeting some legal requirements at our last comprehensive inspection.

The inspection took place on 20 and 22 February 2017. The inspection team consisted of three inspectors, an expert by experience and a specialist advisor. On this inspection the specialist adviser was a nurse with expertise in dementia care and mental health. The first day of our inspection was unannounced, but we told the provider we would be returning for a second day.

Prior to the inspection we reviewed the information we held about the service. We contacted a representative from the local authority safeguarding team who worked with the service to obtain their feedback.

During the inspection we spoke with seven people using the service and one relative of a person using the service. Some people could not let us know what they thought about the home because they could not always communicate with us verbally. We therefore used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help us to understand the experience of people who could not talk with us.

We spoke with four care workers, two nurses, two activities coordinators, the chef, the registered manager and the provider of the service. We also spoke with three health care professionals who work with the service to obtain their feedback. We looked at a sample of 11 people's care records, five staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. Comments included, "Yes, I do feel safe, the staff are lovely and take good care of us" and "I do feel safe, thank you, having these people helping me".

At our previous inspection we found the provider did not always respond appropriately to safeguarding concerns to ensure that people using the service were protected from abuse. At this inspection we found that previous concerns in relation to safeguarding people using the service had been addressed. Staff told us they received training in safeguarding adults as part of their mandatory training and demonstrated a good understanding of how to recognise abuse. Staff knew how to report safeguarding concerns and explained the various signs of abuse and different types of abuse. The provider had a safeguarding adults policy and procedure in place. Care workers knew the provider had a whistle blowing policy and how they could use this. Whistleblowing is when a care worker reports suspected wrongdoing at work. A care worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. We spoke with a member of the safeguarding team at the local authority and they confirmed they no longer had any concerns about the care provided at Rosedene Nursing Home.

At our previous inspection, we identified serious issues in relation to care plans. We found many examples of known risks not being fully explored through specific risk assessments which meant that risks were not always managed appropriately in order to prevent avoidable harm. At this inspection we found that identified risks were explored thoroughly and detailed risk assessments developed with appropriate advice for staff about how to manage these.
People's care records included16 risk assessments which covered areas such as behaviour, cognition, psychological/social, communication and mobility among others. The information in risk assessments was incorporated into care plans that covered these areas. Risk assessments included general questions and answers to identify the specific area of need as well as a specific code that determined the level of risk and practical advice for care workers in how to manage the risk.
For example we saw a behaviour risk assessment in every care file we saw. In one person's behaviour risk assessment we saw it included information about what kind of risks there were to the person and to others. There were specific details included about how this behaviour manifested itself as well as detailed guidance about what care workers could do in specific situations to manage this. For example, there was guidance about what care workers should do when giving personal care to the person when their behaviour became challenging. The risk management plan recorded that two care workers were required at all times for personal care, and that one staff was always needed to face the person and reassure them.
Another person's skin integrity assessment also included details about what the risk to their skin was and this included a risk of swollen legs. Their risk assessment recorded this and also asked staff to encourage the person to elevate their legs when they went to bed as a means of managing this risk.

At our previous inspection we found that care staff demonstrated a lack of understanding in how to manage instances when people behaved in a way that put themselves and/or others at risk. We observed an example where care staff did not appropriately respond to one person's behaviour. At this inspection we observed

care staff to respond quickly to numerous instances where people's behaviour challenged the service. For example, we saw that one person became distressed on the first day of our inspection and we observed the registered manager and care staff quickly using techniques identified in their care plan which calmed the person very quickly. Care staff confirmed they had received specific training in managing behaviour that challenged and demonstrated a good level of knowledge in how to respond in these situations. One care worker told us "My training taught me to speak to people calmly and not to panic. I also know when it's best to leave people alone and give them space."

Staff received emergency training which involved what to do in the event of an accident, incident or medical emergency. Staff told us what they considered to be the biggest risks to individual people they cared for and they demonstrated an understanding of how to respond to these risks. For example, one care worker gave detailed knowledge about the known triggers for one person's behaviours and gave us practical examples of how they avoided creating a stressful environment for them. There was an emergency call bell in place to alert all staff in case of an emergency and this could be heard by staff on each floor of the building. We saw call bells were in place in people's rooms and that these were within reach and working. People told us that staff responded to these quickly and this was confirmed by our observations during the inspection.

We asked nurses about what they would do in the event of a medical emergency and they explained they had received first aid training which helped them to respond to these situations. Nurses were aware of who was for and was not for cardio-pulmonary resuscitation. These details were in people's files on "Do not Attempt Cardio-Pulmonary Resuscitation" forms which had been signed by the GP in consultation with the person and/or their family members where this was appropriate. Where the GP had not yet signed this form, it was kept separately awaiting their signature.

Staff told us they felt there were enough of them on duty to meet people's needs. Comments included "Staffing numbers are fine. When someone calls in sick, the manager will get cover quickly. If she's using agency we get regular people coming" and "We definitely have enough staff."

The registered manager explained that she assessed people's needs on admission to determine what their dependency needs were. Staff were then allocated according to the dependency needs of the people on the floor. The registered manager told us the number of staff required for each floor and this tallied with what we saw on the rota for the week of our inspection. Our observations of the number of staff on duty also tallied with the rota. People told us and we observed that there were enough staff on duty to respond to people's needs and staff had time to sit and talk with people.

Recruitment records contained the necessary information and documentation required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms detailing the employment history of staff. Records for nurses also included their Nursing and Midwifery Council registration details.

Medicines were administered safely to people using the service. Medicines including controlled medicines were stored appropriately and safely for each person within a medicines storage room. Copies of the most recent prescription were kept with people's medicines records. We saw that all prescribed medicines were correctly listed on people's medicines records.

People's medicines were reviewed regularly to ensure that they remained appropriate, effective and any side effects managed. We saw copies of weekly checks that were conducted of medicines which included controlled drugs. This included a physical count of medicines, the amount in stock and expiry dates of medicines.

Nurses had completed medicines administration training within the last two years. When we spoke with the nurses, they were knowledgeable about how to correctly store and administer medicines. People told us they received their medicines on time and there were no issues in relation to this area of their care.

Requires Improvement

Is the service effective?

Our findings

People's rights were protected as the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and ensuring that people were supported to make decisions. Where decisions were made on their behalf these were made in their best interests. The 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our previous inspection we found that people were being deprived of their liberty without having valid DoLS authorisations in place. We also found one example of a mental capacity assessment not being completed where it should have been.

At this inspection we found that people's consent to their care and treatment was sought and decisions made following best interests processes where this was appropriate. Care records contained mental capacity assessments which demonstrated that specific decisions were made in accordance with the Act and that the least restrictive option was being used. For example we saw a copy of a mental capacity assessment which concluded that one person did not have the capacity to refuse consent to take their medicines and consequently we found the decision had been correctly made to give the person their medicine covertly. Records also demonstrated that people who needed to have their liberty deprived for their own safety had authorisations in place from the local authority or applications were pending.

People told us that staff asked for their consent before they provided them with care. One person told us "They do ask me if it's alright before they do anything.". Staff had received MCA training and were able to demonstrate that they understood the issues surrounding consent.

At our previous inspection we found there were some issues in the recording of people's nutritional needs. We found people's needs were not always clearly recorded and advice to care staff was sometimes unclear. At this inspection we found nutritional care plans contained detailed guidance for care staff and clearly identified what people's nutritional needs were and how these were to be met.

People were encouraged to eat a healthy and balanced diet. People's care records included a specific nutrition care plan which included risk assessments and comprehensive advice to care staff about people's dietary requirements and details about their likes and dislikes. We saw records that detailed people's nutritional needs. This included completion of a Malnutrition Universal Screening Tool (MUST) on a monthly basis which identified whether people were at risk of malnutrition or dehydration. Where people were identified as being at risk of dehydration we saw records to indicate that their fluid intake was appropriately monitored and recorded. Staff were aware of who was at risk and one care worker told us "although we do not use food and fluid charts all the time, they are there if needed and we know who is vulnerable. If any

changes occur we act quickly."

People told us they liked the food available at the service. Comments included, "I like the food" and "the food is really good". We spoke with the chef who explained that they obtained feedback about the food from people using the service and catered for their preferences and cultural requirements. For example, the chef told us they were now cooking more Caribbean food which had received very positive feedback. The chef told us "I will learn to make new dishes if people request something that I've never cooked before". The chef was aware of people's specific healthcare requirements which included those people with diabetes and those on a soft diet. They told us they altered the menu depending on the feedback received and we saw a copy of the menu for the month of our inspection. Food was seasonally appropriate, and included a mixture of meat and vegetable dishes. We sampled the lunch on the first day of our inspection. The food was appetising, of a good portion and served at the correct temperature.

At our previous inspection we found that care records did not contain up to date information about people's current healthcare needs and therefore we could not be assured that these needs were being met. At this inspection we found care records contained up to date information about people's health needs. Records contained up to date information from healthcare practitioners involved in people's care, and the registered manager told us they were in regular contact with people's families where appropriate to ensure all parties were well informed about people's health needs. When questioned, care workers demonstrated they understood people's health needs. For example, care workers were able to identify existing healthcare concerns and tell us how people were supported to manage these.

Multi-disciplinary teams were involved in people's care where required such as dietitians and speech and language therapists. Records showed that staff made referrals where required and we saw that advice was followed. Where monthly monitoring was required, for example monthly weight checks, we saw this was done and recorded so that action could be taken to meet people's needs with regards to any significant weight loss or gain.

At our previous inspection we identified concerns in relation to staff training, supervisions and appraisals and could not be assured that staff had the appropriate skills and knowledge to meet the needs of people using the service. At this inspection we found staff had received training, supervisions and appraisals and care staff demonstrated a good level of knowledge about the people they were caring for.

People gave good feedback about the knowledge and skills of the care workers. One person told us, "The staff are good". The registered manager told us, and care workers confirmed, that they completed training as part of their induction as well as ongoing training. Records confirmed that all staff had completed mandatory training in various topics as part of their induction. These topics included safeguarding adults, medicines administration and health and safety. There was also more specialist training available where required to meet people's individual needs. For example, specific training in managing behaviour that was challenging was provided for staff.

Care workers confirmed they could request extra training where required and said they felt that they received enough training to do their jobs well. Care workers comments included, "You can request extra training. They do give this to us" and "Yes we all get ongoing training".

Staff told us they felt well supported and received regular supervision of their competence to carry out their work. We saw records to indicate that staff supervisions took place every two months. We were told by the registered manager and care workers that they used supervisions to discuss individual people's needs as well as their training and development needs. People's supervision records contained detailed notes about

any issues or needs that had been identified as well as feedback from external tutors where relevant. We saw any issues were followed up in following meetings. The registered manager told us annual appraisals were conducted of care workers performance once they had worked at the service for one year. The registered manager explained that she had not completed appraisals for every staff member who had worked at the service for this length of time, but meetings had been scheduled with every applicable staff member.

The rating for this key question was inadequate at the previous inspection. We have improved the rating from inadequate to requires improvement and have not rated this key question as good as we need to see that improvements have been fully implemented and sustained for a period of time to demonstrate that the provider is consistently providing effective care for people using the service.

Good

Is the service caring?

Our findings

People who used the service gave us positive feedback about the staff. Comments included "They are really good, respectful and kind" and "They are good people."

At our previous inspection we observed some examples of unkind and uncaring interactions between staff and people using the service. At this inspection we saw consistently kind and attentive interactions and found staff to be very caring in their attitudes and behaviours towards people.

We saw good levels of interaction between people using the service and care workers during our inspection. We observed the lunchtime period and saw staff respectfully assisting people with their meal and having conversations with them as they were doing so. We saw care staff having their lunches with people and we saw they ate the same food and sat in the same dining area. Care staff helped people as they ate their own meals. One care worker told us "I like to help people while I'm having my lunch. Their needs are more important to me than my food." We saw care staff having light-hearted conversations with people at other times in the day. Their behaviour indicated that they knew people well and were on good terms with them.

Staff demonstrated a good understanding of people's life histories and demonstrated that they knew the people they were caring for. Senior staff and care workers told us they asked questions about people's life histories and people important to them when they first moved into the service. Care records included a specific 'life history' section which included details about where they had grown up, their family circumstances and people important to them and any previous occupation. Staff were able to tell us about people's lives and the circumstances which had led them to using the service. They were acquainted with people's habits and daily routines. For example, staff were able to tell us about people's likes and dislikes in relation to activities as well as things that could affect people's moods.

Care staff told us they respected people's choices and encouraged them to be as independent as possible. Their comments included "People here are quite independent and we respect and encourage that" and another care worker told us, "I help people to improve their daily living skills."

At our previous inspection we found people's privacy and dignity was not always respected. At this inspection people told us their privacy was respected. One person said "Oh yes, staff respect my privacy and dignity" and another person said "They do respect my privacy and dignity, by closing the doors and asking me if everything is OK." Care workers explained how they promoted people's privacy and dignity. Their comments included, "I knock on people's doors before I go in and if someone doesn't want to talk to me, that's fine" and "I'm very careful when I give personal care. I always make sure I explain what I'm doing and cover up the parts that don't need to be exposed." We observed staff speaking to people with respect and knocking on doors and waiting for a response before entering their rooms.

Care records demonstrated that people's cultural and religious requirements were considered when people first started using the service. We saw records included details of people's cultural and spiritual needs. Religious services were held at the home and people could also attend Church services in the community.

The registered manager also told us that people could access other places of worship if they wanted to, to meet their spiritual needs.

Good

Is the service responsive?

Our findings

At our previous inspection we found there was very little evidence that people were involved in decisions about their care. At this inspection we found that the provider had taken action to ensure that people were involved in making decisions about their care and their views were sought and acted on. One person told us "They ask me questions and write things down. They're always asking me what I want."

People were encouraged to express their views about their care and we saw these details were recorded in their care plans. People were given information when first joining the service in the form of a brochure and this included details about the service provided and what to expect. Residents and relatives meetings were held on a monthly basis. We saw minutes from the most recent meeting which included details of the matters discussed, updates on previous action points and future actions to be taken. Matters discussed included issues such as housekeeping matters, the food and activities available. We also saw notes of extensive discussions with people about the previous Care Quality Commission report and the issues identified. Action points demonstrated that changes were made in accordance with feedback received.

Care records also included people's views and staff explained that they prioritised people's choices in relation to their care. For example, care workers gave us numerous examples of how they respected people's choices in their daily lives. We identified one example of a person whose preferences changed frequently. We spoke with the registered manager about this person and they demonstrated an up to date knowledge of what this person's preferences were and how they met these.

People's needs were assessed before they began using the service and care was planned in response to these. Assessments were completed of various aspects of people's medical, physical and social needs. People's care records contained detailed care plans in relation to a number of areas including behaviour, cognition, psychological and emotional needs, communication and mobility. People's initial needs were also recorded in a document entitled 'strengths and needs profile' and this provided a comprehensive overview of the person's physical and psychological needs as well as the help that was required from care staff in supporting people with these.

People's care plans contained detailed guidance for staff about what the person could do and should be encouraged to do for themselves as well as the exact nature of the assistance that care staff could provide. Individual care plans were available for those that required it in areas such as catheter care, diabetes, PEG feeding, and pain management. Specialist care plans were also available for matters such as wound care and treatment.

Each care plan had an identified need, aims and objectives and interventions for staff to take to support the person. Each care record was reviewed on a monthly basis to identify whether the person's needs had changed and care records were updated accordingly. Where people had high needs and required input from healthcare professionals, this was sought and their advice was incorporated into the care plan. For example, we saw one person's behavioural management care plan contained specific advice from a healthcare professional in how care staff could help to de-escalate instances of behaviour that challenged the service.

Care records showed that staff prioritised people's views in the assessment of their needs and planning of their care. For example we found one person had specific preferences in relation to their food and care staff worked to accommodate these. Care plans included details about people's likes and dislikes in relation to a number of different areas including nutrition and activities. The service had a 'resident of the day' system in place which meant that each person was allocated a day during which their care plans and risk assessments were reviewed by their key worker to ensure that these remained up to date.

At our previous inspection we identified some concerns in relation to the provision of activities. We found people's involvement in activities was not consistently recorded and we also found that people were not supported in their recovery or rehabilitation as there was a lack of meaningful engagement with people. At this inspection we found that people using the service had a dedicated activities care plan with recorded aims and activities were provided as a means of therapy for people. Activities coordinators tailored the types of activities to people's needs. One of the activities coordinators told us "We have people with different needs and cognitive abilities here. For example, we have some people with dementia who are not able to participate in the problem solving activities, but they respond well to the sensory activities. Then again we have other people with high cognitive abilities and they like to be challenged, whilst other people like to express themselves creatively. We have made sure we have activities for everyone."

People were encouraged to participate in activities they enjoyed and people's feedback was obtained to determine whether they found activities or events enjoyable and/or useful. People's activities care plans were reviewed every month and their involvement and progress was monitored against their recorded aims.

The service had two full time activities coordinators. There was an activities programme which included both group and individual sessions and this included two sessions every day. Types of activities on offer included arts and crafts, music therapy, quizzes and gardening. There were additional 1:1 bed- based activities available for people who were not able to leave their bed. One activities coordinator told us "We encourage people to take part in activities that will lessen the impact their conditions have on them". The service also encouraged people to participate in additional activities of daily living where this provided stimulation and encouraged people to increase their independence. For example one person was found to respond well to performing certain household chores and this was encouraged as it was found to improve the person's mood and helped them to be active.

At our previous inspection we found there were some issues in relation to complaints management. We found complaints were not responded to appropriately. At this inspection we found complaints were recorded and responded to appropriately and quickly. The provider had a complaints policy which outlined how formal complaints were to be dealt with and we saw this was displayed on a notice board within the home. People using the service told us they would speak with a staff member if they had reason to complain. One person told us "They do listen when I complain and do something about it. I talk to the manager or the nurse. Sometimes I talk to [the provider.]". We saw records of complaints and saw these were responded to appropriately in line with the provider's policy and action taken to resolve matters.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection people using the service and staff gave mixed feedback about the registered manager. At this inspection people using the service and staff gave good feedback about the registered manager. Staff comments included, "The manager is receptive. She is accessible", "She's a very nice lady. She gives you feedback. She once phoned me to tell me that I'd done a good job- not everyone would do that". A person using the service told us "You can walk right up to her if something is bothering you." We observed the registered manager interacting with people using the service and care staff in a friendly manner throughout the inspection.

The service had an open culture that encouraged people's involvement in decisions that affected them. We saw evidence that feedback was obtained from people using the service and their relatives. Feedback was received during residents and relatives meetings which were held every month. People told us they found these meetings helpful and felt comfortable speaking in them. The registered manager told us that if issues were identified, these would be dealt with individually. We saw a record of previous actions taken in the meeting minutes which included specific actions taken to help individual people as well as changes made to the menu.

The registered manager told us staff meetings were also held on a quarterly basis. We saw the minutes of the previous staff meeting that included details of the issues discussed and an action plan detailing further actions that were required to improve the service. Staff told us they felt able to contribute to these meetings and found the topics discussed useful to their role.

Handover meetings took place every day so care staff finishing their shift could feed back important information to care staff who were starting their shift. Handover forms were filled in by care staff and comments were recorded about every person using the service including whether there were any significant changes to their care that needed to be implemented immediately.

At our previous inspection we found there were some concerns in relation to complaints and accident and incident records. Complaints were not appropriately dealt with and accidents and incidents were not appropriately logged and investigated. At this inspection we found complaints were appropriately managed and accidents and incidents were appropriately logged and investigated with learning points implemented as a result where necessary. The registered manager told us a senior care worker reviewed accidents and incidents to monitor for trends or identify further action required. We saw a copy of the analysis of accidents and incidents for the previous month. This indicated that one person had suffered more than one fall and a review was arranged as a result of this so this could be explored further and action taken to mitigate the risks. The registered manager explained that she also reviewed the results of all audits to ensure that these were completed accurately.

At our previous inspection we found information was not reported to the Care Quality Commission (CQC) as required. At this inspection we found information was reported to CQC as required. Staff demonstrated that they were aware of their roles and responsibilities in relation to supporting people using the service and

their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Staff provided us with explanations of what their roles involved and what they were expected to achieve as a result. We saw copies of staff job descriptions and the details within these tallied with what staff had told us.

At our previous inspection we found the provider did not have adequate systems in place for monitoring the quality of care and support people received. At this inspection we found the provider had thorough systems in place to monitor the quality of the care and support people received. We saw evidence of audits covering a range of issues such as medicines, health and safety and food. A further comprehensive audit was conducted on a monthly basis and this incorporated numerous different areas such care plans, medicines, infection control and a test of the fire alarm among other areas. Issues were identified and plans were put into place and followed up to rectify these. A further 'service user survey' was conducted every 6 months to identify any further issues from the perspective of people using the service. We saw that a detailed action plan had been developed and was being implemented taking account of the results from the last survey which had been conducted.

The provider worked with other organisations to ensure the service followed best practice. We saw evidence in care records that showed close working with local multi-disciplinary teams, which included the Behaviour and Communication Support Services, the GP and local social services teams. We spoke with three healthcare professionals and they commented positively on their working relationship with staff at Rosedene Nursing Home.

At our last inspection well led was rated inadequate as a result of significant shortfalls and breaches of legal requirements found during the inspection. Although, significant improvements have been made and systems implemented to monitor and improve the service these had not been in place for a sufficient length of time to demonstrate that these could be sustained and for well led to be rated as good. We will review this at our next inspection of the service.