

HC-One Limited

Rose Court Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service

Rose Court Nursing and Residential Home is situated in a residential area of Radcliffe near Bury Greater Manchester. The home is purpose built and provides accommodation with nursing and personal care for up to 109 people, some of whom live with dementia. At the time of our inspection there were 87 people living at the home.

People's experience of the service and what we found:

The registered manager was highly motivated, having a clear vision and was enthusiastic in promoting and supporting teamwork as well as valuing contributions from people, their relatives, and staff. The registered manager worked collaboratively with other agencies to enhance people's experiences as well as promote their rights. Feedback received evidenced a high level of confidence in the registered manager to continually drive improvements, enhancing the experiences of those living and working at Rose Court.

The provider had demonstrated their commitment in supporting the registered manager to develop the service taking into consideration the needs of those currently living at Rose Court. Effective management systems were in place to monitor and review the service helping to identify areas of continuous improvement. Actions identified were added to a home improvement plan and were seen to be addressed in a proactive and timely manner.

People and their relatives said staff were both knowledgeable and respectful, delivering a good standard of care and support which met their individual needs and wishes. An extensive range of activities and opportunities were provided, both in and away from the home, enabling people to maintain their independence as well as promoting their social and emotional well-being.

Care plans reflected the current and changing needs of people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Plans to help mitigate the risks to people's health and well-being were in place. People had good access to relevant health care support to help maintain their health and well-being. People received their medicines as prescribed. People were offered balanced and nutritious meals. Kitchen staff knew people's dietary needs.

Robust recruitment processes were followed ensuring the suitability of staff. Sufficient numbers of staff were available. A comprehensive programme of staff training and development was provided. Staff said they were supported in their role, encouraged to develop new skills as well as being provided with opportunities for career progression.

A good standard of accommodation was provided. Suitable aids and adaptations were available to aid

people's mobility and promote their safety. Servicing and maintenance checks were carried out to ensure the premises and equipment were kept safe. Good hygiene standards were maintained throughout the home.

Systems were in place for the recording and reporting of any safeguarding concerns and complaints. People, their relatives and staff were confident their views were listened and responded to.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 14 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our responsive findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our responsive findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our responsive findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Rose Court Nursing and Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 3 inspectors, medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Rose Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rose Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider had completed a Provider Information Return (PIR) within the last year. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and the relatives of 13 people. We also spoke with 25 members of staff including the registered manager, nursing, and care staff as well as kitchen, laundry, and activity staff. We spent time observing care to help us understand the experience of people who could not talk with us.

During the inspection visit we reviewed people's care records, looked at areas of health and safety, staff recruitment and management systems. We also observed people being given their morning medicines. We looked at medicine records, medicine audits and the home's medicine policy. We spoke with the GP who was visiting their patients in the service. Additional evidence, sent to us electronically, was reviewed remotely.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- People's relatives told us, "Yes very safe in here, they look after [family member] lovely, it's really good" and "We are really happy with [family member] care; I feel that she is kept safe in Rose Court."
- Staff completed safeguarding training and were able to demonstrate their understanding. All staff spoken with said they felt confident to raise any concerns internally or with the local authority and CQC. One staff member told us, "I would report safeguarding concerns to the home manager. If not dealt with I would raise my concerns to the safeguarding local authority, however I have not had to raise any concerns."

Assessing risk, safety monitoring and management

- Risks and safety management was robust. Any risks identified were recorded and strategies to reduce risks were in place.
- Risk assessments to support people with moving and handling, falls, use of bed rails, swallowing difficulties and skin integrity were in place and regularly reviewed. Staff spoken with said, "Those at risk of falling, have a sensor in place or a crash mat, they also have hip protectors and more frequent checks" and "We complete risk assessments to minimise falls and solutions to reduce them reoccurring."
- Relatives told us staff supported their family members safely. Comments included "[family member] uses a wheelchair, and hoist, both handled safely" and "[Family member] fell recently, the staff were fantastic. It was handled well, and they phoned me straight away."
- Where people required support with the management of equipment, for example, Percutaneous endoscopic gastrostomy tube (PEG) or catheter, a risk assessment captured how this should be managed safely including the management of infection control.
- Internal and external safety checks of the home were completed in appropriate timescales. Any action required to maintain the health and safety of the home was completed promptly.

Staffing and recruitment

- Robust recruitment processes were in place.
- Relevant information and checks were completed to ensure fit and proper people were employed. There was a system for checking any nurses were up to date and remained validated with the Nursing and Midwifery Council (NMC).
- Sufficient numbers of staff were provided. A dependency tool was used to calculate the staffing required for each floor. This was reviewed monthly.
- People's relatives felt there were enough staff available to meet people's needs. We were told, "Yes enough staff, they are always checking on everyone frequently" and "Definitely enough staff, same faces, say hello to

me always, very attentive staff."

- Staff said sufficient numbers of staff were on duty. Staff told us, "Staffing levels are good, stable team. We're busy but its fine" and "Good staffing levels, it works well."

Using medicines safely

- Medicines were administered safely and at the right times, including controlled drugs.
- Medicines were stored securely at the right temperature. Records were expanded on to help monitor fridge temperatures did not deviate from manufacturers' recommendations.
- Records had been improved to show when care staff had used thickening agents when making drinks for people and when people's emollient or barrier creams had been applied, in line with their prescriptions.
- Medicine audits were effective in improving the management of medicines because an action plan with due date for completion was prepared when shortfalls were identified.
- Staff administering medicines received training and had their competency checked annually.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home was clean and free from any odours. One person told us, "Very clean Home, no smell, doesn't feel like a nursing home."
- Staff had access to personal protective equipment (PPE) and told us there was a plentiful supply of aprons and gloves. One staff member said, "We have a wide range of stock on each floor."
- Staff were aware of processes to manage any outbreaks of illness such as influenza or norovirus. There were dedicated areas for the disposal of PPE and other waste.
- Infection control policies underpinned processes staff should take in preventing and controlling infection. Staff also completed training in infection control management.

Visiting in care homes

- Visitors were able to visit the home without any restrictions.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- A lessons learnt log was used to identify incidents and accidents and the action taken to reduce the risk of a reoccurrence. For example, speaking with staff, reviewing care and protection plans. Lessons learnt were shared across the provider's homes through an organisation learning monthly meeting.
- To assist staff learning 'reflection accounts' were completed where the team would discuss an event that had happened, what was done and how could things be done differently to help improve practice as well as support each other.
- One staff member said the team were involved in learning from events, adding, "We receive a lot of supervisions, individual and group ones regularly to improve our practice, for information of what is required of us, what we may have done wrong how we would improve and what will happen if we don't. I still get to receive a positive supervision."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law

- People's needs were assessed, and care and support were delivered in line with current standards to achieve effective outcomes.
- People received an assessment of their needs prior to moving into the home. The assessment formed a 7-day care plan which allowed staff to get to know and understand the person's needs. This was confirmed by staff spoken with, who added, "We are made aware of people's needs before they come into the home. We can ask family and professionals involved to make it as accurate as possible."
- Staff told us they were fully informed when new people moved into the home. One staff member told us, "We are also well informed by senior members of staff when a new resident is admitted. Every morning, we receive a handover to update us of any changes."

Staff support: induction, training, skills, and experience

- The service made sure staff had the knowledge, skills, and experience to deliver effective care and support.
- There was a high level of compliance with training at the home, with over 96% of training being completed. Training was monitored to check refresher courses were completed before it expired.
- A range of training courses were provided, including how to support people living with dementia. One staff member told us, "I have worked at Rose Court since 1996. During that time, I have been given lots of opportunities for training."
- New staff completed an induction into their role. One staff member, who worked for the provider at another location, said they still received an induction into how Rose Court operated. We were told, "I had an induction which included mandatory training. I've also had medication training and a yearly competency check where my line manager watches me."
- Staff received regular supervision and appraisal. Clinical staff received clinical supervisions and were supported to update their professional development to retain and improve their clinical skills.

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

- People were supported to eat and drink and receive a balanced and nutritional diet.
- Staff knew people's likes, dislikes and preferences. Where people received a modified diet, such as a soft diet for swallowing difficulties or were vegetarian, the staff ensured the correct food was provided.
- Staff demonstrated a good understanding on how to support people at nutritional risk. Staff told us, "I know the importance of residents having the correct food and drink consistency. I would take care not to offer drinks or food without checking" and "Choking risk assessments are in care files, if we identify difficulties in swallowing, we refer residents to the speech and language therapists to evaluate the risk and implement safety measures."

- We observed staff supporting people to eat and drink at their own pace. For people who needed prompting to drink fluids, staff did this regularly. Records showed people were offered fluids at regular intervals.
- People's relatives told us, "Food is good, menu and snacks, he loves fruit, plenty to drink" and "[Family member] has a normal diet, they are encouraged to drink and regular snacks."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives, access healthcare services and support.
- Where people's health needs were changing, prompt intervention was implemented. For example, one person suddenly began to choke on their food. Staff supported them to dislodge the food but immediately referred the person to the Speech and Language Therapy team and GP to review their swallowing ability.
- People's health care needs were regularly monitored and reviewed with weekly visits made by a local GP. This helped to minimise admissions to hospital.
- People and their relatives told us they had access to healthcare support when needed. We were told, "Doctor, chiropodist and hairdresser available" and "Other professional's always available."

Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the adaptation, design, and decoration of the premises.
- The home was purpose built and designed to enable people to live at the property for as long as they wished.
- All parts of the home were accessible including garden areas. There were different rooms or areas on each floor to help meet people's individual needs. These included The Wilton Arms – a pub which served alcohol and people could have a game of dominoes or catch up with others, a cinema room with large tv, surround sound and black out curtains.
 - There was also a baby area, complete with pram and clothing. We observed one person sitting in the area nursing a baby (doll).
- Garden and sensory rooms were available. Both were calm and relaxing spaces with the garden room housing an array of plants and the sensory room had relaxing lights and colourful fish tanks.
- Another room had been created into a kitchen, kitted out with 1950's style cupboards, sinks, kitchen utensils, radio and Hoover. People could freely access these rooms and rummage around safely.
- Bedrooms were personalised with belongings from home. One relative told us, "They decorated [family member] room recently, which is lovely with wallpaper."
- Aids and adaptations were provided throughout to aid people's mobility and promote their independence. Profiling low beds were in use along with sensor mats to monitor those people at risk of falls.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

- The provider was working in line with the Mental Capacity Act.

- People had their capacity assessed as part of the assessment of their needs. Where people lacked the capacity to make a particular decision such as to agree to personal care, medication administration or use of bedrails. An application was made to the local authority to deprive the person of their liberty, in their best interests.
- One staff member told us "I will always ask the residents consent while providing personal care. If the resident lacks capacity, then I would look at the resident's care plan to make sure I am always providing the best and correct care for the resident and maintaining their dignity."
- Where people had in place a Lasting Power or Attorney (LPA), the staff ensured they were included in decisions relating to the person.
- Staff were able to demonstrate their understanding of MCA. We were told, "MCA is a law that protects vulnerable people around decision making and to support the person to make their own decision if they can" and "It is assumed that every person has that capacity to make their own decisions even if the decision is regarded as bad."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported. Their individual needs and wishes were respected.
- We observed staff speaking to people in a kind and dignified manner. Those people not able to verbally express themselves were spoken to in a soft voice and in a way which helped them to understand. One staff member told us, "All my colleagues and myself respect and care for all our residents; it is such a lovely environment to work in."
- Interactions between people and staff were caring, good humoured and personalised. People and their relatives told us, "We have some fun together", "I visit most days, staff are very good, never seen anything but caring and kindness" and "Extremely caring staff, always go above and beyond."
- Staff responded to people's request for help in a timely manner. We observed people being moved with the aid of a hoist. Staff spoke to people offering reassurance whilst being assisted.
- People seen to display distress reactions were spoken to in a calm, kind, and reassuring manner, by staff who clearly understood their individual needs.

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

- People were supported to express their views and made decisions about their care.
- Where possible people were involved in all aspects of their care and support. Staff were seen to ask people's permission before providing any intervention. Staff told us, and "For instance, during personal care, I inform the resident of the procedure. If they have the capacity, I politely ask for their cooperation. On all occasions, I verbally explain everything I do."
- People and their relatives were able to share their views through care reviews, meetings, and feedback surveys. We were told, "We've been asked what we need and what things would we like to do" and "They communicate with us by phone, newsletters and we have been to a meeting."

Respecting and promoting people's privacy, dignity, and independence

- People's privacy, dignity and independence were respected and promoted.
- People's right to a family life was respected. Visitors were seen to come and go through the day, spending time with family members in the coffee lounge or joining activities.
- Activities and opportunities recognised people's individuality, helping to maintain their identity. This included people religious and cultural needs. The relative of one person said, "Staff are very good at encouraging [family member] to be independent."
- People were supported to maintain their appearance. People were appropriately dressed and looked well

groomed. A hairdresser visited every week and used the in-house salon. People also visited the salon when having their nails painted. People's relatives said, "Very caring staff, I see it always, they treat [family member] with dignity and respect, he always looks clean and tidy" and "He is always clean, tidy and shaved, very respectful."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were well supported to maintain relationships, follow their interests, and take part in activities that were relevant to them.
- The home had a varied activities timetable which included activities both in and away from the home, developing relationships with other groups as well promoting community presence, minimising social isolation. The relative of one person said, "There's all sorts going on, it's brilliant."
- People and their relatives told us activity staff were enthusiastic and provided lots of opportunities. We were told, "I enjoy the activities, especially the crafts and trips to the park or pub", "There's so much going on for Christmas, place is always decorated for the season or celebration" and "All sorts of activities, dancing, trips by minibus to pub lunches and children visiting. Staff know him well and even give him a drop of Whisky before bed which he enjoys."
- The home worked with local schools and children often visited the home. During the pandemic, people and children stayed in contact by writing letters to each other.
- A local college had recently attended the home for "Make over" day. People were supported to have their hair and make-up done by students who were undertaking beauty college courses. This was created into a calendar.
- There is a coffee lounge on entrance to the home; we saw this was being used by people and their visitors, chatting, and having a drink.
- Lots of activities were planned for the festive period including a carol services, with the school children and Christmas parties with entertainment and a buffet. People's relative told us they had also been invited to join their family member for Christmas dinner.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences.
- Care plans were in place and recorded people's needs, requirements, personal preferences, and risk management strategies.
- Care plans were reviewed by the staff team to ensure they remained factual.
- Staff told us they were aware of people's needs and wishes. One staff member said, "We are trained to observe changes in mobility and eating. Any observations are communicated to the nurse in charge for reassessment. If necessary, adjustments are made to the resident's care plan."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the

Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were understood and supported.
- Staff were aware of how people expressed their needs and wishes. One person told us they used gestures and an iPad to communicate with others.
- There was dementia friendly signage used throughout the home to aid people's movement around the home.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to, and used to improve the quality of care.
- An accessible complaints procedure was available to people and their visitors outlining how they can raise their concerns.
- All the people and relatives spoken with told us they felt able to raise any issues with the manager and staff. We were told, "Never needed to complain, I would go to the manager or nurses if necessary" and "No never complained, all the staff do well. I would pick this home if I needed one."

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- The relative of one person who died during the inspection told us, "Brilliant care, no issues whatsoever, staff treated [family member] fantastically. All her and our needs were catered for, I've nothing but praise for the care provided."
- End of life care was planned in advance with people and their families. Regular reviews of people's end of life care were completed.
- Where decisions were made for example, for a person not to be resuscitated, this was clearly recorded within care records and recorded on the noticeboard in the unit office. One staff member said, "I check if anyone has a DNAR before sending to the hospital. I also have to manage families' expectations and try and explain what we can and can't do."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Outstanding. At this inspection the rating has remained Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service they created drove and improved high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements

- The provider had a fully integrated management structure that proactively monitored the quality of care provided to ensure care was of high quality.
- The manager had been registered with CQC since July 2022, having previously held the position of deputy manager. This had been a smooth transition supported by the provider. Due to the excellent systems already embedded the registered manager was able to transition into her new role with minimum disruption as they worked well as a team. Staff described the registered manager as empowering, proactive, and inclusive; the 'go to person'.
- As outlined at our previous inspection the registered manager continued to be highly motivated and expected high standards in the delivery of people's care and support. The registered manager demonstrated excellent management skills, having a clear vision and was enthusiastic in promoting and supporting teamwork as well as valuing contributions from people, their relatives, and staff.
- Feedback from staff, people and their relatives evidenced a high level of confidence in the registered manager. Comments included, "Values all the staff, our opinions matter" and "Fully informed and supportive to all the family" and "We've been completely assured [family member] is safe, it's very well managed."
- Without exception all the people and relatives we spoke with felt the care and support provided by the staff team was highly effective. Managers and staff were experienced, knowledgeable and fully aware of the needs of people they supported. One staff member said, "We are a great team. We work as a whole home approach."
- This was supported by those people we spoke with, who said, "Definitely happy with the service [family member] receives. The atmosphere is happy and friendly, 100% safe which gives me peace of mind" and "Very happy with the service [family member] is receiving, atmosphere is good. I have no worries, none at all."

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an exceptionally positive, open, and inclusive culture at the service. The provider had systems in place to provide person centred care that achieved good outcomes for people.
- People and staff were at the heart of the running and development of the service.
- Staff spoke positively about working at Rose Court. Comments included, "The Manager is always encouraging our learning. I feel very valued in my job" and "We are asked our opinion, given advice and work

the solution out together."

- The registered manager, staff and family members had raised £2000 through sponsored walks and raffles, to complete a garden refurb, making it more accessible. The team had worked with volunteers from another organisation to lay artificial grass and raised flower beds enabling everyone to participate in garden activities and for the garden to be accessible in all weathers. On completion the home were awarded £1000 towards activities as part of a gardening competition.
- The registered manager and staff had also worked with a local furniture shop who supported community groups and had agreed to sell people's artwork. In response to this, the shop donated £1000 worth of items to the home to create a snug room. This was a calming room with soft furnishings where people and their families were able to have difficult conversations in private.
- People and their relatives said their views were listened to. These were reflected in meeting minutes and feedback surveys regularly distributed. We were told, "There are meetings and a monthly newsletter" and "Meetings are advertised, they provide a good service.". 'You said, we did' information was also shared with people following feedback received in the recent surveys.
- Staff were also encouraged to share their views and ideas about the service. A 'Make it your business' board was displayed, sharing good news, well-being information and updates on information. Staff achievement awards were also recognised. One staff member told us, "I am happy and proud to be a part of Rose Court, it has some wonderful people working and living here."

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- Opportunities for staff progression were provided. One staff member told us, "I find managers very approachable and understanding, they are helping me achieve in my next steps."
- A quality assurance system was in place. A range of audits were scheduled, including for falls management, catering, medicines, and infection control. Issues were identified and actions taken to address them. Audits could be tracked centrally on the provider's computer system to ensure they were being completed as scheduled.
- The area manager and quality lead completed their own audits. Actions identified were added to a home improvement plan and were seen to be addressed in a proactive and timely manner.
- Events within the home were reviewed by managers and staff, exploring what could be learnt to improve outcomes for people.
- The provider had demonstrated their commitment in developing the service taking into consideration the needs of those currently living at Rose Court. A business decision had been made to reduce occupancy at the home so additional communal rooms could be created to meet the specific needs of people, particularly those living with dementia.

Working in partnership with others

- The provider worked exceptionally well in partnership with others.
- The service continued to work in partnership with other organisations to make sure they were following current practice, providing a safe quality service. Feedback was received from the visiting GP, local authority commissioners and health protection teams. No concerns were raised. We were told, "The registered manager is engaged in actively working with the acute sector with regards to reducing inappropriate admissions to hospital" and "Communication between staff at the home and the surgery is good, we've no concerns."
- The service was looking to explore other working relationships with the local college involving students more in all areas of the home, including health and social care, hairdressing and beauty and catering students.
- The service had also developed good links with the local and wider community to help promote people's

community presence as well as maintain their independence. This included a range of opportunities such as, shopping trips, lunch club visiting local pubs, accessing the BT befriending service, working with a local school as well as a visit from the local MP.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The provider fully embraced their responsibilities under duty of candour and had embedded the ethos at the service.
- The registered manager ensured all events affecting the well-being and safety of people were notified to the CQC, as required by law, and other agencies where necessary.
- The management team clearly understood their role and responsibilities and were open and transparent, wanting to learn from events to help continually enhance the quality of service provided. The relative of one person told us, "They deal with any incidents really well, they are very open with everything."