

Rose Care Suffolk Limited

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Inspection report

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25 November 2019

26 November 2019

27 November 2019

29 November 2019

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Rose Care Ltd is a domiciliary care agency providing personal care and support to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were 74 people receiving personal care.

People's experience of using this service and what we found

The service was extremely well-led. The service had a history of delivering high quality care to people in the community. There were robust audits and checks to ensure the service was delivering high quality care. People were consulted about the care provided and their views were valued and used to drive the continuous improvement in the service.

People told us they received very personalised care which met their needs. The service had developed a Rose Care Club, which supported people to access the community they lived in and develop friendships with others. There was a complaints procedure in place and people's concerns and complaints were addressed in a timely manner.

People were provided with care and support by compassionate and respectful care workers. People's rights to privacy, dignity and independence were promoted and respected.

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. Where people required support with their health and dietary needs, this was provided. Care workers received training in meeting people's needs.

The risks to people were assessed and mitigated. Where people required support with their medicines this was done safely. There were enough care workers to undertake the planned visits to people and recruitment of care workers was undertaken safely. There were systems in place to reduce the risks of cross contamination.

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 23 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Rose Care Suffolk Ltd

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 Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 November 2019 and ended on 29 November 2019. We visited the office location on 25 November 2019 and 29 November 2019.

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. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We visited the service's office on 25 November 2019 and spoke with the registered manager, a senior care worker and two care workers. We also spoke with a health care professional on the telephone, who regularly works with the service and supports people in the community. We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at three staff files in relation to recruitment and a further three files relating to staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

On 26 November 2019, we spoke with six people who used the service and eight relatives on the telephone about their experience of the care provided. On 27 November 2019, we spoke with one person who used the service and three relatives on the telephone. We received electronic feedback from a health care professional who supports people in the community and works with the service.

On 29 November 2019, we visited the service's office and met with the registered manager and the nominated individual to give feedback on our inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Care workers had received training in safeguarding and they understood their responsibilities in keeping people safe from abuse. Care worker's knowledge was checked during one to one supervision meetings.
- Appropriate referrals to the professionals responsible for investigating safeguarding concerns were made where there were concerns about people's safety.

Assessing risk, safety monitoring and management

- People told us they felt safe using the service and with their care workers. People's relatives said they felt their family members were safe with their care workers. One person's relative said, "I have no worries at all leaving them with [family member], I trust them to make sure [family member] is safe." Another relative commented, "I have confidence in them to know [family member] is safe so I can go out. I can't give them enough praise."
- One health care professional told us, "When working with Rose Care I have found them to follow safe practice. They use the appropriate moving and handling equipment to support the client and will request a review by the therapy team if they do not feel the equipment is working well, or they feel there is a need for therapy involvement [such as] a falls assessment."
- People's records demonstrated how risks were assessed and care workers were provided with guidance how to reduce them. This included risks associated with moving and handling, falls, pressure ulcers and people's home environment.

Staffing and recruitment

- People and relatives we spoke with told us the care workers arrived for their visits. One person's relative said, "They always come when they should, we are warned on the odd occasion if they are running late, and the same if they are going to be early only five minutes occasionally... usually punctual." Another relative commented, "They are very reliable and very helpful."
- People received a programme each week which told them which care workers were due to visit them and the times of the visits. People and relatives told us they were informed if there were any changes.
- There had been one missed visit in the last 12 months. Once this had come to the registered manager's attention, it was addressed and investigated.
- There were enough care workers to cover the planned visits to people.
- Staff recruitment was safe, and the required checks were undertaken on prospective care workers to ensure they were of good character and able to work in this type of service.

Using medicines safely

- People told us they were satisfied with the support they received with their medicines, where this was part of their care plan. One person's relative told us how the care workers had recently started to support their family member with their medicines, "So I know [family member] will be getting it... they just have to prompt [family member]."
- The service had recently changed the ways they recorded when people received their medicines. Care workers were trained in the new system and robust audits reduced the risks of people not receiving their medicines when they needed them.
- People's care records included information about the medicines they took, and any support required.

Preventing and controlling infection

- Infection control procedures were in place and guided care workers how to reduce the risks of cross infection. Care workers had received training in infection control.
- There was a stock of personal protective equipment (PPE) for care workers to collect to use when supporting people, such as with their personal care.

Learning lessons when things go wrong

- There were systems to learn from incidents and accidents to reduce future risks. This included a developed system for recording any incidents relating to medicines and advising care workers of their responsibilities.
- One missed visit had occurred in 2019. To reduce this happening again, the registered manager had developed a system for care workers to contact the on-call team when they had completed their last visit of the evening.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 by a member of the management team prior to people starting using the service. This included input from the person and their relatives and other professionals involved in their care, where appropriate.
- The registered manager told us people discussed their interests at the assessment and where possible, care workers were identified who would be the most suitable to care and support them.
- The needs assessments were used to check the service could meet the person's needs and they were used to inform the care plans. One person's relative said, "They did an assessment at the onset the care plan is here and reflects what we discussed." Another relative told us, "They talked through what [family member] needed help with and that is what they deliver."
- To assist people to move between services, assessments were undertaken, for example to ensure they could provide care for a person when leaving hospital. One health care professional told us, "They provide effective care to their clients in the community and have also been involved in client's discharges from the acute hospital, if required."

Staff support: induction, training, skills and experience

- The registered manager told us the provider had recently purchased a new on-line training system. They showed us records which demonstrated improvements were being made in the provision of training for care workers to ensure they received updated training where required.
- Care workers told us they felt they had been provided with the training they needed to care for people effectively. They were supported to undertake relevant qualifications for their role. We asked a person's relative if they felt the care workers understood their family member's condition and how to support them, they said, "Totally, they understand and know [family member] well." Another relative commented, "We are very happy [care workers] are proficient, pleasant and all know what they are doing."
- New care workers received an induction which included face to face and e-learning training and shadowing more experienced colleagues. This was confirmed by a care worker who told us they felt their induction provided them with the knowledge they needed as a new care worker.
- A range of support systems were provided to care workers, including one to one supervisions and appraisals, which gave them the opportunity to discuss and receive feedback about their work. Meetings were also held, and care workers received newsletters which updated them on information they needed to be aware of.

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

- Some people required support with preparing their meals and drinks. Where this support was needed,

their care plans guided care workers how to provide this effectively.

- The service made appropriate referrals to health care professionals where they were concerned people were not eating and drinking enough to ensure they received the support they needed in this area.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us they worked in partnership with other professionals involved in people's care to achieve good outcomes. This was confirmed by feedback we received from health care professionals.
- One health care professional told us the service, "Quickly identify issues and their referrals are done appropriately and spot on. They are knowledgeable and experienced. We work together on very complex cases and they really understand vulnerable people and their needs and take action where needed."
- Since our last inspection the service had developed a document providing important information about a person, which could be given to health professionals if, for example, they needed to be admitted to hospital.

Supporting people to live healthier lives, access healthcare services and support

- People told us they were supported to access health care professionals, where required. This was confirmed by relatives who said if there were any concerns about their family member's wellbeing they were kept updated. Records also confirmed what we had been told.
- One person's relative told us, "They keep me informed what is happening, if any concerns with my [family member] they will let me know, I can contact the doctor then." Another relative said, "They alert me if there are any problems [example of person's health] I would not have noticed that, very good at passing on messages."
- People's records included information when they had been provided with support with their oral care. The registered manager was aware of a recent CQC publication relating to oral care.
- Guidance from health care professionals was incorporated into people's care plans to ensure they were receiving consistent support. One professional told us, "Rose Care carers are happy to complete joint visits with the therapy team if it is felt it would be beneficial to the patient [for example] to review mobility or transfers, to demonstrate new equipment or to provide an exercise programme."

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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People's capacity to make their own decisions was assessed and any details of support they required was documented. Care workers understood the importance of gaining people's consent.
- People told us the care workers asked for their consent before providing any care and support. One person said their care workers, "Always ask if it is alright for them to go ahead with the help." One person's relative said, "[Care workers] tell my [family member] what they are doing and asks [their] permission."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us about how care workers were caring and respectful. One person said, "They are a nice bunch of [care workers] I am very happy with them... they are all very nice I don't mind who comes through the door." Another person commented, "Very good carers they are lovely. They are a god send to my life." One person told us, "Very nice [care workers], always smiling and do what I ask of them."
- One person's relative said, "They are caring, kind, extremely approachable... I could not wish for more they are a nice group of people." Another relative commented, "Very very good [care workers] ... they are kind and [family member] loves them." One health care professional told us, "From the visits I have been involved with, the staff at Rose Care always act in a kind, caring and professional manner."
- We saw several compliments received by the service from people and their relatives. One stated, "Your carers are so good, and I take them as family which is a great help for me." Another, which was from a relative thanked the service for supporting them to help their family member remain at home, "We couldn't have done it without your help and compassion at all times."
- All of the staff we spoke with, including the registered manager and care workers, spoke about people in a compassionate way and they knew the people they cared for well.

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

- People told us their views about the care they received were respected and acted on. One person said, "I lay the guidelines down to what I want, and they do it." Another person commented, "I have got the book [care plan] here and I read it with the one who did the assessment. They check how things are going and I can change it if I want."
- One person's relative told us, "They listen to us, we have six weekly to two monthly reviews we have a chat about what they think and what we think. We are kept in the loop, they listen to what I and my [family member] wants."
- Records and discussions with the registered manager demonstrated people's preferences, interests and choices were respected and acted on. This included how they wanted their care to be delivered, including maintaining their routines, and their preferred form of address.

Respecting and promoting people's privacy, dignity and independence

- People's care records included guidance for care workers to promote and respect people's privacy, dignity and independence.
- People told us they felt their privacy and dignity was respected. One person said, "They make sure the door is closed, privacy and keep me warm, when supporting to wash." Another person commented, "I have a

bath and my hair washed, it makes me self-conscious, but not with these [care workers], I would not be happy if they changed, they are respectful and respect my privacy."

- People told us how they felt the care workers respected their independence. One person said, "I am an early riser I get up and get a shower myself... they come to help me dress, sometimes I can do it. They let me do what I can, and I ask for any help, sometimes they have to help me, when they do they do it really well. They are all polite and very kind." One person's relative told us, "They understand [family member] and know [family member's] strengths and limitations, always encouraging." Another relative said, "They do encourage [family member] to do as much as [family member] can, very gentle and don't push [family member]."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Without exception, people told us they were extremely happy with the service they received, which was tailor made to their individual needs. One person's relative said, "[Family member] is [age] thanks to [care workers] [family member] is okay and can stay at home where [family member] wants to be." One health care professional told us, "From the client's I have worked with who use Rose Care, their feedback has been positive regarding the care provided."
- People's care plans were person centred and guided care workers in how their individual needs were met. This included how people's conditions affected them and their hopes for the future. For example, one person said they hoped to improve their mobility and care workers were guided how this was to be achieved to meet the person's wishes. One person's relative said, "I have read [family member's care plan] cover to cover, it covers what we wanted and what we said we wanted in the assessment, they did listen to us. No end of comfort to me."
- People's daily records included the care and support provided and how people presented during their visits. Where people showed or told care workers about their moods or feelings which were not usual, information was recorded how they were supported. This included reassurance, comfort and contact with their relatives to advise of the change in the person's wellbeing to ensure appropriate referrals to other professionals were made, if required.
- To ensure people received personalised care the service provided care from a small team of regular care workers who knew people well. People told us they felt this supported their wellbeing. One person said, "I have the same group of four [care workers] ... it is lovely and working well, I have a nice little team, helps familiarity." One person's relative told us, "Due to the constant faces and regime [family member] is improving [relating to their physical health]. We and [family member] are very pleased with the friendly same faces and stability. They do what we want them to do, we have no concerns they keep to the same [care workers] all who know [family member]. So [family member] gets the same treatment, continuity, we are all more than happy." One health care professional said, "They try to provide continuity of care by having the same carers visit each client, rather than having lots of different carers, which is better for both the client and the carer."
- People told us how the care workers went over and above to support them where required. This made them feel confident that if they needed assistance, this was provided. One person's relative said, "If I can't get out they will bring what we need in they go over and above what they should do I think." A member of the senior team confirmed care workers often dropped, for example milk or bread, into people if they had problems going to the shops on the day. Another person told us how they had called the on-call number out of hours when they had needed support and a care worker arrived at their home to support them. A member

of the senior team also told us they had done provided this support on occasion when people had needed support in an emergency.

- People's relatives told us how the service was extremely flexible and responsive. This included providing timely care and support when people, for example had been discharged from hospital. One person's relative said, "They [care workers] came the next day, all organised." Another relative told us how their family member had a planned return home from another service, "Rose Care have already been over and planned the day [family member] comes back they are coming in the next day." This provided reassurance that the care workers would be available when needed to provide the care and support required.
- We were told of examples of how the service had been extremely responsive in meeting people's needs which had positive outcomes. One health care professional said, "I have been involved with several clients who use Rose Care, and the carers respond to these client's individual needs." They told us about how the service had worked to support a person to visit their family member in another care setting, "This greatly improves the quality of life for both the [people] who, without Rose Care, would not be able to see each other daily." The registered manager also told us about the support provided, which had included reviewing the changes in the people's needs and providing the support they required to meet their emotional needs.
- The registered manager told us how they had worked with a person and other professionals in their rehabilitation and as a result their needs for care from the service had reduced. This was seen as a success story to enable people to live the life they chose with the support they needed. We saw a compliment received by the service from a person's relative which also identified the support provided which improved the person's wellbeing, "Following post-operative illness you helped [family member] regain [their] confidence and independence."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care records guided care workers how they should communicate effectively with people in line with their communication needs.
- The registered manager told us important documents, including care plans and information relating to the service, could be provided in different accessible formats if required. This included larger print, easy read and in other languages.

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

- At our last inspection, the registered manager told us how the service was planning to develop a Rose Care Club. This was now up and running. The club was held to encourage people to access the community which they were a part of and develop friendships to reduce the risks of loneliness. People could attend coffee mornings and outings in the community. There was a Christmas party planned the week after our inspection. Care workers assisted with the club and arrangements were made to support people to access the activities, including transport.
- One person's relative said, "They do trips now and then, and [family member] goes to all of them, it is really good for [family member] so as well as the care [they are] getting out socially. The carers go too so they see each other socially, it has built more of a friendship. It has helped [family member who] was anti care and did not want to have help...it is now easier to convince [family member] to have help and more when we need it, [family member] sees them as friends."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people told us they were confident that any concerns would be addressed. One person said, "No concerns but I am happy that if there were concerns I would ring and chat. I know the office [staff] and they are helpful, but never had any complaints or concerns that I can think of."
- Records of complaints demonstrated any concerns or complaints were investigated, addressed and responded to in a timely manner. They were also used to drive improvement, this included disciplinary action, advising care workers of their responsibilities and apologising, where required.

End of life care and support

- There were no people who used the service who currently required end of life care. People's care records included the decisions they had made, including if they wanted to be resuscitated. This was in larger bold print in their care records to make it accessible to care workers in case of an emergency.
- The registered manager gave examples of the end of life care they had provided. This included, referrals to a hospice, supporting the person to access services and advocating on the person's behalf to achieve their choices.

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 the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People we spoke with were extremely complimentary about the service provided. One person said, "I don't know what else to say when I am totally happy with them, I give them 10 out of 10." One person's relative said, "We have been impressed since we chose Rose Care, hope they stick around, worked out quite well." Another relative commented, "I can't fault them. Give them five stars from us."
- Care workers and staff spoken with were equally complimentary about the service. One care worker said, "[Registered manager] and seniors are great, really supportive, just have to call them and they will help where they can." Another commented, "The office staff are so helpful, I've called in quite a bit, very helpful. They told me to call when I needed to. I love it." A member of the senior team said, "I can't praise Rose Care highly enough. I believe people get the best care possible." The support provided to care workers and other staff encouraged and motivated them in their commitment to provide high quality care at all times.
- Healthcare professionals were also extremely complimentary about the service. One told us, "Rose Care are the backbone of this community. Myself [and other health care professionals] have high regard for them."
- The service had a history of compliance in inspections and providing high quality care. People told us about how the service had a very good reputation in the community. One person's relative commented, "I think they are the best ones in Felixstowe, that is their reputation." Another relative said, "We are more than happy, they have a very good reputation and have proved their worth no end they are marvellous...they really are first class."
- The nominated individual, registered manager and other staff spoken with were compassionate and committed in ensuring their shared values of providing people with consistently high quality care was put into practice. The registered manager also undertook care visits, which ensured they were a visible presence and to help them to know what was happening in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Without exception people told us they could contact the service when they needed to and received responses which they were satisfied with. One person's relative said, "I can go into the office at any time... They interact with me, they are fantastic, contact me and I can contact them, and they always act, very caring, overall fantastic. I can go in the office, e mail or phone, they are very contactable which is important. I e-mailed them on a Sunday and they got back to me that day. They respond to all calls and e-mails."
- Satisfaction surveys were sent to the people using the service and their relatives, these demonstrated a

very high level of satisfaction. We reviewed the responses from the 2018 surveys and comments made included, "Extremely satisfied I would be lost without them," "Very satisfied. Very pleasant polite people - adaptable to my needs," and, "Very satisfied, all the [care workers] who come to help me are really kind and always ask how I am and anything else to do."

- People were further consulted regarding their care in regular reviews. These also demonstrated a high level of satisfaction. Newsletters were sent to people which kept them updated with any changes in the service and planned social activities with the Rose Care Club. People could provide information for inclusion in the newsletters, such as poetry and comments. This empowered people to share their views and contribute to the service provided.
- Care workers were also asked for their views in surveys, which also demonstrated a high level of satisfaction in their work. One member of the senior team told us, "We are like a family, [care workers and people] come in to speak with us when you want, don't worry about ringing, if you want something checking, on call at night always someone there." Care workers attended meetings and received newsletters and update sheets. These kept them updated on any changes in the service and/or the requirements of their role.
- The service provided first aid training in the community to promote good health and life saving techniques. This innovative method of engaging the public was advertised and had been accessed by a local care service and individuals living in the community.

Continuous learning and improving care

- The service demonstrated how they continuously improved the service to provide people with a high-quality service at all times. This included the introduction of the innovative Rose Care Club, which supported people to access the community they lived in and build relationships with others. The registered manager told us how some people had made friends with others using the service and they were meeting up and speaking on the telephone. This reduced isolation.
- There had been improvements in care records which included making them more accessible for care workers, such as the inclusion of 'grab sheets' to provide to professionals if a person needed to go into hospital and information to provide to the police if a person was missing. The medicines management had also recently been improved with changes in administration records and audits.
- The registered manager told us they kept updated by reviewing care industry websites, and information from the local authority. They also accessed an organisation which advised of available training in the local area. The registered manager kept their training up to date, they had achieved a relevant qualification for their role, and were currently undertaking another qualification, which had been introduced since they had been in post.
- One care worker had an interest in specific conditions people may have and had attended training, and community meetings. There were plans for them to share their learning in a team meeting.

Working in partnership with others

- The registered manager told us they had very good relationships with other professionals in the community. This was confirmed by health care professionals. One health care professional told us, "They really are top drawer. They are knowledgeable and experienced. We work together on very complex cases and they really understand vulnerable people and their needs and take action where needed... they see people more than us, they are our eyes and ears." Another health care professional said, "I feel Rose Care is a well led team... [registered manager] is very active in liaising with the therapy team if required, on behalf of the client or Rose Care, is happy to be involved in any planning meetings or joint visits and will provide feedback to the therapy team as appropriate."
- The service had contributed to The Parliamentary Review in care. Their comments about delivering care in the community were included in a publication in 2019. This supported national initiatives and analysis of

services provided.

- The service was well known in the local community and they had participated in local initiatives, including making a donation for the Christmas lights and carnival, they had raised money for the poppy day appeal, participated in Suffolk Day, and were part of a community choir.

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 registered manager understood their role and responsibility relating to the duty of candour. This was confirmed in records we reviewed, which showed how incidents had been investigated and people were updated in what had happened, an apology and what the service were going to do to reduce future incidents.
- One person's relative told us how the registered manager had acted in line with the duty of candour, "Rose Care were absolutely mortified, [disciplinary action taken] they were extremely apologetic, what I thought was good they did not try to hide what happened, I fully admire how they handled it... it was a sincere and heartfelt apology."

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

- The registered manager understood their role and responsibility in providing high quality care and their regulatory requirements, such as notifying us of certain incidents, required by law.
- A range of robust audits and checks were undertaken to help the registered manager identify any shortfalls and address them. This included checks on the care provided, medicines management and observations of care workers in their usual work practice to ensure they were working to the service's high standards.
- There was a business continuity plan in place, which included the actions to be taken in the case of, for example, bad weather, supplier failure and any issues with quality.
- In January 2020 the service celebrates its 25 year anniversary. Care workers will be provided with silver pins to wear on their uniforms. The service was having a rebrand of the logo and developing a new website. The registered manager understood the requirements to have their rating displayed on their new website, and the existing website held this information.