

Keychange Charity

Keychange Charity Rose Lawn Care Home

Inspection report

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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?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service

Keychange Charity Rose Lawn Care Home is a residential care home providing accommodation and personal care for up to 29 people. At the time of the inspection 26 people were living at the home, some living with dementia or physical frailty.

The home is a large well maintained detached house close to the town centre of Sidmouth. All bedrooms are for single occupancy, although some are large enough for couples or friends/family if requested. The website states, "The care provision is based on a strong Christian ethos, while carers are trained to take a holistic approach and in achieving best practice."

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

People told us staff were, "Amazing and treated people very well" and were, "Very kind, caring and funny." People said, "They can't do enough for you. Everybody just takes care of you", "It's like being on holiday, a lovely club. The atmosphere is rather nice" and "They are very helpful, you get to know them as real friends". One relative said, "They are checking on [person's name] constantly, they're very kind". The provider had been recommended on the national care home review website as one of the top 20 care home groups, with many positive comments.

Staff interacted with people at their pace, unrushed, and joked and laughed with each other. Staff in all roles were empowered to sit and chat to people and developed relationships that helped people feel confident to speak up. Relatives told us the service was, "Fantastic." and "The best home ever." People and their relatives were supported in a variety of ways to speak up and have a say in how the service was run. Many people, relatives and staff used the word 'family' when describing the service.

People told us of many examples of where staff had altered activities and care approaches to support individual preferences, including bucket lists, finding people's passions to help them engage and using detailed 'Who am I?' folders. Staff were creative in how they engaged people and prevented people feeling isolated.

People and their relatives were supported with end of life care in a sensitive and individual way. There was a strong spiritual element and a home group to enable people to talk about their wishes, as well as be supported through bereavements and celebrating people's lives.

People who wanted to be, were supported to have roles in the care home which they were very proud of and boosted their sense of self-worth.

People and their relatives experienced a positive and inclusive approach to care and conducted audits to give their feedback to help improve the service. The staff worked with outside professionals and communities to improve people's health and social wellbeing, including local churches and businesses.

The registered manager and staff team all had an excellent understanding of their roles and were empowered to make suggestions to keep improving the care, including sharing their knowledge through various 'champion' roles. These were meaningful with learning always shared and put into practice.

People told us they felt safe and secure and well cared for. People were safe because the service had excellent systems for monitoring risk whilst promoting independence and positive risk taking. Staff had excellent understanding of people's needs and how to keep them safe with a team approach.

People were able to live full lives supported by sufficient staff on duty to meet their needs and they did not need to wait when they called for support.

People were supported to take their medicines safely whilst being cared for in a way that enabled them to take minimal medication.

People told us the food was lovely and they had plenty of choice. In particular, staff ensured that people not only received food they enjoyed with opportunities to try new things but that their meal experience and environment was suitable for them using individualised 'Dining with Dignity' and 'Early Bird' schemes. The chef had been empowered to use their knowledge of catering and care combined, and was passionate in providing creative, highly person centred nutrition for people as the home's nutrition and hydration champion.

People and their relatives were involved in planning their care and assessing their needs. People could choose the décor and personalise their rooms. 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. Staff focus was on people's wellbeing and maintaining people's independence or providing discreet support in a respectful way.

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

Rating at last

The last rating for this service was Outstanding. (15 February 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 reinspection 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 exceptionally safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was exceptionally effective.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our safe findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our safe findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well led.

Details are in our safe findings below.

Outstanding ☆

Keychange Charity Rose Lawn Care 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 Care Act 2014.

Inspection team

One adult social care inspector and an expert by experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Keychange Charity Rose Lawn Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This 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 also completed 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. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and three relatives about their experience of the care provided. We spoke with 11 members of staff including the operations manager, registered manager, deputy manager, senior care workers, care workers, activity co-ordinator, the chef and catering staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. These included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We looked at training data and quality assurance records. We reviewed further information about positive achievements sent to us by the registered manager. We also received emails from 11 staff and four relatives following the inspection, all with extremely positive views.

We sought and received feedback from one health and social care professional.

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 the rating has remained good. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs whilst being able to take positive risks and maintain as much independence as possible. Safety was assessed and maintained in a holistic way, how people were feeling, preferences, optimal nutrition and sleep and appropriate equipment. Risks had been identified and action taken to minimise these. For example, where someone was at risk of falls, appropriate equipment was in place to minimise this risk including walking aids, clutter free environments and the use of pressure sensor wedges and crash mats. These were photographed in care plans.
- Staff had completed falls prevention training. The housekeeping team gave workshops for staff to learn about how to set up specialist beds and use them safely. Staff all knew how people liked their rooms arranged which ensured a consistent environment for people. This was detailed in their care plans. When people moved into the home they were taken on a tour of the local area, especially if they were not from the locality so they felt part of the community. These were used as 'silent risk assessments' looking at areas such as road safety, so people did not feel scrutinised. People who were able to go out independently had large print maps and were shown which were the more easily accessible pavements. Some people were encouraged to buddy up and they enjoyed outings in pairs, having coffee out daily. Other people had a bracelet with their address on so they could find their way home when they went out. Staff always asked 'how was your experience today' on their return as part of discreetly reviewing people's safety.
- With respect to behaviour management plans there was in depth assessment of factors that might contribute to triggering distressing behaviours and detailed description of how the behaviours manifested. For example, too many people, too much noises, uninvited people in their room, staff not listening to what the person was trying to communicate. The risk assessment included a clear de-escalation plan which may include use of own room, quiet, one to one with staff, use of snacks or distraction. One person had clear instructions for staff about how to manage various lines of conversation depending on what behaviour and wording a person was using. The person had had no incidents of progressing to more agitated behaviours since moving to Rose Lawn. Staff understood their past experiences and related behaviours. The person told us, "The staff talk to me so I know what's happening." It was also noted there was a separate assessment of likely causes of medication refusal and mitigating actions to be taken, such as putting on people's favourite music to create a calm atmosphere.
- The service was very proactive in ensuring people were kept safe. For example, staff met regularly with the community occupational therapist to discuss falls and any preventative measures they could take. Staff encouraged people, who were able, to walk to the toilet at their own pace, rather than using the quicker option of a wheelchair to transfer to maintain muscle strength.
- Pressure care management was excellent. People's care plans included photographs of any equipment

used or skin at risk with consent, no one had any pressure area damage. Detailed body maps showed how and when topical creams were used. The chef was also trained as a care worker, and told us they understood how good nutrition helped with maintaining skin integrity. They said, "Certain fats can help with skin integrity; this enabled me to have the confidence to place certain at risk residents on whole milk with drinks, for example to assist with skin integrity. They had also liaised with the local speech and language therapists and visited a seminar in Exeter hospital on how to provide modified diets in the best and safest way possible. They said, "Nutrition is very important for the elderly. Starch; sugars are stored for quick release energy, fibre assists in digestion and improves cholesterol and blood sugar levels and can assist in preventing some diseases such as diabetes, heart disease and bowel cancer." They had devised the four week menu with their learning following a Level 2 nutrition and health qualification.

- The Skin integrity and Oral Health' champion told us how they checked creams and mattresses and had used their equipment knowledge to advise staff to use a specialist 'bubble' mattress for a particularly vulnerable person allowing skin to 'breathe'. Their skin condition had improved dramatically, whilst maintaining comfort. Champions also shared their knowledge from attending workshops and learning with staff as well as having workshops with people living at the home so they understood why things were being done.

Learning lessons when things go wrong

- The service had a proactive approach to learning from accidents and incidents through staff debriefings and training events. For example, a weekly detailed falls analysis checked for trends. Managing and minimising falls, for example, was seen as a staff team responsibility. Staff showed us the 'Safety Cross' template in the staff room. This showed in colours who, if anyone had fallen each week. They checked each day and on return from leave to see if people had had a 'safe' green day. Detailed action plans balanced actions with positive risk taking. For example, the activity co-ordinator had changed shift times to cover a particularly mobile time for people around supper time. There was a routine 'check ok' round three times a day co-inciding with an identified higher risk of falls time when fiercely independent people had not always asked for support. On hot days when people were more restless in the heat and could fall, for example, staff ensured there were more drinks and ice cream/lolly rounds.

Using medicines safely

- Medicines were safely managed. There were known systems for ordering, administering and monitoring medicines, all done electronically. Staff were trained and checked as competent before they administered medicines and this was managed by the medicines champion. They had compiled a medicines folder having sourced people's medical records with consent. Each medical disorder and need had been identified and an accompanying information sheet devised. Each individual had information about how their disorder affected them and what medicines they used and why. This included 'as required' medicines. Staff said this had really helped them to understand how people may be feeling and understanding their medical histories. For example, one person had details about their body language should they be in pain or becoming depressed. Staff had not known the person's mental health history until sourcing their medical records.
- Medicines were secure, and records were appropriate. Staff said they worked with a fantastic pharmacy and worked together to try and reduce medication where possible. One person was now much less sedated and enjoying life.
- Where safe to do so, people were encouraged to manage their own medicines. This helped to promote their independence.
- There was a system of recording and identifying medicines issues, and action was taken to improve where appropriate.
- If medicines were administered covertly then safe systems and checks were in place to protect people.

Preventing and controlling infection

- The home was kept clean to a high standard and there were no offensive odours.
- People and relatives confirmed the general cleanliness of the home was of a high standard. The housekeeper was the 'Infection Control' champion. This was a meaningful role. They had taught staff hand washing techniques and also included relatives and people living at the home, to promote awareness of infection control and health and safety towards themselves and others. For example, there was an outbreak of flu and a sickness bug. Procedures were put in place such as chemical waste bins in every room, making sure staff were aware to glove and gown up before entering rooms and de-glove and de-gown before leaving. All areas were steam cleaned and electronic equipment such as phones, call bells and electronic tablets included in the cleaning rota, to help stop any spread of infection.
- Staff undertook regular training in infection control and were aware of how it applied to their practice. For example, safely stored cloths and sprays were available for all staff in each person's room so they could quickly clean any spills. There were many comments on the care home review website saying how well the home was maintained and clean and fresh.
- Staff confirmed there was always a plentiful supply of gloves and aprons available for their use in helping to prevent any cross infection.
- The laundry area was well organised, so cross infection was kept to a minimum.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and well cared for. Comments included, "I'm very safe. Staff are all very nice and friendly", "One hundred per cent safe, there are staff everywhere, we are all looking out for each other, a sense of awareness'. Another person told us, "They [staff] make a special call in the evening if you've gone to bed early and they know you're not very well. They will come along the corridor and make sure you are ok. It's a caring instinct".
- Staff at all levels understood their responsibility to protect people and to report any concerns regarding possible abuse. We saw examples of how this had worked successfully in the past.
- Staff received training in safeguarding processes and had detailed policies and procedures to refer to when needed. There were safeguarding champions who were qualified in higher level safeguarding. Learning was also discussed in supervisions, meetings and handovers.

Staffing and recruitment

- There were sufficient staff on at all times to ensure people's needs were met safely and in a timely way. Staffing levels were kept under review and adjusted if people's needs changed. For example, there were more staff for trips out and events or to support people at end of life.
- Recruitment practices ensured only staff who were checked as suitable to work with people who may be vulnerable would be employed. One relative said, "All the staff, without exception, are fantastic. Most are trained in some speciality such as dementia or depression. They are the nicest, kindest, most caring and patient people I have ever met. Nothing is too much trouble. Great care is obviously taken when recruiting new staff." People living at the home were involved if able during the recruitment process.

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 rating has remained good. People's outcomes were consistently good, and people's feedback confirmed this

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

- Where people had complex or continued health needs, staff understood people's mental health history and how medicine affected people. The service worked collaboratively with health care professionals, for example accessing, with people's consent, medical records to ensure staff had full knowledge of people's needs. Staff had discovered some people had mental health issues that had not been known and were able to include person centred care in their care planning. This person now had effective medicines and staff understood their body language, knowing when they needed company.
 - People said their healthcare needs were being monitored and they could see their GP when they needed. One person said, "I can sort appointments out myself or staff will help me go to the GP surgery."
 - The service recognised the need to ensure people's pain was consistently monitored, especially if people were unable to express this to staff. They did this in a variety of ways, checking people's facial expressions, posture and the use of symbols and smiley faces to enable people to express themselves. For example, one person had said certain words if in pain. They now no longer said the words as their pain was managed.
- Staff support: induction, training, skills and experience
- Having a skilled, trained and motivated workforce was seen as being essential to ensuring the best outcomes for people. To this end the provider invested in ensuring there were sufficient staff within their group who had comprehensive training in topics they were interested in to become 'champions'. This meant that training of particular skills could occur as and when it was needed, and each champion put their learning into practice. For example, the 'Oral Health' champion had attended NHS workshops and devised information folders on oral health, with each person having an oral health assessment and care plan, to emphasise the importance of supporting people. They had now sourced smaller toothbrushes which people found easier and stocked them in Rose Lawn shop.
 - Staff had all had bespoke training in dementia care. They had used the external training resource; a dementia tour bus, which gave staff an in-depth understanding of sensory issues relating to dementia. This had impacted on practice. For example, deep rim 'find' plates for people to enjoy their meals, giving people more time to process information and respond. These were plates with deeper bowls allowing people to push food to the edge to pick up more easily. Care plans gave staff clear details about following this training into practice.
 - There was ongoing learning in different formats for staff to undertake such as bite size learning that took place monthly on a topical basis, following staff and people / representative feedback or concerns. This meant learning was interactive and met the needs of staff and people. For example, the décor and environment promoted independence with easy signposting such as a 'daffodil' corridor, putting learning into practice.
 - Staff were consistently positive about the training and support they received to do their job. Staff were able

to express what topics they were interested in and attend relevant additional training. All staff were encouraged to be 'champions' and explore and share learning in their area.

- The service was part of a supported internship programme for individuals with learning needs and or disabilities. Feedback from a staff member included, "Rose Lawn makes me feel good and proud of the hard work put in and what I learn too. [Management] are very good, they work hard to help the team and keep everyone working together and they are very helpful and easy to talk to." The staff team was inclusive and people living at the service had opportunities to meet young people with disabilities contributing positively in the workforce.
- Staff had regular supervisions and appraisals. This focussed on observation led continual review of people's interaction including dignity, personal / intimate care and assistance with nutrition. This had led to improved outcomes for people. For example, people gaining weight and having improved health outcomes, becoming more independent or achieving life goals. This was because staff always discussed how ideas on how they could improve individuals lives.

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

- The nutritional provision and management was excellent. People were given a wide choice of food, drinks and snacks of a high standard to help them maintain a good balanced diet. Attention was paid to how the food was served to ensure it was always attractively presented and people, where able, could help themselves to the choice of mains and side dishes on offer or request something 'off menu'.
 - The chef was a trained care worker and passionate about learning how to maintain good nutrition for the older person in an appealing and tempting way. As the 'Nutrition and Hydration' champion they had created an information pack for staff updating with any interesting research or ideas. They completed each person's nutritional care plan, working closely with the catering and care departments. They said, "This ensures we can give the best person-centred care as a team and I can act as a voice for people, for example so people have the drinks they like in their rooms." An admin day once a week ensured records were up to date, meeting with management, staff and people. For example, they had implemented using vibrant coloured plates for visually impaired people resulting in improved uptake, through having time to research ideas.
 - Each person had a photographic meal card showing how they liked their breakfast tray, such as what cutlery and drinks or a photo of an egg toastie cut into four. The chef updated likes and dislikes and especially monitored those at risk of malnutrition and weight loss.
 - A 'Hydration Station' and water coolers further prompted people, as well as staff, to drink adequately and access snacks at any time independently. This included information about hydration and good practice.
 - Some people benefitted from a 'Dining with Dignity' scheme. This was for people who may be under the weather or particularly frail were supported by one staff member to ensure weren't embarrassed. One person had put on weight as staff had recognised they ate better when in company. An 'early bird' mealtime system also enabled some people to have more time to eat at a slower pace without being anxious. Staff said they had seen very positive results in people's wellbeing. The chef said, "I am very proud of the position and take a huge amount of satisfaction and happiness knowing the impact I have on the home and the way things are done." Every opportunity was used to encourage people to keep their appetite up. For example, regular outings to places of interest, favourite foods for a picnic or a takeaway and themed parties. Relatives were encouraged to join loved ones for meals at any time and just needed to ring up and order beforehand.
- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles

of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff and management had a good understanding of MCA and ensuring people's rights were embedded into their everyday practice. Where people lacked capacity, the service ensured they took protective measures/plans to keep them and others safe. They understood that people could still make decisions in their everyday life. There was a mental capacity and consent champion. They told us how they were supported to access advanced training and shared their knowledge with staff. The home had developed the consent forms to be easily understood with yes/no answers including consent for; recording daily life, to taking pictures of wounds, to consent for cleaning their bedrooms. They met regularly with people developing the mental capacity care plans. For example, one person had worried that every health appointment had to 'go through' staff. They were now assured staff were always there, but the priority would always be ensuring that their wishes would be met.

- A person with advanced dementia used to become very agitated and aggressive during conversation at times and previously had to be supported to move away from communal areas. Due to repetitive circles of conversation staff had devised clear instructions for care and responses depending on the thread. Staff were able to understand what reality the person was in at the time of the conversation, for example if they believed their parent lived down the road, so not distressing them by responding the wrong way. A consistent and shared approach ensured this person was happier and had less agitation and violent behaviours. This meant staff did not need to consider moving the person away from communal areas during times of agitation.

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

- Electronic care plans and pre-assessments were highly detailed and paid attention to ensuring people's choices were fully considered as well as their needs. For example, they detailed people's preferred routines and ensured staff had the right information to deliver care as the person wished; time of care, meals and when rooms were cleaned. All staff, including the chef, were able to add and have input to ensuring people's needs were captured and excellent communication ensured person centred delivery because information was fully up to date even including people's small preferences.

- The registered provider explained, "Having such an up to date electronic system allows the plans and actions to be truly effective and ensure the right support and care is being delivered. We can also access information remotely, so we know people are being cared for as individuals, as do the families who access [the care plans]." The system allowed for on the spot and distance audits to ensure care plans were effective and meeting people's needs to the highest standards. One person was enjoying their regular mid-morning snack of an egg toastie. Support was flexible and given by consistent, knowledgeable staff, so people could choose when they were supported and how, depending on how they were feeling. Staff gently supported a person who had been injured in a life event, ensuring they had time to talk about it if needed. Staff knew peoples' life history such as the military, for example creating opportunities for this person to be in charge despite their cognitive impairment. Staff knew if a person did not want to knit, they may not be feeling well or when people may have a full bladder by knowing their body language.

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

- Although the building was of an older style and not purpose-built, it was large and spacious, and adaptations had been made to ensure areas were accessible, safe and where possible dementia friendly. This included having memory boxes outside rooms for people to orientate themselves and memorable décor in corridors.
- Clear signage meant people could move freely and find their way to bathrooms and dining areas. A silent pager system ensured people were not disturbed by loud call bells.

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 now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

- The registered manager told us how maintaining people's dignity and respect was very important. This included ensuring sanitary products were sold in the Rose Lawn shop, so people could go and buy them discreetly themselves. Personal care boxes in each person's room kept their toiletries, continence and infection control equipment such as bags safe and out of sight.
- Staff told us how they understood when people wanted more staff time and when they wanted to be alone due to knowing people's body language and gestures so well. One person had rarely spoken so staff had found their passion, taking them to a local museum where they 'came alive'. Staff explained how they treated people the same way they would treat their own family members and felt this helped to create a homely environment and a sense of family. People, relatives and staff all used the term 'family' repeatedly when describing the service to emphasise the standard of care and positive interaction and network of support people had at the service.
- The 'Butterfly' champion (a role to support people on a one to one basis who staff could refer people to daily) told us how their role meant they spent one to one time with people having conversations about anything people chose. They said this enabled them to have a greater understanding of people's personalities based on their life events, which made them a more compassionate care worker. They said they were always available for people at the end of their life as people knew them well and felt comfortable holding hands. They could just spend time listening. For example, one person had enjoyed ice cream for breakfast having spent time with the Butterfly staff member during the end of their life.
- The registered manager spoke about how they encouraged people to become more mobile to increase their independence. This had resulted in a few people becoming more independent around the home and doing more for themselves. For example, people who had previously been housebound were enjoying trips out. One person said, "I bath myself, but the carer sits with me chatting. They don't force themselves. I've never known people to be so helpful without being forceful."

Photographs in care plans ensured staff knew exactly which frame or stick people used, as well as photographs of people's glasses, handbags and hearing aids. Another example of promoting independence was not only trialling specialist plates and cutlery that supported people to be able to eat independently but finding some that blended in with other crockery, so people were not singled out as less able. People clearly felt good about supporting themselves to eat in this way as much as they were able, as they smiled and laughed while doing so, with minimal prompting. Another person living with dementia had been restless. Staff realised they had been looking for the toilet where it had been at home. They had slowly introduced a new room with an en-suite in the 'right' place and the person was much calmer, being independent with their continence.

- People were asked if they wanted to be responsible for doing some of their own chores. The domestic and housekeeping department had devised 'Cleaning care plans' detailing people's preferences about air freshener smells and use, cleaning times and handling of personal items. One person was responsible for the indoor plants and staff praised their green fingered skills calling them the 'amazing plant saver'.

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

- People told us they thought the staff were "excellent". They said, "We mingle with the staff and they with us. It's part of the life here" and "'They are putting me first all the time". Relatives told us how they thought the care and the management were excellent. Staff were warm and courteous when coming into contact with people. They said: 'Morning [person's name]', 'Hello [person's name] Are you off to the lounge?' 'Alright there [person's name] Your hat's in your trolley', 'Shall we move your jacket from the front of your walker so you can see where you are going', 'Would you like...?', 'Can I get you...?' and 'Would you like a cup of tea?'. There was nothing contrived, it all came naturally to the staff. One relative told us, "Rose Lawn have been amazing. They totally understood my dilemma in deciding on moving to a home and have been a great support to me personally in helping me with the minefield of "how to do the right thing" whilst doing the best thing for [person's name]. They have gently supported them, allowing them to retain a level of independence whilst keeping a close eye on them".

- The registered manager had developed a truly person-centred ethos within the service. The 'Dignity and Safeguarding' champion said, "I aim to have a positive effect and a caring attitude to everyone when in our care and share that." Staff in all roles had an excellent knowledge of people's likes, dislikes and history. This enabled staff to develop relationships with people that were respectful, empathetic and caring. We heard about one person who was an artist. They were seen as the resident artist and their work was celebrated. Staff had co-ordinated an art exhibition for them locally and everyone had been involved. This had increased the person's confidence and social circle and meaning in the wider community.

Staff used gentle touch and good eye contact when interacting with people. Speaking about the impact the relationships and treatment of people have created, one relative said, "My main point is that both the management and the care team are accessible, friendly, professional, and above all caring for each individual resident and their needs. Communication is very good and I find the portal information very helpful as I no longer live near but am daily kept in touch with how my friend is. If there is a particular concern the manager will email or ring me." The portal was accessed online and a place where people and families to keep in contact with each other. Staff regularly sent photos to families of people enjoying life. Families could also post photos and share their grandchildren and pets for example.

- Staff treated people with exceptional kindness and compassion and gave time to each person to meet their needs or simply to have a chat. For example, one person had to have a restricted diet for medical reasons, so staff had presented them with a bouquet of flowers as compensation. Residents meeting minutes stated, "In the spring we shall, together, make the gardens bright and cheerful and spend time together in the sun. Please let us know if you have any ideas for the gardens, or if you are very green fingered!" emphasising the word 'together'. Some people enjoyed being responsible for filling the bird and squirrel feeders, feeding the rabbit and fish and saying 'grace' at mealtimes.

- People told us about a celebratory wake they had been involved with organising and said there were always themed birthday parties and cake for people. Relatives told us how important being welcomed and involved in this way meant to them. They said staff made it feel like their home too and because of this spent more time with their family member as they were actively encouraged to be there. Relatives went on to say they could visit without restriction and there were plenty of spaces to meet privately with their family member if they chose to. One relative said, "We visit every time with no notice and each time we find my Dad well looked after by staff that care about what they do."

- The whole staff team wanted people to live their best lives. The electronic system included a magic moment section for each person. Each person had many events documented with an audit celebrating 'Six

months of happiness!'. For example, [person's name] had a magical moment with Buddy the dog, stroked and admired him, [Person's name] had lovely chats with people he knew in the town, [Person's name] saw a badger and reminisced how they had had badgers in their garden and fed them. All these moments were input onto the care system by any staff member and then shared with staff, family and friends. The registered manager said it had been lovely to share a photo of a person doing a wordsearch as their family had said they would not be able to complete one when they had first moved in.

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

- People, their relatives and health professionals told us they were fully involved in decisions about people's care. Regular reviews were held as well as daily conversations with people as care was being provided. People and relatives had also been 'trained' in understanding the electronic care system, so they knew what they were looking at in their reviews.

- Staff in all roles were trained equally so were aware of people's conditions and assessed needs. This meant people who were more comfortable speaking to staff in non-care and non-support roles, such as housekeeping or catering, could do so. The information was updated into people's care records for all staff to review. This had given people who chose not to talk previously the confidence to speak up and tell staff how they preferred to be supported, making an enormous difference to the quality of their lives. People were also able to access advocates or spiritual counsellors if needed to support them to make decisions about their care.

- Staff supported people to try new ideas or think about other ways to do things. For example, one person had not slept in a bed for a long time and staff had slowly helped them to enjoy a bed rather than a chair, including going bed and bedding shopping.

- Staff had spent time speaking with people about their experiences at the service and what they did that was important to them. Staff added people's comments to a 'dignity tree' which was displayed. Some quotes displayed, "Be mindful of the needs of others", "Be myself" and "Beauty comes from within". These comments were used as the basis for developing the values and culture within the service as well as supporting people to keep achieving. People told us how important it was to them to be in control of what they did and how they were treated.

- Regular residents' meetings were fun, social events where people discussed how an activity or trip had gone, as well as ensuring people understood their care. People received an agenda and minutes, as well as knowing what actions had been taken as a result. One meeting minutes stated, "Remember, you can have any décor you like, even purple stripes if you please!" A beach party was being planned inside for those who could not make it to the nearby sea. People had had a good time putting forward ideas for bringing in some sand, having ice creams and decorating the home like the beach. People had said they would like to see some children more often, so plans were made to invite children to 'Oomph' exercise sessions and ordering small 'Oomph' T-shirts for the children. Some local children had visited and taught people the popular 'Baby Shark' song, with people in turn teaching the children old time songs. Religious ideas were included with people saying they enjoyed being part of 'grace' at meal times, with people taking it in turns each meal.

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 outstanding. At this inspection this key question has remained 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; Supporting people to develop and maintain relationships to avoid social isolation

- Planning and delivering person centred care was at the heart of the home ethos. The health and wellbeing champion had devised 'Who am I?' folders with each person, in their own words, about background, past and memories for staff to easily access and read in the staff room. They told us, "Since becoming a Health and Wellbeing Champion, and making these folders, I feel they have greatly impacted our ability to care. I have given the staff something that they can look at on a regular basis to find out the personal and important history that makes people who they are today." People's comments included, "I can do what I like. I'm up by six. come down and have my breakfast by seven. Way ahead of other people, it doesn't seem to be a problem, staff see that as being what they are there for" and "I asked if I could have my own mattress from home, they were very good at accommodating that."
- People told us staff supported them to maintain friendships from before they moved in and their friends came to the home and asked if they could move in too. The website included a question and answer section with the registered manager explaining what life was like at the home, to help people and their relatives alleviate any anxieties. For example, first impressions from visitors included, "People remark on how much they enjoy visiting saying they feel they are being given a 'hug' when they walk through the door."
- The registered manager told us they always welcomed visitors at any time. One example of preventing isolation was to use special cream teas and meals for people and their relatives to get together and celebrate special events in the conservatory.

Support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a wide selection of activities that people could choose to access or not including at least four outings each month. People were also encouraged to try new things. One relative told us, "All the staff get on very well with each other. The activity co-coordinator is tireless in her pursuit of motivating the residents to exercise, join in with quizzes and various art pursuits." The home had signed up and trained staff in the 'Oomph' activity service (a company that offers specific activity training and resources) and offered morning and afternoon entertainment each day following a programme. The registered manager said all staff were responsible for activities. All staff across roles had the opportunity to go out with people as it was a way to get to know people, or to match people with staff they had particularly close relationships with. One person had past links to a local zoo so there had been an enjoyable trip to the zoo 'down memory lane'. One relative said, "Staff are very good. I've been on a few trips, Torquay, Dawlish and other places". During the inspection, various people were going out in wheelchairs for a trip around town or to do some shopping.
- A recent 'Boys Day Out' had included a trip to an aircraft museum and pub with male staff. Staff said the 'girls' liked pub lunches and garden centres.
- A large upright interactive tablet was well used depending on people's needs. One person had been

agitated in the early mornings, so staff had recognised they needed to be occupied and ensured a large print interactive word search was in place when the person came to the lounge each morning. They were now much less anxious. Other people enjoyed watching You Tube videos of favourite singing stars of the past, or videos of local areas. Other mobile electronic devices were used to promote well-being. One person living with dementia particularly enjoyed an old song and staff were able to request this on a device to encourage them to engage in personal care. Skype was used for people to contact and see their loved ones living away on a large screen.

- A large activity table was always set up with arts and crafts and old photos for people to access independently. Staff would then engage with people when people showed interest. They said, "It's always ok to make a creative mess." One person was supported to knit for a local charity, and art work and clay ornaments made by people were displayed around the home.
- People told us staff spent time with them in their rooms if they did not want to join in. This was supported by a 'Butterfly' scheme. Staff were allocated each day for Butterfly visits. Staff could request these for people on the computer system, so the Butterfly staff member could ensure those people in their rooms received a visit. There was a mobile activity trolley, one person had been doing a cross stitch with staff. A butterfly sign was put on people's doors, so staff knew not to disturb them by different staff keeping asking if someone wished to join in with group activities. The registered manager said, "We don't want to pester people, their private time is important."
- There was a well-stocked writing and computer desk where people could keep in contact with others. As part of the 'Keychange Postcard Initiative' people at the home had also shopped for and written postcards to the provider's other homes. Everyone enjoyed receiving replies from people in other parts of the country in similar situations. The idea had been developed from the Keychange activity forum.
- External entertainment was provided and ranged from singers to musicians. In the summer there were fetes, BBQs and coffee mornings, with a big Christmas party for people, family and friends. There were also regular visits from donkeys from the local donkey sanctuary, miniature ponies and friendly dogs that provided therapy for those who enjoyed a 'big, fluffy hug'.
- Staff were working with people to develop their own life wishes and bucket lists.
- There were excellent links with the community. A community tree was proudly on display with people and children's handprints from the local school displayed. One staff member, as spiritual champion, was forging closer links with the local churches to promote inclusion and understanding for people living with dementia. There were dementia workshops being held with the churches, local Christian bookshop and café with anyone welcomed. They told us, "This is inclusive of all spiritual beliefs, not just Christian. The approach is to be a listening ear and responding (through experience and including counselling methods) with questions. These are intended to help people focus on their underlying needs and desires, so they can make their own choices over their futures. We want to continue to create a dementia friendly community."
- A hairdressing salon was run as it would be if people were going out to the hairdressers with bookings and people said they went 'out' to the hairdresser.
- The 'Rose Lawn' shop was stocked with items suggested by people where they could pay with real money. Some people liked to help in the shop and use the till. This was also used for reminiscence conversations with items of reference on display.
- During the inspection people were accessing the outside areas. The home looked onto the local rugby field towards the sea. Inside seating was placed for people to watch games in wet weather. Some people enjoyed the front courtyard and shelter. One person said they were the 'rabbit keeper' and went out every day to check the home's pet rabbit.

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. There were many examples of staff using communication with people, so they could understand as much as possible such as menus, complaints information and activities.

- People used mainly speech, large print and some photos to communicate. Some people had equipment for visually impaired such as a speaking watch and magnifier. One care plan said, "They like to sit with their back to the window to see better."
- Where people were living with dementia, staff discreetly looked at what television was on as one person could become anxious if there was a scary film for example. Another person communicated better with male staff due to a military background. One person had a communication board in their room and wrote on this as they were deaf. Staff said, "It's just about understanding people and communicating their way."

Improving care quality in response to complaints or concerns

- People, relatives and staff all told us they did not have any complaints but knew how to complain and felt they could speak with anyone and would be heard. They all had confidence the registered manager would take quick action to resolve them. Staff meetings included handing out complaints forms for staff, the registered manager saying, "Please use them, we would rather know and move forward."

End of life care and support

- Being a home based on a strong Christian ethos, this part of their work was very important. Staff were well trained in end of life care and there was a bereavement champion. We saw how staff had created positive, respectful relationships with people as well as acknowledging people's friendships with each other. The registered manager explained how important it was to share and celebrate people's lives and support others when someone passed. Following a recent bereavement, people had been supported to attend the funeral, with the wake being catered for at the home. People living at the home were part of the spiritual champion team. A person had acted as the official 'meeter and greeter' and people had opportunity to sign a memorial book and leave items on a remembrance table. One person living with dementia was seen smiling and touching the photograph and flowers. The registered manager and other staff across roles were trained in counselling and were available if people wanted to talk. There was also a weekly 'home group' with the local volunteer chaplain.
- The registered manager told us how each person was told about someone's passing in a way that suited their understanding. One person liked to visit a memorial 'family' tree and place a ribbon. The registered manager said staff often went out to share time with a person remembering their son.
- Care plans gave detailed information about people's wishes, which is how the home were able to respond to the recent bereavement with surety that they were doing what the person would have wanted. The person had previously asked for a singles night for those over 80, so the staff were organising an evening of entertainment in the person's name. One relative told us, "Sadly my Mum died in July. I could not have received more help and compassion from everyone in Rose Lawn. I will be eternally grateful to them."

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 outstanding. At this inspection this key question has remained 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and senior staff promoted an extremely open and positive culture within the service empowering people and staff to speak up and be involved in the planning and delivery of services. People had nothing but praise about the home. They said, "I have complete confidence in the registered manager and deputy. They do a first-class job. It's important they are there." People and their relatives were all involved together in many aspects such as planning events and supporting each other through bereavements in home groups. They met regularly to discuss the running of the service, which led to initiatives such as taster days for people who might like to try a care home environment and accessing community classes. People were very proud of this and spoke with a real sense of ownership of their home. A closed Facebook page was well used by all with consent. This type of engagement with people as well as staff was a great example of how the registered manager had put valuing people at the core of service delivery by enabling them to share photos of their lives and chat with their loved ones about theirs. The service was also able to promote events and share national health topic days and so sharing awareness and understanding, working together.
- The provider made reasonable adjustments to support staff with disabilities to work within the service. This provided excellent insight and opportunity for staff to learn from each other about people's experiences in care and how this might make them feel. These opportunities further developed a positive and person-centred culture in the service. For example, each staff member was encouraged to contact us with their views and were supported to hand write, email, type or phone confidentially.
- Staff were very proud of the quality of care they had achieved and felt greatly empowered to suggest new ideas and changes to care approaches, such as further engaging with community services and health centres. For example, staff were keen to put forward the advantages of purchasing beach friendly wheelchairs. Regular team meetings started with a board called the 'Car Park' for staff to park ideas for discussion such as a 'wish list' and any issues. Meetings began with the service visions and values and included team bonding exercises. There was a strong sense of respect towards everyone and staff all told us teamwork was 'excellent'. All staff told us how much they loved working at the service and how 'fantastic' everything was.
- Management was also very proud and supportive of staff and praised their endeavours. Staff were encouraged to say what they felt they had done well on a notice board. Staff had written, 'I help all departments when needed and am happy to do it' and 'We give person centred care all the time'. Staff could nominate staff members for particular praise. The registered manager would cover a task or shift in reward

for staff to go out for coffee or have time off.

- People were constantly asked for their views. One person liked to write to the registered manager and always received a formal response thanking them. Another person had said their bed was not well made. With the person the deputy manager had organised a bed making workshop, so the person was always happy it was made the way they wanted. The national care home website was full of positive comments such as, "A warm and friendly welcome on arrival. Staff supporting and caring to residents, attentive to their requirements", "The staff are friendly and willing to serve residents in every way. The outlook is delightful over the rugby club and outside seating very inviting. A very well-run home" and "Extremely good break at Rose Lawn. Well fed, no need to suffer in silence and moan afterwards! Staff organising games, fun or quiet time if required. I was fortunate enough to be booked in for respite." Each comment had been responded to by the registered manager.
- It was important to the service for people to feel valued in their community as well as the community of Keychange Charity. People received regular newsletters about the provider homes with a CEO piece on various topics such as 'coping with change'. Services learnt from each other and shared information as well as celebrating people's achievements and lives, keeping in contact with the 'Keychange Postcard Initiative', for example.
- People were encouraged to take positive risks and enabled to access their community. For example, exhibiting their art work locally, and being involved, despite living with dementia, in their churches, Age Concern centres and services. People were enabled to have meaningful roles within the home such as 'meet and greeter', feeding pets, dining room speaker, and home group helpers. They were encouraged to share their views, some using the communal writing desk, each receiving responses and actions taken in writing, however small.

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 notified all regulatory bodies of any incidents and accidents when they occurred, reviewed risk and shared outcomes and lessons learnt with all involved and the staff team. They also ensured the ratings and information about the most recent inspection was clearly displayed for all to read. The provider had been recommended through the national care homes review website as one of the 'Top 20 Care Home Group in the UK'.
- The registered manager told us how the new electronic system allowed (with the permission of their family member) relatives to access the daily notes to check from home what care and support their family member had received each day. They told us this has given a lot of comfort to relatives knowing they could check how their family member was if unable to visit in person. People were also very reassured with this system as they felt relaxed knowing their relatives would pick up anything they forgot to mention. The first page opened to people's 'happiness charts' with emojis on how people were doing. One relative said, "I love the relatives' portal (an online area where people could keep in contact with each other)– it was fantastic having access to it in the early days when I was worried about leaving – I could keep an eye and see how they were getting on and more importantly, how they were feeling." Staff shared photos all the time with families using the portal to reassure them their loved one was doing well and also shared photos with people posted by their families. This was another great example of collaborative and open service delivery.
- A notice board showed photographs of each staff member with a guide to each uniform. The champions board also gave people information about what each champion did and why, so people understood the team supporting them.

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

- The registered manager and staff team all had a very good understanding of their roles and the latest best

practice. Staff were proud of their chosen champion roles and worked hard to learn and share knowledge with the wider staff team. For example, guidelines on good oral healthcare, bespoke medicine information and how to best promote hydration and nutrition. Staff said, "We all have a team leadership role, trust, value and empowerment is important and we always get a thank you from management." All audits undertaken had clear action plans for improvement. Outcomes were measured monthly using a structured system that helped the registered manager analyse baseline goals against outcomes.

- The whole staff team and people and their relatives were involved in assessing quality of the service and giving feedback on areas for improvement. For example, all staff were highly trained across roles and encouraged to go on trips with people to increase shared knowledge and promote relationships. Staff further demonstrated through practice and approach how much they empathised with people and understood how service delivery impacted them. They understood the importance of empowerment and inclusive working and how to use that positivity to drive improvement and build people's self-esteem, which increased their engagement. They linked with local retirement flats and other care homes to promote a positive view of care home living, offering taster days and opening up events to the public.

Continuous learning and improving care, Working in partnership with others

- The registered manager was always promoting any learning and sharing with staff. Staff reflected on what they had learnt and often organised workshops including people living at the home to promote good care practice such as bed making and infection control. Staff felt empowered and valued coming up with lots of ideas such as a hydration week trialling new cordials and fruit tasting. All learning was clearly put into practice and involved local hospitals, learning from other inspection reports and research.

- The registered manager supported people to be involved in the interview process for new staff if possible. Their feedback was used to make the final judgements about who they wanted to care for them. People spoke repeatedly about how important it was for them to still have control over their lives in this way. As a result, people were very happy with the staff support and staff had built an excellent dynamic that gave people confidence to try new things and open up about how they felt.

- The registered manager told us how they worked with health professionals to promote high quality healthcare and identify early signs of illness. For example, they ensured people had regular medication reviews to ensure they were only having medication where essential. They tried to have as much information as possible to hand to share with visiting health professionals, such as blood oxygen levels, urine samples and blood pressure monitoring to promote person centred, informed care.