

Silver Healthcare Limited

# Rosebank Care Home

## Inspection report

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Date of inspection visit:  
21 November 2017

Date of publication:  
08 December 2017

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Rosebank is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Rosebank Care Home has 26 beds providing accommodation and personal care to older people with a variety of support needs including those living with dementia. It is located in its own grounds in a residential area, close to Sheffield city centre. At the time of our inspection 24 people were using the service.

This inspection took place on 21 November 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting.

At the last inspection on 6 September 2016 we found medicines were not always safely and securely stored and there were discrepancies in the count of one person's medicine. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to Regulation 12: Safe care and treatment. The registered provider sent us a report of the actions they would take to meet the legal requirements of these regulations. We checked whether this regulation had been met as part of this inspection. We saw that sufficient action had been taken to meet the requirements of the regulation.

There was a manager at the service who was registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People living at the home and their relatives spoken with were very positive about their experience of living at Rosebank. They told us they, or their family member, felt safe and were happy.

Staff were aware of safeguarding procedures and knew what to do if an allegation was made or they suspected abuse.

We found systems were in place to make sure people received their medicines safely.

Staff recruitment procedures ensured people's safety was promoted.

There were sufficient staff to meet people's needs safely and effectively.

We did not find any concerns about the cleanliness of the service. This was supported by people and relatives we spoke with.

Regular checks of the building were carried out to keep people safe and the service well maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People made positive comments about the quality of food provided and told us their preferences and dietary needs were accommodated.

We saw staff had been provided with relevant training, supervision and appraisal so they had the skills they needed to undertake their role.

People were treated with dignity and respect and their privacy was protected. All the people living at Rosebank, their relatives and visiting health professionals we spoke with made positive comments about the care provided by staff.

We found people's care plans and risk assessments were reviewed regularly and in response to any change in needs.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and promoted independence.

People said they could speak with the registered manager, registered provider or staff if they had any worries or concerns and they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

Staff, people living at Rosebank, their relatives and professionals said the registered manager was approachable and very supportive, and communication was good within the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe. Safeguarding procedures were robust and staff understood how to safeguard people they supported.

Appropriate arrangements were in place for the safe administration and disposal of medicines.

There were sufficient numbers of staff available to keep people safe. The staff recruitment procedures and checks in operation promoted people's safety.

People had individual risk assessments and all identified risks were assessed and ways to reduce the likelihood of the person being harmed were considered.

### Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

Staff knew about people's health needs and personal preferences and give people as much choice and control as possible.

People were provided with access to relevant health professionals to support their health needs.

The home was well maintained and comfortably furnished.

### Is the service caring?

Good ●

The service was caring.

The relationships we saw between people who used the service and staff were warm and friendly.

People's privacy, dignity and independence were maintained by

staff who knew people's preferences well.

All of the people living at Rosebank, their relatives and visiting health professionals we spoke with made positive comments about the care provided by staff.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date.

People living at the home and their relatives were confident in reporting concerns to the registered manager and felt they would be listened to.

A range of activities were provided for people which were meaningful and promoted independence.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

Staff, people living at Rosebank, their relatives and professionals said the registered manager was approachable and very supportive, and communication was good within the service.

# Rosebank Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 November 2017 and was unannounced. This meant the people who lived at Rosebank Care Home and the staff who worked there did not know we were coming. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection.

At the time of our inspection there were 24 people using the service. We spoke with eight people living at the home and two of their relatives to obtain their views of the support provided.

We spoke with nine members of staff, which included the registered manager, the deputy manager, senior care and care staff, the cook, a member of domestic staff and the activity coordinator. We also spoke with two health professionals who were visiting the home.

We spent time observing care in the communal areas and used the Short Observational Framework for

Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around different areas of the service; the communal areas, bathrooms, toilets and with their permission, some people's rooms.

We spent time looking at records, which included three people's care records, five people's Medicine Administration Records (MAR), three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

## Is the service safe?

### Our findings

Our last inspection at Rosebank took place on 6 September 2016. We found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to Regulation 12, Safe care and treatment. This was because medicines were not always safely and securely stored and there were discrepancies in the count of one person's medicine. At this inspection we found improvements had been made.

We asked people living at the service about the help they got with their medicines and they told us they were happy with the support they received. Comments included, "I always get my tablets and medicines on time," "The staff that distribute the medication know what they're doing," "The member of staff that is administering medication this morning really knows what she's doing" and "I can get up whenever I like in the mornings. Staff still make sure you get your medicines."

We checked to see if medicines were being safely administered, stored and disposed of. We found there was an updated medicine's policy in place for the safe storage, administration and disposal of medicines so staff had access to important information.

We observed part of the morning medicines administration. We found that safe procedures were followed. Staff explained to people what medicines they were taking and asked if they needed any pain relief. People were provided with a drink to take their medicines with and staff were patient and respectful. We saw the staff member knelt next to a person at their eye level and carefully explained what each tablet was. The staff and one person joked together about the routine and ritual they went through each morning as they went through the persons medicines together and what each were for.

We found the five medication administration records (MAR) checked had been fully completed. The MAR held photographs of the person, any known allergies and protocols for administering medicines prescribed on an 'as needed' basis. The medicines kept corresponded with the details on MAR charts. Medicines were stored securely.

At the time of this inspection some people were prescribed Controlled Drugs (CD's.) These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff and the number of drugs held tallied with the record in the CD records checked. This showed safe procedures had been adhered to.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff told us the registered or deputy manager regularly observed staff administering medicines to check their competency. We saw regular audits of people's MAR's were undertaken to look for gaps or errors and we saw records of monthly medicines audits which had been undertaken to make sure full and safe procedures had been adhered to.

People we spoke with told us they felt "safe" and had no worries or concerns. Comments included, "I certainly feel safe here," "I must say I feel settled and safe," "My family would not want me here if it was not safe," "The staff are good at making you feel confident and safe" and "Although I am very independent in terms of decision making, the staff ensure my safety at all times."

Relatives we spoke with felt their family member was in a safe place. They told us, "[Name] is safe here," "Believe me this place is safe," "Just knowing that [name] is safe gives me confidence to have holidays" and "The staff do everything to make sure people are safe."

The registered provider had a process in place to respond to and record safeguarding concerns. Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager or senior staff and they felt confident they would listen to them, take them seriously and take appropriate action to help keep people safe.

Staff said, "I have had a range of training around protection" and "The training we have regarding safeguarding gives you a good awareness of reporting procedures."

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. The service managed small amounts of money for some people and people could access money from a petty cash float kept by the home. We checked three people's records. They showed all transactions and detailed any money paid into or out of the persons account. Receipts from purchases were retained to evidence the recorded transactions were accurate. Staff spoken with could describe the actions to take when handling people's money so safe procedures were adhered to and to help protect people from financial abuse. A manager at the service audited all financial transaction records to make sure safe procedures had been followed.

Individual risk assessments were completed for people so that identifiable risks were managed. For example, the risk to a person's skin condition or risk of falls. A risk assessment is used to identify any potential risks and then measures are put in place to reduce and manage the risks to the person.

The service had a process in place for staff to record accidents and untoward occurrences. We saw action had been taken to minimise the risk of reoccurrence. We saw accidents and untoward occurrences were monitored by the registered manager to ensure any trends were identified. Staff said, "We have a very strict approach to the reporting of incidents to the managers."

We did not receive any concerns from people living at Rosebank or their relatives regarding the staffing levels at the service. People said, "If I use the nurse call they [staff] come pretty quickly. They are very good during the night time too," "I have never known there be a staffing problem" and "The staff are prompt if I buzz for assistance."

Staff we spoke with did not raise any concerns about the staffing levels at the service. They said, "I think there are enough staff to care for the residents." Our observations during the inspection showed that people's needs were being met in a timely manner and we did not note any lengthy wait for a call bell to be responded to.

We reviewed three staff members' recruitment records. The records contained a range of information including a job application, references, employment contract, interview records and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

We looked at the safety of the building. Regular checks of the building were carried out to keep people safe and the home well maintained. We found a fire risk assessment had been undertaken to identify and mitigate any risks in relation to fire. Personal emergency evacuation plans were kept for each person for use in an emergency to support safe evacuation.

Staff said they felt they worked in a safe environment and said, "I feel this is a very safe place to work. The managers train us and make sure that all equipment is tested and checked regularly."

We found a policy and procedures were in place for infection control. Training records seen showed all staff were provided with training in infection control. We saw infection control audits were undertaken which showed any issues were identified and acted upon. Housekeeping staff spoken with said they always had enough equipment to do their jobs and had clear schedules and routines to make sure all areas of the home were kept clean. We found the home was clean with no unpleasant malodours observed in the areas we checked.

## Is the service effective?

### Our findings

At our last inspection on 6 September 2016, we found some people were not provided with choice of a main meal and some staff did not always understand the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguards to ensure that people's rights were protected. At this inspection we found improvements had been made.

People we spoke with were very satisfied with the care they received and their access to healthcare services.

People said they had attended appointments at the hospital recently and said that staff supported them to follow the advice of the GP, district nurse and physiotherapist. Relatives also said that their family members had regular appointments with chiropodists, opticians and dentists.

People said, "I get to see the doctor whenever I need too," "I had chest pains. Staff sent me to the hospital straightaway and when I came home next day, the doctor came to check up on me," "Staff make all the arrangements for me to see the chiropodist and the dentist," "The optician has been to see me today. I was not desperate for new glasses but staff arranged for me to have a second pair, for emergencies" and "The staff arrange for the physiotherapist to come and see me at a time that's convenient for me."

The health professionals spoken with had no concerns about the home. They commented, "There are lovely staff here," "Staff are so patient with people, they really seem to care" and "Staff are good at asking for advice and following guidance. We have carried out a lot of training around pressure sore prevention. Staff have embraced the training and this has had a positive effect on pressure area care people receive at Rosebank."

People we spoke with told us they thought the care staff were well trained and performed their jobs well.

We checked the staff training matrix, which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as moving and handling, medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, training on dementia awareness and tissue viability. This meant all staff had appropriate skills and knowledge to support people.

We found new staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

We checked records of staff supervisions and appraisals. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role. The records showed care staff had been provided with regular supervision and an annual appraisal for development and support. All of the staff asked said that they received formal supervisions and could approach management at any time for informal discussions if needed. This showed that staff were appropriately supported.

People we spoke with said they were happy with the catering arrangements. People said, "The food here is super," "Staff offer choices on the menu but you can have something different if you ask," "Staff are constantly asking you how the meals are and we discuss menus at the residents meetings," "There is nothing that staff won't cook for you," "The cooks know just how I like my food" and "I don't eat big meals but staff always make sure I get plenty to drink."

Relatives we spoke with described how well staff supported their family member to maintain their nutritional needs. They said, "The staff work so hard to make the mealtimes a peaceful quiet occasion," "[Name] has put on weight since she came to live here, and that's a good thing," "I must say the food is smashing. I eat here twice a week with [name]," "There are always small snacks and drinks available throughout the day along with fresh fruit" and "[Name] is eating so much better than they were at home."

We observed the arrangements in place before and during mealtimes. We saw the cook met with every person individually during the morning to take the orders for their meals. There were a number of choices available and people were heard making individual choices outside of the menu choices. For example one person was heard to order various sandwich fillings for lunch, choosing to eat a hot meal later in the day.

The cook took the lead on serving the main lunchtime meal and the staff were seen to be very calm and pleasant when delivering meals. Staff were heard describing 'cheesecake' to people who did not recognise the dish by name. Staff described the dish in a very encouraging voice whilst making the dish sound appetising. People were then happy to make their choices. Relatives were warmly invited to stay and share a meal with their family member.

We spoke with the cook and they provided us with details of people who had allergies or required a specialist diet. They said, "We discuss the menus at the residents meetings. The outcome is always passed on to me. We make the changes immediately as a result of the residents meetings. I am fully informed by staff of people's dietary needs and special medical conditions."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been

provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

There were clear records kept of DoLS authorisations and the care plans seen showed evidence of capacity assessments and decisions being made in the person's best interests.

People living at Rosebank relatives told us staff involved them in making choices and decisions about their care. We found care was provided to people with their consent. People said staff respected their choices and always asked for their consent before providing care and support. Throughout the day were heard staff offering people choices, from where people wanted to spend their time to what they wanted to eat.

We looked at three people's care plans and found care was provided to people with their consent. The care files seen held signed consent, where people had been able to sign, to evidence they had been consulted and had agreed to their plan. Where people had been unable to sign, the consent forms had been signed by the person's representative. This showed important information had been shared with people and their advocates and they had been involved in making choices and decisions about their care.

We found the home was designed and adapted to meet the needs of people using the service. Accommodation was provided on four floors, accessed by a lift. The front door was fitted with a key code entry for security. People were able to walk freely around the home and clear signage and pictures helped to identify the different areas. We found the environment provided welcoming and pleasant living spaces. People living at Rosebank and their relatives said, "The environment is great," "I love the new décor. Staff are always redecorating" and "Parts of the home have been recently decorated it is really nice."

## Is the service caring?

### Our findings

People who used the service all made positive comments about the home. People told us they were happy and well cared for and were given choices by staff that knew them well. They said staff were good at listening to them and meeting their needs. Their comments included, "I am in charge of my care and that's so important to me," "The staff are so good to us," "Everyone here is so kind," "The staff are so welcoming and hospitable," "Nothing is too much trouble for the staff, they are all wonderful," "I am surrounded by the most caring staff you could wish for" and "I cannot express my gratitude for the care I receive."

Without exception relatives were happy with the care their family member received. Comments included, "There is such good care and kindness," "[Name] receives nothing but kindness," "The staff are so thoughtful and treat [name] with dignity and respect," "Staff always welcome us when we come, it's very reassuring," "Staff make everyone happy and as comfortable as possible," "[Name] is so well looked after and enjoys the company of the other residents," "We are so happy with the quality of care offered to [name]" and "[Name] is so happy and content here."

We saw where people were being cared for and supported in their bedrooms staff were very attentive to these people and were seen calling to them regularly in a cheerful and friendly manner.

We spent time observing care in the communal areas and 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 observed people in a ground floor lounge. We saw people were well dressed and some people were occasionally chatting to each other. Music was playing and some people were smiling and tapping their feet in time to the music. We saw staff support people in a positive and caring way. Staff sat chatting with people and a member of staff calmly reassured a person when the person became disorientated and anxious about their current location. We saw staff assist people with their mobility. We saw staff help a person to their chair at the person's own pace and did not rush them and continually reassured the person that they were safe.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed important information was available so staff could act on this and provide support in the way people wished. The staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe.

People told us they were treated with dignity and respect. Staff were aware of issues of confidentiality and did not speak about people in front of other people. We saw people's personal information was stored appropriately.

Not everyone felt that their privacy was respected. It was noted that some staff did not knock on doors or call out before they entered people's bedrooms, but did apologise when they entered to find a member of the inspection team speaking with people. Staff said because they know people so well some people have told them not to bother knocking. However, the registered manager said he would remind staff of the need

to always knock on everybody's door and wait to be invited in.

Meeting people's spiritual, religious and cultural needs was a focus of the staff. The staff supported people with whatever spirituality means to the individual. Outside 'religious' groups regularly supported and also responded to specific requests. There were good links with the local church ensuring that people could attend a variety of events as and when they choose. People said, "It means a lot to me when the church come to do a service" and "I like to read my bible and there are some in the lounge to read anytime."

In the reception area we saw there was a large range of information available for people and/or their representatives. This included: details of advocacy services, support organisations and the registered provider's complaints procedure. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

## Is the service responsive?

### Our findings

People living at Rosebank said staff responded to their needs and knew them well. They told us they chose where and how to spend their time and how they wanted their care and support to be provided.

Throughout the inspection we heard staff constantly ask people about their preferences and choices in their daily living activities.

Relatives told us they were always kept involved in people's care and support and were happy with the care their relative received.

We saw the service promoted people's wellbeing by taking account of their needs including daytime activities. A member of activity staff was employed to ensure there was a range of meaningful activities on offer every day. We spoke with the activity co-ordinator. They showed they were highly committed to the activities being enjoyable and beneficial. They displayed a full understanding of the physical and psychological benefits of activities on people's wellbeing.

They said, "This work is so important to me. I am never short of families to help and join in the planned activities, especially outings."

There were a range of activities on offer. People said that they enjoyed the planned activities such as skittles and draughts, and various entertainers. A number of people told us they enjoyed the farm-animal visits. Comments included; "I love the baby goats and the rabbits when they visit," "We do some fun activities," "Not all the activities are my cup of tea, but the staff do encourage me. I just choose not to join in," "I'm looking forward to the Christmas party down at the local pub," "We are having a pantomime soon, I can't wait," "I really enjoy music with a bit of dancing," "It is wonderful when all the animals come from the farm. I love it," "I am happy to join in any of the activities ,they're fun" "To think that [name of family member] was dancing last night at the party fills me with joy" and "[Name] the activity worker is fantastic .She is so enthusiastic and she works so hard for us."

People said that they were currently involved in planning the Christmas events. There were regular meetings with residents to discuss their needs and preferences.

People said they went out regularly. They told us they particularly enjoyed going out to a local church coffee morning and lunch club. Relatives said that they were also fully involved in the activities programme. A range of smaller activity materials were available for relatives and friends to undertake themselves with their family members when visiting.

We checked three people's care plans. The care records included an individual support plan. The plans seen contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. There was a one page profile about the person which included headings such as 'What people appreciate about me', 'What is important to me' and 'How to support me'. We found support plans held evidence they

had been reviewed to keep them up to date.

The care plans seen had been signed by the person, where possible, or their relative to evidence their involvement and agreement.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported. This meant people were supported by staff that knew them.

People and their relatives said they had no concerns and were confident that they, or their family member were safe and well cared for. They were clear about who they could turn to if they were worried or had any concerns.

Comments included, "You can go to [named manager and deputy manager] about anything, they will sort it out," "I have every confidence to talk with the managers about anything, [named manager] is a wonderful man," "The staff are so approachable, you can discuss anything with them" and "I would see any one in the office if I had any worries."

There was a clear complaints procedure in place. A copy of the complaints procedure was displayed in areas around the home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw a system was in place to respond to complaints. A complaints record was available to record action taken in response to a complaint and the outcome of the complaint.

We saw records of staff training in end of life care so they had the skills and knowledge to meet people's needs. Staff also said how they had felt supported to meet people's needs during people's end of life care by the community nursing team and the local GP's.

## Is the service well-led?

### Our findings

The manager was registered with CQC. Throughout our inspection we saw the registered manager greet people by name and they obviously knew them well. We saw people who used the service; their relatives and staff freely approaching the registered manager to speak with them.

People said they knew the registered provider and saw them regularly visit the home. One person said, "Oh yes I know [name of provider] I sat and chatted with him last week. He asked me if everything was okay."

People living at Rosebank and their relatives spoke positively about the registered and deputy manager. They told us they knew the registered manager and found them approachable. They said they had confidence in the registered and deputy manager and they were encouraged to voice their opinion. People living at Rosebank and their relatives commented, "[Named manager] will sort anything out for you, he is a smashing fellow," "[Named manager] is so approachable, he is a good listener," "All the managers and staff are approachable, there is nothing that they will not do for you," "This home has a good manager," "I have every confidence in the manager and his team" and "The manager is a wonder, he has sorted out our lives."

Staff told us both the registered and deputy manager had an 'open door' and they could talk to them at any time and they enjoyed working at Rosebank. They told us the registered manager was always approachable. Their comments included, "I love it here, It is a good home and company I work for," "I get lots of support," "The manager is excellent, he listens to you," "[Named manager] does a great job, he leads by example, he knows about everything that is going on" and "The manager is good, he wants us to speak out, not hide anything and we are encouraged to do this in meetings."

We saw how the registered manager positively supported a member of staff who had become worried and a little upset when a person at the home had suddenly become ill and needed to be taken to hospital.

All staff, people living at Rosebank and visitors told us how they felt Rosebank was a good service they would recommend. They said, "[Name] is happy and content, what more could I want," "I would recommend Rosebank to anyone considering a care home," "What I like about Rosebank is it is not institutionalised," "The manager makes it clear that I am in charge of my own life here," "I am so glad I came to live here" and "I must say Rosebank is much changed for the better these last eighteen months."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process. We found quality assurance procedures were in place to cover all aspects of the running of the home.

Records showed the registered manager undertook regular audits to make sure full procedures were followed. Those seen included care plan, medication, health and safety and infection control audits. We saw

environment and health and safety checks were regularly undertaken to audit the environment to make sure it was safe.

We saw records of accidents and incidents were maintained and these were analysed to identify any on-going risks or patterns so people's well-being and safety could be promoted.

We found questionnaires had been sent to people who used the service and their relatives to formally obtain and act on their views. The registered manager told us if any concerns were reported from people's surveys these would be dealt with on an individual basis where appropriate. Where people had identified any improvements needed, an action plan would be developed to act on this.

Relative and resident meetings took place so people had opportunities to feedback about the service and suggest improvements. People and relatives said they felt involved in decisions made about the home and said, "I like the newsletter, it lets you know what's been happening," "I go to all the meetings and fill in questionnaires, that's how you make a difference," "All relatives suggestions and ideas are taken seriously" and "The meetings are how you get things sorted."

Records showed staff meetings took place to share information relating to the management of the home. Staff said items on the agenda of staff meetings included discussing CQC matters, delegation of duties around the home, dignity action day and health and safety issues. All of the staff spoken with felt communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.