HC-One Limited

Rosebridge Court

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service:
Rosebridge Court is a modern purpose-built care home which provides support for up to 46 people who require residential care, general nursing, dementia nursing or have a mental health diagnosis. At the time of the inspection there were 43 people living at Rosebridge Court.

People's experience of using this service:
People told us that they felt safe. We saw systems were in place to ensure people remained safe, and any safeguarding concerns were reported to the relevant authorities and investigated. Risks were identified, and steps taken to mitigate generic, individual and environmental risks.

Medicines were well managed, and the home was clean. Staff were attentive to infection prevention and control measures.

There were enough staff on duty. Staff had time to spend with people and were inclined to do so. When recruiting new staff appropriate steps were taken to ensure they had the right qualities and attributes to work with vulnerable adults.

We found good communication with local authority and health service commissioners, including good pre-assessment of need. People settled well into the service and care plans reflected their needs. Where people were unable to consent to their care and treatment appropriate assessments were undertaken. People were offered choices about how they wanted their care and support to be delivered.

Care was person centred, and people were relaxed, content and well cared for. Staff were vigilant to need, and we found examples where staff would explore the underlying causes of change in behaviour. Care records provided staff with instruction to meet need in a person-centred way.

There was a registered manager in place, who promoted a good homely and friendly atmosphere where people were friendly to one another and families welcomed as part of the service. The registered manager was respected, highly thought of by staff, and approachable. Staff, people and their relatives had a say in how the service was run and told us that they felt their views were taken into consideration.

Rating at last inspection:
Our last inspection of Rosebridge Court was in September 2016. The overall rating was 'Good', and the report was published on 13 October 2016.

Why we inspected:
This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. Inspection timescales are based on the rating awarded at the last inspection and any information and intelligence received since we inspected. As the previous inspection was Good this meant

we needed to re-inspect within approximately 30 months of this date.

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

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our Well Led findings below.

Rosebridge Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one inspector and an assistant inspector from the Care Quality Commission (CQC) 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. The expert on this occasion had experience with people with mental health issues.

Service and service type:
Rosebridge Court is a 'care home' with nursing care. 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.

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 was an unannounced inspection, which meant the provider and staff were not aware that we were coming. We carried out our inspection on 15 and 17 April 2019.

What we did:
We used information the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at information we held about the service including notifications they had made to us about important events and reviewed information sent to us from stakeholders, for example, the local authority and members of the public. Prior to our inspection we contacted the local authority commissioning and safeguarding team to ask for feedback about their relationships with the home.

During the inspection we spoke with nine people who use the service, four visiting family members, the registered manager, deputy manager, area quality director, a nurse, a nursing assistant and four care workers. 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 spoke with the registered manager, administrator, three care staff, and the cook. We also spoke with two professionals who were visiting the service.

We reviewed a range of records. This included five people's care records, medication records and various records related to recruitment, staff training and supervision, and the management of the service.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:
● All the people we spoke with said they felt safe at Rosebridge Court. One person told us, "I can go out if I want to, but I know I can come back. This is my safe haven. The staff know how to keep me safe." A visiting family member told us, "Oh, [my relative] is very safe here. I can rest easy knowing that she is in good hands. It's such a relief to know she is so well looked after."
●There were systems were place to ensure staff had the right guidance to keep people safe from harm. These included policies and procedures to protect people from abuse. Staff had received safeguarding training as part of their essential training and this was refreshed regularly. When we spoke with them, they were able to describe different types of abuse and what action they would take if they suspected abuse had taken place.
● The service followed a consistent approach to referring any suspicions or allegations of abuse to the local authority and cooperating in any investigations in line with local authority policy and procedures

Assessing risk, safety monitoring and management:
● Risks to people's health and well-being had been identified, such as poor nutrition, falls and the risk of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks. Risk assessments were regularly reviewed. Equipment in place identified in care plans include pressure mats sensors and other safety measures to minimise risks.
● When transferring people, staff were mindful of any hazards or risks. For example, when manoeuvring people in wheelchairs staff checked straps and footplates were in place.
● The management team were attentive to environmental risks. They carried out a daily 'walkabout' to identify any issues around general health and safety, care of people and infection control issues. As we toured the premises we saw that all chemicals and cleaning fluids which could be harmful were stored safely when not in use.
●. The management team undertook environmental risk assessments and regular checks of the environment, fire equipment and water safety. A maintenance file identified when action was needed to check appliances and review or renew safety certificates.
● Routine fire drills were carried out to ensure staff knew what to do in the case of an emergency and people had individual evacuation plans in place to guide staff on how to safely escort them from the premises in the event of a fire. During our inspection the fire alarm was tested, and staff were aware of the need to position themselves close to emergency exits which unlocked automatically when the alarm was triggered.
● Accidents and incidents were documented in an accident book. Where incidents occurred, there was evidence of investigation and follow up action.

Staffing and recruitment:

● We observed enough numbers of staff to keep people safe, and staffing rotas confirmed this. People told us that there were enough staff, and we saw a good staff mix; in addition to nursing and care staff, domestic, catering and maintenance staff all appeared to know the people who used the service well, and spent time talking with them.
● The service used a dependency tool to determine the levels of support for each person, ensuring there was a mix of registered nurses and care staff. The registered manager told us the service currently worked on a ratio of one to four care staff on the dementia unit and one to five on the dementia unit. A nurse and senior care worker were always on duty.
● People told us that they did not have to wait long if they called for assistance and we noticed that call bells were answered promptly.
● Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities protocols.
● One staff file we looked at had a four-month gap in the person's employment history, and although the registered manager was able to tell us about this gap this had not been recorded. We reminded the registered manager to explore and record any gaps in employment history.
● Some references had been submitted electronically through the provider portal. However, this did not automatically date the document or give the opportunity to the referee to sign or add signature to the document. We raised this with the area quality director, who agreed to look into this.

Using medicines safely:
● All the people we spoke with told us they received their medicines safely and on time, and that they received their medicines as prescribed.
● Staff who gave people medicines had read the provider's policies and procedures for safe medicine management. They had received comprehensive training about giving people medicines and competency assessments were carried out to ensure their practice remained safe.
● Safe systems were in place for the storage and disposal of medicines, this was checked and recorded by two trained nurses. Medicine expiry dates were checked, and a monthly audit of all medicine cupboards were checked, and expired medication was disposed of.
● Systems were in place to record daily temperatures of the medicine cabinets and these were audited monthly.
● There were protocols and guidance for staff giving medicines which were prescribed 'as required' (PRN). One person told us, "I do get pain relief if needed. All I need to do is ask, and they check when I last had any".
● Records showed that medication was administered as prescribed. Each person had a medication administration record (MAR) which detailed the medicines they required and when they were administered. We checked four MAR charts and saw that they had been completed accurately.
● Where people had been prescribed creams and ointments body maps were used to indicate where the creams needed to be applied.

Preventing and controlling infection:
● People were protected from the risk of infection. Following a recent inspection by the local authority infection prevention and control team in November 2018 the service achieved a rating of 94%. We saw evidence of actions taken to meet recommendations made at this inspection.
● Personal protective equipment (PPE) such as gloves, aprons and hand sanitizer were located across the home.
● There were dedicated cleaning staff who followed schedules to ensure the home was clean and odour free.
● Staff confirmed that they had infection control and food hygiene training. During our inspection we noticed staff would remind and help people with their personal hygiene, for example, helping them to the

bathroom and cleaning their hands.
● On the second day of our inspection there was an outbreak of sickness. The service took reasonable precautions to avoid the spread of infection and informed the relevant authorities.

Learning lessons when things go wrong:
● Incidents and accidents were regularly audited to check for trends or patterns, to mitigate further risks. For example, falls were well monitored through regular monthly audits and falls meetings held three monthly.
● Following a medicine error resulting from confusion over brand name and trade name of a particular medicine an action plan was drawn up to prevent repeat occurrences.
● The service identified unanticipated events as an opportunity for learning. When a serious incident occurred nursing staff were able to provide clinical intervention but during a debrief following this incident the service recognised the impact on other staff. As a consequence, further training was arranged for all staff to improve their first aid skills and response to medical emergencies.

Good

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.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
- Prior to their admission into Rosebridge Court, the registered manager or deputy manager undertook a thorough pre-assessment of the person's needs. This was included in their care records and used to formulate a full care plan, detailing how they liked their needs to be met. The registered manager told us that when considering a person for admission they took into account the needs of the people already supported at Rosebridge and were willing to refuse admission if they felt this would have an adverse impact on people.
- Staff understood the impact of coming into care. One staff member told us, "This must be a strange and new environment for them, so we try to help them to become acclimatised to their surroundings. The person who completed their assessment will always be available on the first day to help them and provide a familiar face".
- People told us that they were supported in the way they liked and were encouraged to maintain their independence. One person told us, "The staff are here to help but let me do my own things. They go at my pace.
- Support plans were thorough and contained person-centred information detailing what was important to the individual. Records were reviewed and updated when a change in need was identified.
- Care plans and risk assessments were reviewed and updated accordingly.
- The registered manager told us that, staff's understanding of equality and diversity was reinforced through training and the providers policies and procedures.

Staff support: induction, training, skills and experience:
- Staff told us about their experience during their induction. They said the process had been comprehensive and equipped them to support people effectively. One care assistant told us, "I was made to feel very welcome. I spent the first few days training, learning all the mandatory information and then I shadowed staff. I got to meet all the residents and since have really got to know them".
- Staff we spoke with were competent, knowledgeable and skilled. They carried out their roles effectively and worked well with one another.
- Staff said that access to training organised by the provider was good. One told us, "Training is second to none. Some is on line, so we can do it in our own time, and the message sinks in. Courses such as mental health have been really good. They are hard but keep us up to date".
- Staff received regular supervision and the registered manager showed us a matrix where supervision was planned to take place for each person six times a year. Notes showed that supervision was often a discussion around a specific topic, but the registered manager told us she was working to make supervision a more productive experience for staff.

Supporting people to eat and drink enough to maintain a balanced diet:
● People and their visitors were happy with the food at Rosebridge Court. A visiting relative remarked, "The food is fabulous; we eat here. It's all fresh and home cooked".
● Staff ensured that there was a plentiful supply of fruit and snacks throughout the day, and we saw they were attentive to people's hydration needs, ensuring regular hot and cold drinks were available between meals.
● People were consulted on the type of food they liked. At the time of our inspection nobody required their food to be prepared in accordance with specific cultural or religious requirements, but the chef was aware of how to follow religious guidelines.
● Staff were aware of people's dietary needs and any support they required to eat and drink and to maintain a healthy weight. The service liaised with Speech and Language therapists and dieticians. Where necessary, nutritional and hydration needs were monitored, and people were weighed monthly. Where people required prescribed food thickeners or fortified diets, these were noted in care plans and provided. Portion sizes were tailored to people's appetites by the catering staff and people told us they were happy with the portions. One person told us, "The meals are filling. I always get enough and can ask for more if I'm still hungry".
● On both units we saw lunch was a pleasant and sociable occasion. Tables were set with plain tablecloths cups and saucers, and artificial flowers. Meals were served either in the dining room or people could choose to eat in their own rooms if they preferred. Care plans recognised any support or supervision the person might require at mealtimes, and at lunchtime we saw staff in the dining room would sit with people who needed assistance. When we observed meals being provided in rooms, we saw care was taken to describe what had been cooked and assist people where necessary.

Staff working with other agencies to provide consistent, effective, timely care:
● The service worked with other community stakeholders, such as social workers, the local authority and other commissioners, and health service staff such as doctors, district nurses and hospital staff to ensure effective care for people and that their needs and wishes were met.
● The service had developed good relationships with health services and was working closely with the mental health team to safely move people who had lived in care for a large part of their lives into more independent community placements. The registered manager told us that they were working closely with people and community support workers to help people adapt to changes and at the same time develop and build a criterion to allow more dependent people to stay at Rosebridge Court.
● We saw that the staff knew people well and were vigilant to any changes in their condition so referrals to healthcare professionals were made in a timely manner.

Adapting service, design, decoration to meet people's needs:
● Rosebridge Court was purpose built and suited to the needs of the people who now lived there. It was clean and well maintained. One visitor remarked, "I got a nice feeling as soon as I came. Wide corridors, good sized rooms and no unpleasant smells. I knew this was the right place for [my relative]".
● People had access to a large secure garden with seating and a patio area which was shared with a neighbouring care home. People had access to this area and if they needed assistance there was always a member of staff available.
● Dementia friendly lighting and signage assisted people to navigate through their surroundings. Handrails in contrasting colours assisted people to mobilise independently through corridors.
● Brightly painted bedroom doors resembled house front doors with numbers and door knockers, and people were encouraged to bring items from home to personalise their rooms.

Supporting people to live healthier lives, access healthcare services and support:
● A family member told us, "They are on top of [my relative's] health here, they referred to physio to keep her

independently mobile and they never give up".
● All of the people we spoke with said that they could see a doctor, dentist or any other health professional when they needed, and care records documented any changes in physical or mental health, noting any consultations with health professionals. When instruction was provided by health professionals this was noted and followed.
● The registered manager told us that the service had an enhanced General Practitioner (GP) service which meant all the people living at Rosebridge Court had regular GP contact. The service had developed a good working relationship with the surgery with the named doctors who visited.
● We saw referrals to professionals when any issues or concerns had been identified, such as potential pressure areas or poor nutritional intake.

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 as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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 had received training to ensure their knowledge and practice reflected the requirements set out in the MCA.
● Where people were deprived of their liberty, the registered manager submitted applications to the local authority to seek authorisation to ensure this was lawful. They maintained a matrix which showed when a DoLS had been requested, authorised and an end date. 39 of the people who lived at Rosebridge Court were subject to DoLS. Where they did not have a family member or friend who could represent them the service ensured an independent advocate was consulted to speak on their behalf.
● People who did not have capacity to make specific decisions were supported to have maximum choice and control of their lives. The policies and systems in the service supported this practice. People we spoke with confirmed that they were always offered choices in how their care was delivered. Staff told us that they always asked for consent before providing assistance and had developed ways to ensure people's needs were met. One care assistant gave an example of how they would use alternative ways of asking if a person wanted them to help clean their teeth.
● Care records included consent forms, which people had signed to agree to the care and support provided and having their photograph on file. Where they were unable to consent family members told us that they were always consulted about any changes in care. One visiting relative gave an example: "If my relatives medicines change they let me know. We had a best interest meeting to discuss if [my relative] could have some extra medicine to help calm her down, as some days she is more agitated than others".

Good

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:
● The service nurtured a caring environment where people were treated with respect, kindness and patience. When we asked them about their care, one person told us, "Staff care is always caring and polite", and another, "The staff go above and beyond their duties and are always there when they needed them".
● People were treated with kindness and addressed by their preferred name or terms of endearment. Person centred care was evident throughout our inspection; people appeared content, and the staff appeared to have a good understanding of the people they supported. A visiting relative told us, "All the staff are friendly and polite. The team look after her well and understand how she likes thing done. All are helpful and friendly staff".
● Many of the people enjoyed personal contact, and we saw lots of hugs were given. One care worker told us, "We like to see that people are happy, and know how to respond. If people are distressed we can give them a hug, and have the time to chat, maybe take them to a quiet place, offer them drinks and spend time with them".
● Staff spoke positively about specific people, showing affection and understanding of their past lives. When we asked, people told us the staff respected them, knew what they liked and how they liked to be supported.
● Care staff were respectful when speaking about people and were considerate of the equality and diversity needs of people. Care staff actively considered people's cultural or religious preferences. Staff received training in equality, diversity and inclusion. People were supported to attend religious services.
● People not restricted to service routines, for example, the registered manager told us people could choose what time to get up, and their decisions were respected.
● Staff respected people's values and traditions and ensured that they maintained their previous standards. They were attentive to personal need. One visiting relative told us, "[My relative] is never dirty or left in dirty clothes, if she spills something down her frock they will take her to her room and change, sometimes it's been more than once a day."

Supporting people to express their views and be involved in making decisions about their care:
● We observed staff supporting people discreetly when needing assistance with personal care and responding to call bells promptly.
● People were supported to express their wishes, needs and preferences, and were consulted in reviews of their care plans. Some of the people we spoke with told us that they had seen their care plans and were invited to reviews every three to six months.
● The things that people had expressed as important to them were recorded. A short profile at the front of care records identified likes and dislikes and how their interests and hobbies could be maintained.
●There were no restrictions on visiting times and visitors told us that they were always made welcome. They

told us that they were kept informed of any changes in their relatives and felt involved in planning care.

Respecting and promoting people's privacy, dignity and independence:
● If they chose to, people had their own room keys and could lock their doors to ensure their belongings were safe.
● On the dementia unit, if people retired to their rooms their doors were left open. Staff explained that this was because many were unable to use their call bells, so staff would hear if they called out. To preserve their privacy and dignity, ensuite doors were left ajar to partly conceal the room from anyone peering in.
● Some people on the dementia unit were cared for in bed and had door gates to restrict access. The registered manager told us that this prevented other people who used the service from entering their room and disturbing them.
● Information held about people, including all care records were securely stored when not in use, but staff had access and we saw that they regularly consulted care plans and assessments to ensure that they were providing appropriate care and support.
●Visitors told us that they were made welcome and if they wanted to speak privately with their relative or friend had access to various quiet rooms or could use the person's own room for discussion.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
● People and their relatives told us that they received good person-centred care from staff who knew them well, promoted their independence and were responsive to their needs.
● When we spoke with staff they were able to tell us the individual characteristics and habits of the people they supported. They knew people's likes, dislikes and preferences and used this information to care for people in the way that they wanted to be supported.
● Each person had an individualised care plan which contained details of known preferences and interests alongside their support needs. A one-page profile at the front of each care record noted any specific issues staff needed to be aware of, such as any medical conditions or if they were subject to deprivation of liberty of liberty orders.
● Any specific risks were assessed, and where risk was identified instruction as to how to minimise the risk were included in care plans.
● Staff were vigilant and noticed changes in people's behaviour appearance and conditions. A visiting relative told us, "Any changes, they're on to it. The slightest thing, they are on the 'phone to me, and they discuss what [my relative] might need". Staff were curious as to why these changes occurred and looked for underlying reasons. For example, when one person's eating habits changed and they became more lethargic they requested a medication review, and a change in medicine improved the person's diet and mobility.
● Daily notes and recordings were factual and provided detail about any interventions with people. Any changes on behaviour or mood were noted and notes were used when reviewing care plans. People told us they were involved in care plan reviews.
● Each person's preferred communication methods were recorded and known by staff in the home. Some documents and notices were available to people which used easy read language and symbols. The registered manager had a clear understanding of the Accessible Information Standard.
● People and their relatives told us their time was well spent. One family member told us, "They keep [my relative] occupied, she has plenty of stimulation either in little chats or joining in activities".
● The registered manager was keen to ensure people were stimulated and told us she saw activity as central to daily living. Staff were encouraged to make time to spend with people either on a one to one level or providing group activity. A new activity coordinator had been appointed and was awaiting reference checks.
● Both the dementia unit and mental health unit had an activity room, with photos on the wall of people engaging in activities.
● People told us that they were invited on trips out, for example one person told us that they were looking forward to a trip to Southport the day after our inspection.

Improving care quality in response to complaints or concerns:

● The service had a complaints policy and a copy was displayed on the noticeboard and each person was provided with this in their information pack.
● When we asked, some of the people we spoke with told us that they did not know how to complain because they have never needed to. Others told us that they would approach a member of staff or speak to the manager. Relatives told us they were aware of the complaints policy. One told us, "I had a concern, had a talk with the registered manager and it was sorted. Any little concerns I'll have a chat with one of the girls and they'll see to it". Another said, [The registered manager's] door is always open. I can discuss anything with her".
● We looked at the complaints log which showed that there had been only one complaint since our last inspection. This was appropriately investigated, and action taken to ensure that lessons were learnt, with an apology given to the complainant.
● The registered manager told us that they would endeavour to respond to any concerns at an informal level, and deal with any issues before they led to a formal complaint.
● Compliments were also recorded. Compliments included comments such as, 'I never worry about my mother's care or wellbeing'; 'The staff are really polite and show they actually care about the residents', and 'My mum is treated with the upmost dignity and I feel very confident that she is receiving the best care''

End of life care and support:
● At the time of our inspection nobody at Rosebridge Court was receiving end of life care.
● We saw evidence of discussion with people about their wishes for care at the end of their life. Where people had agreed, end of life care plans were included in care records, detailing their beliefs and wishes.
● Staff were able to tell us how they had supported people as they approached their death, ensuring people were not left alone.
● Where a 'do not attempt resuscitation' (DNAR) was in place, a copy was kept prominently bon the person's care file. A DNAR form is a document issued and signed by a doctor, which advises medical teams not to attempt cardiopulmonary resuscitation (CPR).
● The service had been chosen as a pilot home for 'Hospice at Home'. People who were on the end of life pathway would receive the care they needed without having to move from Rosebridge Court, with a weekly review of their care needs.
● Thankyou cards and compliments from relatives indicated gratitude for the care people had received at the end of their lives.

Good

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● Rosebridge Court had a recently appointed manager who had registered with the Care Quality Commission. The registered manager had been appointed internally having previously worked as a nurse, team leader and deputy manager at the home. The appointment was well received; one member of staff told us, "Our manager is the best, approachable and makes time to listen to us, and will speak to all the residents every day". A visiting family member told us, "We can have a word with [the registered manager] whenever we like - you won't get much better than her''.

● All the people we spoke with were positive about how Rosebridge Court was managed. The registered manager was supported by a deputy manager and both units had a unit manager. A care assistant told us, "The managers here are super. They are fantastic managers and will go out of their way to help. They know their stuff and always have a smile".

● Staff were aware of their responsibilities and worked well together. One care worker said, "We have our duties, but work as a team, everyone mucks in, I love it here!" The registered manager confirmed this and told us that the staff team worked well together and were mutually supportive. She told us she valued the, "Support, dedication and hard work of the staff."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

● Rosebridge Court provided a friendly and open community where people who worked and lived and their visitors felt a sense of belonging. People were happy and content and appeared at ease in their surroundings. The registered manager was dedicated to providing good, person-centred care and had engaged the staff in this vision One relative remarked, "There is always a happy outlook; [my relative] couldn't be in a better place.

● During our inspection staff reflected a friendly open and transparent culture and the people we spoke with told us they believed the service provided high-quality person-centred care.

● The registered manager understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong. The provider had policies in place to guide staff if such incidents occurred.

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

● People told us that they were invited to resident meetings and in discussions about their care and consulted when their care was reviewed. They told us that they had been asked to complete surveys and

questionnaires in the past.
● We looked at the most recent survey from 2018, and analysis of the outcomes. Feedback was mostly good but where people said that they were not satisfied with parts of the service there was evidence of action to improve quality. For example, one person had said that they were not always consulted about their care plans, so action was taken to ensure all people were involved when their care was being reviewed.
● People and their relatives were encouraged to give feedback through an electronic 'Have your say' system where comments could be posted anonymously. This information was sent to the provider head office where trends and information was analysed, and a monthly report was fed back to the service.
● Staff told us that they were involved in discussions about issues in service provision during monthly team meetings. Minutes demonstrated that staff were encouraged to raise issues and take responsibility where mistakes had been made. Staff told us they found team meetings useful and felt supported to raise issues and suggest changes they felt needed to be made. One member of staff told us, "If we are not happy we feel confident enough to have our say, managers make us feel comfy, we are free to talk".

Continuous learning and improving care:
● There were effective system in place to monitor and improve the quality of the service. Each day senior staff met for a short 'flash meeting' to discuss any issues arising, and to coordinate any work required.
● Regular audits and monthly analysis of risks were undertaken. We looked at audits for falls, medicine administration and weight loss. Where any action was required this was followed up and an action plan implemented.
●Accident and incident reports were reviewed by the manager and area quality director
any learning that could mitigate future risk was taken and used in the service.

Working in partnership with others:
● The service worked closely with the local Clinical Commissioning Group (CCG) to support independence and help to plan where people could be supported in the community.
● The service worked closely with other commissioners to ensure that the service they provided was consistent with local authority and national guidelines and met the assessed needs of people who used the service.
● The registered manager and deputy manager attended local care provider forums to ensure that they maintained up to date knowledge and understanding of current best practice. The registered manager also attended monthly manager meetings arranged by the provider.
● Records showed that staff communicated effectively with a range of health care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.