Anchor Trust

Rose Court

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by Care Quality Commission (CQC) which looks at the overall quality of the service.

Our inspection visits were unannounced. When we last inspected the service on 12 September 2013 the regulations we inspected were being met.

Rose Court provides personal care and accommodation for up to 64 older people, some of whom have dementia. At the time of our inspection there were 59 people living at the service. The accommodation was split into four units. The building was accessible throughout to people with restricted mobility and a car park was available.

There was a registered manager at the service. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

Improvements were needed to make the home safe. This included having enough staff at all times to meet people's needs and giving people's medicines at the time they required them. People's need for assistance was not always responded to in a timely manner. There was a system to look at accidents and incidents, but records of how to prevent them happening again were incomplete. There were other arrangements to monitor the quality of the service. You can see what action we told the provider to take at the back of the full version of the report.

There were safe arrangements for recruiting staff and they received good support and training. People enjoyed the meals and they had enough to eat and drink. If people needed a special diet to meet their health or cultural needs this was provided. People's healthcare needs were attended to, and they were supported to see healthcare professionals when they needed to. There was a wide range of activities offered which people enjoyed, such as knitting, evening parties, music and singing.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe. We found that there were not always enough staff available to meet people's needs. Medicines were not always given to people at the time they should have received them.

Staff were aware of the action to take in circumstances when they felt people may have been at risk of harm. Staff were recruited appropriately.

The requirements of the Mental Capacity Act 2005 Code of Practice and the Deprivation of Liberty Safeguards were met. People were not deprived of their liberty without legal authority

Is the service effective?

Good

The service was effective. Staff were trained to look after people who lived at Rose Court. Staff knew the people they looked after well. People were given enough to eat and drink and people who needed special diets received them.

People were referred to health care professionals, such as the GP, district nurses, and specialists when necessary.

Is the service caring?

Requires Improvement

Some aspects of the service were not caring. We observed staff showing a lack of compassion towards a person and another person being called the wrong name. People were treated with kindness, warmth and respect. People were given opportunities to decide what activities they wished to join in. People's privacy and dignity were protected in the way they were cared for.

If people were not able to make decisions about their care, decisions were made in their 'best interests' as required by the Mental Capacity Act 2005.

Is the service responsive?

Good

The service was responsive. There was consideration of people's individual needs. There was a wide range of activities available to take part in and they reflected people's individual interests.

People had opportunities to express their views about the running of the home. People knew how to complain and complaints were investigated fully.

Is the service well-led?

Requires Improvement

There were aspects of the service which were not well led. The system to monitor incidents and accidents was not used properly to identify how improvements could be made so there was a risk that these could happen again.

Summary of findings

Checks and audits to make sure areas such as health and safety, care planning and catering were managed well and improvements made when necessary.	

Rose Court

Detailed findings

Background to this inspection

The inspection team consisted of an inspector and a specialist advisor, who was a registered nurse with experience of caring for people with dementia. On our third visit to the service an inspection manager was part of the team.

Before the inspection 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 reviewed the information included in the PIR along with information we held about the home.

We spoke with 12 people living in the home and with eight visitors including seven relatives of people living at Rose Court. We spoke with 12 staff members including the registered manager, the care manager (who acted as a deputy), team leaders, care staff, the chef and the administrator. We contacted ten health and social care professionals involved in the care provided to people at the service and received feedback from three. We viewed personal care and support records for eight people, and viewed recruitment records for three staff and training and supervision records for the staff team. We looked at other records relating to the management of the service.

We undertook general observations in communal areas and during meal times. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Following the inspection we asked the registered manager to send us some additional information including minutes of meetings with relatives and people who live at the home, and this was provided. We spoke with the area manager after the inspection.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

Planned staffing levels were based on the numbers and needs of the people who lived at the home. A staff rota was planned to provide sufficient numbers of staff in all units. However, during our visits we saw instances when staff were absent from work and the gap had not been filled. We noted during all of our visits that there were call bells from two rooms which were ringing for several minutes indicating that the people were calling and waiting for assistance. One person told us they needed help for a range of tasks, so rang the call bell to request assistance. They said the reason we heard the call bell continuing was "They [staff] are not answering, that's why." They said on two occasions this meant that it had not been possible to get to the toilet when they needed to, and in their view this "should never happen".

Relatives told us they felt that sometimes the service had too few staff. One person said the home was "short staffed now and again", and another visitor said staff were "sometimes run off their feet". We heard from relatives that at weekends they frequently had to wait several minutes for someone to answer the door when they visited and they believed this was because the service did not have enough staff.

On our first two visits staff members were transferred temporarily to assist on units where there were staff absences. We saw that this left other units short of staff and a person's need for assistance with eating was not noticed. We saw that a person in the other unit ate only a little soup because as they raised the spoon to their mouth the liquid fell from the spoon. This had not been addressed in the person's care records, but after we raised our concern with the manager a care plan was put in place.

One of our visits was on a Saturday and we found that the home was short staffed. Two care workers were unavailable because of sickness and there were three team leaders on duty instead of four. We were told that this was "not unusual" and the home was "sometimes short staffed at weekends". A member of staff said that in one unit there were two care staff instead of the usual three. They felt it was "too busy for two carers" to meet all people's needs properly, so they had to "prioritise" the people who had the highest level of needs. On another visit in a meeting between shifts staff said it had been "tough" to meet one person's needs because the staffing was "short". As a result the person did not receive individual attention which helped them to remain calm and settled.

The shortage of staff contributed to people being at risk during one of our visits as people were not given their medicines at the time specified by the prescriber. Although medicines should have been administered between 8am and 10am some people received them later than this. We requested to see medication administration records (MAR) at 11am and were told we were unable to do so as the medicines round was still underway. We heard one person saying to staff at 11.25am "I'm still waiting for my tablets." Staff responded by getting their tablets for them, they should have been given between 8am and 10am. This meant people did not receive their medicines as prescribed. These issues were a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2010.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). Most of the staff had been trained in the MCA and in the DoLS. In discussion staff showed that they understood that people's liberty could not be restricted without authorisation. During the inspection the manager told us that applications had been made to restrict the liberty of four people living at the service under DoLS, and the outcome of the applications had not yet been received.

People told us they felt safe living at Rose Court. One person told us the staff were "friendly" and this helped them feel safe. Visitors told us they felt their relatives were safe living at the home. One relative said they had seen television programmes which exposed cruel treatment in care homes, but felt that did not take place at Rose Court. They said, "There is no carrying on like we see on TV sometimes." Another visitor said they would, "shout from the highest roof if I thought my mother was unsafe." A third person said about their relative, "She's very safe here."

People and their relatives were given information about how to ask for help if they were concerned about safety in the home. Posters informed people how they could raise concerns about people's safety with Anchor Trust or with 'Silver Line' which is an organisation which offered help and advice to older people including in abusive or neglectful situations.

Requires Improvement

Is the service safe?

There were processes in place to protect people from the risk of abuse. Staff had received training in safeguarding people from abuse. They were knowledgeable and could describe the different forms of abuse. They were clear about the action to take if they felt anyone was at risk of harm and needed to be safeguarded. They knew how to use the organisation's whistleblowing procedure if necessary. The majority of the staff team had been trained in equality, diversity and human rights issues. This assisted staff to have an awareness of discrimination and the harm people may experience as a result.

There were good arrangements for the ordering and receipt of medicines. Team leaders were knowledgeable about the use of medicines, and for their storage, including controlled drugs. People's allergies were recorded appropriately. The MAR were completed fully and we saw no unexplained gaps in them, however there was no reference to situations when medicines were given to people late.

In a care record the pre-admission assessment included information about the behaviour which a person showed when distressed. Details in the assessment had not been adequately explored or developed into a care plan before or during their stay at the service. This did not address their needs and potentially put them, other people and staff at risk of injury. After we raised our concern about the absence of a relevant care plan the registered manager put one in place.

Another person's records included guidelines for staff to assist them when they required reassurance. These had been approved by a psychiatrist and showed understanding of the person and their needs. During observations we saw staff assisting other people living at the service by distracting them from situations which had the potential to become disruptive. For example, we saw staff distract two people who lived at the service from a situation where there were signs that they could conflict. Staff acted promptly and with a calm and pleasant manner, treating both people with respect and dignity. In another situation staff took one of the people involved for a walk and on their return ensured the two people sat separately so the risk of harm was reduced.

Other risks to people, such as falls and using hoists were assessed and reviewed monthly. These assessments were included in care plans. We found care plans and risk assessments about falling were clear and concise. There was evidence of falls being monitored and preventive action was taken to keep people safe.

Information was provided prior to our visit about how the service managed emergencies which showed arrangements were safe. Staff had been trained in fire safety, records confirmed that regular checks of fire systems were made and a fire risk assessment was in place. Each person at the service had an assessment of the support they would need to leave the building in an emergency.

Recruitment processes were safe. We looked at three recruitment records and found appropriate checks and references were taken up before staff began work at the home. These included two references, one from their previous employer, a check conducted by the Disclosure and Barring Service (DBS), to show they were not barred from working with people who needed care and support and proof of the person's identity and right to work in the UK. Appointments to posts were confirmed when staff had successfully completed a three month probationary period.

The building was safe and appropriate for the needs of the people who lived there. There were two lifts which allowed access to all floors, one of which was large enough to accommodate a person on a stretcher. All doorways were wide and there was level access allowing people with mobility needs and wheelchair users to move around easily. The layout of the four units allowed staff to view corridors easily to ensure people's safety in those areas of the building. The communal areas were clean, open and bright.

We saw a person using a manual wheelchair independently. We noted in the person's care note that it was stated that the person was "able to self-propel [their] own wheelchair, [it] is manually operated". However the wheelchair was not fitted with hand rims on the wheels to make it possible to 'self-propel' as they had to hold on to the tyres to do so and this meant that their fingers got caught in the spokes of the wheels. We talked with the person using the wheelchair and they confirmed that the lack of hand rims made the wheelchair difficult to use. The equipment was unsuitable for independent use and could

Requires Improvement

Is the service safe?

only be used comfortably and safely if someone was pushing it. We talked with the registered manager about this and he stated he would seek advice about obtaining suitable equipment for the person.

Most of the building was clean and free from odours. However, one corridor near a communal area had an odour of urine. The odour was present on our first two visits but not on our third visit as the carpet had been cleaned that morning. We were told by staff that the carpet had been cleaned before but the odour had returned. We were told and saw evidence that the manager had made efforts to have the carpet replaced by the building's owners.

Audits of the service's infection control measures were carried out by a member of staff responsible for health and safety. The audit included checks that safe hand hygiene procedures were followed. Staff had access to personal protective equipment (such as aprons and gloves) and we saw them in use during our visits. Arrangements for safe waste disposal were in place.

Good

Is the service effective?

Our findings

People's relatives told us they felt staff had the skills to care for the people living at the home and they had the personal qualities of kindness and patience the work required.

Staff received an induction to their work before they worked as a full member of staff at the home. The induction included training in policies and procedures, such as safeguarding and health and safety. It also included time to become familiar to and with the people who lived at the home by spending time with them and reading their care plans. New staff worked alongside an experienced member of staff of the same role to learn the responsibilities of the post. We spoke with a member of staff who was 'shadowing' an experienced colleague during our visit. They said they believed their induction to the new role was "thorough" and they felt "able to ask questions" as they learned their job. All staff had an appraisal every year which provided an opportunity to identify training needs and areas for development.

Staff said they had good opportunities for training while working for Anchor Trust. One member of staff said, "That's one of the things I love [Anchor Trust] for…. they do well with training." Training was available through classroom based courses and through computer based training which staff could access through the use a computer at Rose Court to complete. In addition a television was used to show training programmes. The majority of staff had achieved a National Vocational Qualification in Health and Social Care to levels two or three. Most of the care staff team had attended a course on working with people with dementia and others were in the process of completing the course. One staff member said they had enjoyed this training and felt it had "100% impact" on their work, because they had a greater understanding of the people with dementia they cared for.

Staff told us they felt supported in their work and had the opportunity to meet formally with a senior member of staff to discuss their concerns in one to one supervision sessions. Staff said they were also able to discuss matters between these sessions at handover meetings held between shifts with colleagues and senior staff, and at monthly staff meetings. Care issues and areas of improving practice were discussed at these meetings and in individual supervision. They said they felt the care manager was "very busy" but, despite this, felt supported by them. Group supervision for team leaders and managers was provided by a senior member of staff from Anchor Trust.

When we visited Rose Court some areas of the building were very warm. Staff showed concern for people's level of hydration in these conditions and they supported and encouraged people to drink frequently throughout our visits. A choice of drinks was offered and given to people when they requested them and at set times of the day. A relative realised the importance of good hydration and told us the staff were "good at getting people to drink". There was a kitchen on each unit where staff could make people hot or cold drinks, and fruit, biscuits and snacks were available.

The dining areas were prepared in a pleasant way for people to have their meals. These were well maintained, tables were laid with tablecloths and small vases of flowers. People and their relatives told us they liked the meals. One person said "I really enjoy it", another person said "the food is nice" and described the breakfasts as "very good". The menu included choices of meals, vegetables and fruit. People were protected from the risks associated with food preparation and the most recent inspection in June 2013 by the Food Standards Agency awarded Rose Court the highest rating of five stars for food safety and hygiene.

The catering staff were given information about individual needs and preferences when each person came to Rose Court, and they were updated by care staff as necessary. Catering and care staff were aware of people's needs including people who required a soft diet and those whose meals had to be appropriate for health conditions such as diabetes. Some people required culturally appropriate meals. This was taken into account when meals were planned and alternatives were prepared.

Staff were aware of the need to monitor people's nutritional status and used an assessment tool called the 'Malnutrition Universal Screening Tool' (MUST) to identify people who were at risk of becoming malnourished. Staff told us about one person whose appetite had decreased and their weight had reduced. Staff had identified this and discussed their concerns with the GP. This person was referred to a dietician for further advice. The staff

Good

Is the service effective?

introduced a foods and fluid chart to monitor the person's eating and drinking, so they could ensure the person ate and drank sufficient amounts to meet their individual needs.

Care records showed that people were registered with the GP when they came to live at the home. They saw healthcare professionals, such as dentists, opticians and chiropodists as they required. If a person needed nursing services, such as injections, district nurses visited them at Rose Court. Expert advice was requested when necessary, for example we saw care notes that showed that a person was referred to a specialist to assist them with continence management.

We heard that people who lived at the home saw a GP regularly but for people staying at the home for respite care seeing a GP was more difficult. The manager told us this was because it was difficult to obtain agreement from GPs to provide care for people visiting the area on a temporary basis. People receiving respite care who needed to see a GP were referred to the 'out of hours' GP service or went to the accident and emergency departments at local hospitals. The registered manager told us they had begun discussions with the Clinical Commissioning Group to resolve this issue.

We saw in a person's records that staff had close liaison with a healthcare professional about the person's mental health needs and sought their advice about how best to meet their needs. In correspondence with us the healthcare professional praised the staff at the home saying they "act on the instruction and advice that I give them, and managers and staff are approachable and deal with concerns in a timely fashion".

In each of the care records we saw information about other professionals who were involved in the care of the person. It included the reasons for their involvement, what they had assisted with and any advice they gave was detailed in the person's care plan. This ensured staff knew how to support people with any specific health needs they had or who to speak with if they had any concerns about their health. A visitor said they felt the person they came to see was "progressing well" since they came to live at Rose Court and they felt staff were "careful about [their] diabetes and they understand [their] medical condition". Records also showed that professionals were involved in reviews of the suitability of people's placements at Rose Court.

The building was designed to assist people to get around, and help their orientation. Bedroom doors were decorated by photographs of the occupant or pictures of something which was of importance to them, for example a favourite animal or place. This helped people to identify their room. People told us they liked their bedrooms and were pleased to have private space they could personalise with their possessions and photographs. Each bedroom had en-suite facilities and people said they were glad of the privacy this gave them. Toilets located near communal areas had doors decorated in a colour which marked them out as different to the other doors. This assisted people to find the toilet facilities independently. The provider promoted people's independence by ensuring appropriate furniture was available in the home to suit people's needs. We noted that dining chairs had arms which assisted people could use to rise from them easily and some of the armchairs in sitting areas were at a height that made it easier to get up.

Requires Improvement

Is the service caring?

Our findings

Visitors told us that their relatives were treated kindly at Rose Court. One person said their relative had lived at Rose Court for two years and said they "had always been cared for". They found staff were welcoming, saying "I am always offered a cup of tea." They said staff were "friendly" and "caring" to their relative and that "everyone is kind".

We saw one person who was distressed and staff were close by leading a singing session, and it was five minutes before anyone tried to comfort them. We felt this showed a lack of compassion. Although staff were knowledgeable about how to comfort people this information was not recorded so there was a risk that it was not shared. At the end of our visit a care plan was put in place to ensure the information was available to all staff.

One incident demonstrated that a staff member did not have appropriate knowledge of people who lived at the home. We asked a person their name and then heard a member of staff calling them something different. The person corrected them and asked that they use their exact name in the future. The staff member apologised and agreed to do so.

Staff generally spoke with people respectfully and in a warm and patient manner. People were offered choices in a variety of situations, including what activities they liked to participate in, choices of drinks and where to sit. People were offered choices at meal times but they were not shown the meals available so they could see what they were choosing (description of the meals available was important). We observed one instance when the information they were given did not assist them to make a choice. We heard a staff member offering a choice of lentil soup or coriander soup at a lunch. We checked the menu and saw the second option available was 'carrot and coriander soup'. This was confusing and people could not make an informed choice. We told an area manager about this and they agreed to ensure that staff read and understood the menu before offering meal choices to people.

People had the opportunity to make decisions about their day to day activities.

Staff were aware of situations when people did not have the capacity to make specific decisions independently. In these situations meetings were held to reach decisions in their best interests as required by MCA. The meetings involved people with a personal or professional interest in the person's welfare and well-being and the information we received confirmed that they had been called appropriately.

Meetings were held to discuss decisions which needed to be made in people's best interests in accordance with the MCA. Staff and managers liaised with social work staff and where appropriate, family members, to protect the interests of people who lived at the service when they did not have capacity to make decisions independently.

People who could make decisions were enabled to do so and requested advice and support from family members when they wished. A person told us they had a meeting with the registered manager of the service and a family member and had reached a joint decision about a matter which affected their health condition.

People were well dressed and groomed. People had the opportunity to have their hair done by hairdressers who were regular visitors and came to the home on the second day of our inspection.

Staff understood the importance of treating people with dignity and respect, and ensuring that at all times privacy was maintained. We observed that staff closed doors when people were using the toilet and being assisted with personal care. We saw a person whose clothes were not arranged properly and staff rearranged them to ensure their dignity was protected.

Staff had received training in end of life care from Anchor Trust and further training from a local hospice had been arranged. One person had made an advance directive of which staff were aware. A visitor's room was available in the home where people could have guests overnight. This was useful if visitors wanted to stay near relatives when they were approaching the end of their lives or if they lived a long distance away.

Good

Is the service responsive?

Our findings

Assessments carried out before people came to stay at Rose Court took into account their views or those of their families or representatives. We saw that assessments were signed by the person or family members acting on their behalf. In most records we looked at we saw that people's needs were met. However one assessment we saw stated that the person would need "someone who speaks [their first language] to interpret" as they did not speak English. At the time we visited arrangements had not been made for an interpreter to assist and we found that interpretation was provided by family members. Staff had learned how to ask the person if they wanted a cup of tea in their first language but this was insufficient to assist the person to express themselves.

Care records were audited at intervals to make sure these addressed people's needs appropriately. We noted on a person's care plan an audit by the care manager had identified that an aspect of the person's needs in relation to their culture had not been included. They took appropriate action to address this matter by ensuring the care plan was updated.

A range of activities were available for people who lived at the service. A social care professional involved with the service told us "the service delivers activities very well". There was an activity co-ordinator in post and we saw care staff also leading activities. People told us they enjoyed activities such as knitting, singing and dancing. A person told us they were knitting a scarf and enjoyed doing that, others were knitting squares to be sewn together to make a blanket. A visitor told us their relative was enjoying the activities they were encouraged to do. These included painting, dancing and doing puzzles such as word searches. They said they had been invited to a party to celebrate their relative's birthday and were pleased that they were "always doing something".

Another visitor told us "my [relative] is knitting, I can't believe it" and said this was because staff encouraged them to do this although they had not knitted for a long time. They also said their relative was "not a joiner" and the staff had recognised this and encouraged them to do activities such as going to the theatre that did not need them to be in a large group.

Cocktail parties organised by an external organisation were held in the home monthly. These provided an opportunity for people to socialise together in the evening in a large lounge on the ground floor, listen to music and dance. The organisation recognised the need for people to have the opportunity to take part in evening activities and provided volunteers to assist with the events.

There were opportunities for people to express their spiritual needs. Religious representatives visited the home and a visitor told us their friends and relatives were supported to follow their religions.

Anchor Trust had a group which lesbian, gay, bi-sexual and transgender (LGBT) people were invited to join. A poster about the group expressed the organisation's commitment to providing services which were welcoming and inclusive.

Staff were knowledgeable about people's friendships within the home and encouraged them as they were aware of the benefits people gained from relationships with other people. We saw one occasion where staff knew that a person would be helped by being taken to see their friend in another part of the building and supported this.

People had opportunities to express their views about the running of the home. We saw minutes of meetings held for people who live at the service and their relatives. At these meetings people were invited to give feedback and make suggestions for improvement about a range of issues, including the quality of care, the menu, the laundry service, cleanliness, and the activities. At each meeting people were reminded of their right to make a complaint and discuss any concerns with the registered manager or the care manager. Notes of one meeting included a statement made by the registered manager, "all complaints were welcomed, so that we could deal with them and improve our service". Copies of the complaints procedure were on display in the hallway of the home.

People and their relatives told us they would talk to staff if they had a complaint to make and felt confident that it would be dealt with. The service kept a complaint log and complaints were referred to a senior manager if their involvement was necessary. Complaints were investigated properly and in a timely manner.

Requires Improvement

Is the service well-led?

Our findings

We found that the management systems in the home did not fully address how to improve the service people received. We looked at records of incidents and accidents to assess how lessons were learned and action taken to prevent recurrence. We found that between 30 June and 9 August there were records of 20 incidents. On the incident recording sheet was a section called 'management investigation and lessons to be learned'. Only one of the 20 incident records had this section completed. This meant that patterns and areas for improvement were not identified and addressed. This was a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2010.

The home had a registered manager in post as required by their registration with the CQC. He was assisted by a care manager and each of the four units had team leaders who took charge of shifts. People and their relatives understood the management structure and who to talk to about concerns. Relatives told us they felt able to talk with staff and managers at the home, both informally and through the meetings held for relatives and people who live at Rose Court.

A staff member described the management style as "listening". We noted in minutes of meetings staff were thanked by the registered manager for their contribution to events in the home, such as the National Care Homes Open Day. Staff said they and colleagues were able to raise concerns at staff meetings which they described as "open" and said they "speak up". They said they received support with care issues from the care manager who they said showed "patience, tolerance and listening". However, staff had concerns about low staffing levels and felt talking to managers about them had not led to any improvements.

There was a number of quality assurance systems at the home. Regular audits were carried out by senior staff and by representatives of the provider. In the last year there had been 15 visits to the home by senior staff external to the home but employed by Anchor Trust. These included audits of care plans, safeguarding and health and safety, catering and training. The district manager visited to monitor the operation of the home. These visits resulted in an action plan which arose from areas the visitor identified as needing improvement and changes were made.

The provider arranged for a survey of people living at the home to be conducted by a research company in 2013. The results showed high levels of satisfaction with life at Rose Court.

The registered manager submitted notifications to CQC as required and sent further information when we requested it.

Staff liaised with other professionals involved with people who lived at the home. We heard from other professionals that the manager had worked with them to achieve the best outcomes for people living at the home and passed important information about people's welfare to social workers. Feedback from other agencies about the management of the home was positive. A report from a social care professional stated that the home "has taken the necessary action to continually uplift and improve the service".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services People were not protected against the risks of receiving care or treatment that is inappropriate or unsafe by means of the delivery of care and treatment that meets people's individual needs and ensures their welfare and safety.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers Service users were not protected against the risks of inappropriate or unsafe care by means of the effective operation of systems designed to enable the registered person to identify, assess and manage risks relating to the health, welfare and safety of service users.