

The Rosemary Foundation Limited

The Rosemary Foundation (Office)

Inspection summary

CQC carried out an inspection of this care service on 08 December 2016. This is a summary of what we found.

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?	Outstanding ☆
Is the service well-led?	Good ●

This inspection took place on 8 December 2016 and was announced. The provider was given 48 hours because the location provides a domiciliary care service; we need to be sure that someone would be available in the office.

The Rosemary Foundation provides end of life personal care and support for people in their own homes. At the time of this inspection they were providing a service to 43 people, 10 of whom were receiving direct personal or nursing care. The other people were receiving emotional support and advice. The Rosemary Foundation was providing a service to people in Petersfield and surrounding towns and villages.

The Rosemary Foundation had a registered manager and management team who each had specific management responsibilities. 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 2008 and associated Regulations about how the service is run.

People and relatives could not praise the service enough and consistently told us about the outstanding care they received from The Rosemary Foundation. They said that without a doubt they would recommend the service to their friends and family, if they ever needed to. Words people commonly used to describe their care included, "absolutely brilliant" and "exceptional".

People or their relatives told us that staff interacted with them in a compassionate, respectful and caring manner and took time to maintain their dignity and privacy.

People received care that was tailored to their individual needs. People were treated as equal partners in determining their care and treatment plans and their rights, wishes, preferences and diverse needs were respected. People, their families and staff felt that they mattered and that their views were taken seriously and acted on.

People were supported to receive end of life care that met with their needs and wishes and to achieve a private, dignified and pain free death. People, their families and staff were provided with the emotional and bereavement support they needed. People's medicines were safely and effectively managed.

People were protected from harm and abuse and robust recruitment procedures were followed for people's safety. There were sufficient staff to meet people's individual needs and to respond flexibly to changes and unforeseen emergencies. Systems were effective to manage known risks associated with people's care and treatment needs; for example, to protect them from the risks associated with medicines, falls, pressure injuries or related to symptoms they may experience.

People told us they felt safe and secure when receiving care. Staff received training in safeguarding adults, knew how to recognise and respond to abuse and understood their responsibility to report any concerns. Staff felt supported and received regular supervision and training.

Staff followed and understood the requirements of the Mental Capacity Act 2005 and people's rights around consent to care. This ensured, where appropriate, that decisions about people's care were made in their best interests when they were unable to do this for themselves.

Staff worked closely and in partnership with external health and social care professionals and providers and also health commissioners and national organisations concerned with palliative and end of life care. This helped to ensure that people received the right care at the right time and that knowledge was appropriately shared and used to influence best practice for people's care.

Clear governance and management strategies were employed. This helped to ensure clear management oversight and scrutiny of the service in line with recognised practice and guidance. People and their families, staff and key stakeholders, views were used to continuously inform service improvements and to influence the management and running of the service. People felt listened to and a complaints procedure was in place.

You can ask your care service for the full report, or find it on our website at www.cqc.org.uk or by telephoning 03000 616161