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Rosier Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 13 November 2015 and was unannounced.

Rosier Home provides accommodation and personal care for up to 16 older people and people who may be living with dementia. The service does not provide nursing care. At the time of our inspection there were 16 people using the service.

The service was managed on a day-to-day basis by the provider, who is also the registered manager, with the support of senior staff. As a registered person, the provider has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider had not followed the MCA code of practice in relation to DoLS.

The provider had some systems in place to check the quality of the service. Informal systems to seek the views and concerns of people and their relatives required further development. Notifications about important events were not submitted with sufficient detail.

People were safe because the management team and staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs.

There were sufficient staff who had been recruited safely and who had the skills and knowledge to provide care and support in ways that people preferred.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

People's health and social needs were managed effectively with input from relevant health care professionals and people had sufficient food and drink that met their individual needs.

People were treated with kindness and respect by staff who knew them well.

Staff respected people's choices and took their preferences into account when providing support. People were encouraged to enjoy pastimes and interests of their choice and were supported to maintain relationships with friends and family so that they were not socially isolated.

There was an open culture and the provider encouraged and supported staff to provide care that was centred on the individual.

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.

There were sufficient staff who had been recruited appropriately and who had the skills to manage risks and care for people safely.

Staff understood how to protect people from abuse or poor practice. Systems to identify risks were followed, so people could be assured that risks would be reduced.

Procedures for supporting people with their medicines were followed, so people received their medicines safely and as prescribed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests. The Deprivation of Liberty Safeguards (DoLS) were not fully understood and further improvement was needed to ensure they were appropriately implemented.

Staff received the support and training they needed to provide them with the information to support people effectively.

People's health, social and nutritional needs were met by staff who understood their individual needs and preferences.

Is the service caring?

Good

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to people's needs and respected their need for privacy.

People were supported to maintain relationships that were

important to them and relatives were involved in and consulted about their family member's care and support.

Is the service responsive?

Good

The service was responsive.

People's choices were respected and their preferences were taken into account when staff provided care and support.

Staff understood people's interests and encouraged them to take part in pastimes and activities that they enjoyed. People were supported to maintain family and social relationships with people who were important to them.

There were processes in place to deal with people's concerns or complaints and to use the information to improve the service.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The service was run by a capable manager who was committed to provide a service that put people at the centre of what they do. However some improvements were needed to ensure information required under the Health and Social Care Act 2008 was submitted with sufficient detail.

Systems in place to obtain people's views and to use their feedback to make improvements to the service were informal and were not recorded.

Staff were valued and they received the support they needed to provide people with good care and support. Staff morale was good.

Rosier 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 was planned to check 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 13 November 2015 and was unannounced. The inspection team consisted of one inspector.

We reviewed all the information we had available about the service including notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from others, including family members and the local authority. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with three people who used the service about their views of the care provided. Where people were unable to communicate verbally we used informal observations to evaluate people's experiences and help us assess how their needs were being met. We also observed how staff interacted with people. We spoke with the senior member of staff on duty, three care workers and housekeeping staff. Following our inspection we spoke with a social care professional.

We looked at three people's care records and examined information relating to the management of the service such as health and safety records, recruitment and personnel records, quality monitoring audits and information about complaints.

Good

Is the service safe?

Our findings

People confirmed that they felt safe living at the service, one person said, "The staff look after me." We saw that staff listened to people and they addressed people's concerns or anxieties.

Staff demonstrated they understood different types of abuse and knew how to recognise signs of harm. Staff were confident that if they reported anything that they thought was abuse or poor practice the provider would take action. Senior staff had an understanding of their responsibility to report any suspicions of abuse to the local authority.

There was a range of risk assessments in place that included risks associated with being cared for in bed and maintaining skin integrity, risks arising from people's mental health needs, refusing medicines and nutritional risks linked to poor appetite. Risk assessments contained basic details which were sufficient to identify the risks and identify support required, however members of staff were able to explain people's care needs and associated risks in greater detail and were able to explain the best way to reduce the risks effectively.

Staff understood the processes in place to keep people safe in emergency situations such as in the event of a fire or how to manage risks if the passenger lift broke down. Staff knew what to do in these circumstances.

A senior member of staff said that part of monitoring the safety of the premises was a weekly "walk around" to carry out a visual check for things such as trip hazards. The provider employed a maintenance person to carry out safety checks of the premises. We saw that fire equipment and emergency lighting was checked regularly and a yearly check was carried out of the full fire system so that people using the service could be confident systems to keep them safe in the event of a fire were well maintained.

Care workers checked water temperatures so that people could be safeguarded against risks of harm from water that was too hot. Temperatures were recorded and if they were not within a safe range the maintenance person was called to test for faults and identify what needed to be done to rectify the problem. Other checks included examination of portable electrical appliances and electrical systems.

There was a recruitment process in place that kept people safe because relevant checks were carried out as to the suitability of applicants. These checks included taking up references and checking that the applicant was not prohibited from working with people who required care and support.

People were satisfied that there were enough staff to care for them. One person said the staff were good. During our inspection the staff team consisted of two care workers, one domestic staff and a senior care staff. We observed that these staffing levels were sufficient to meet people's daily needs and people did not have to wait to have their care and support needs met. Senior staff explained that they used staff flexibly so there were more staff for busy periods. For example there was a tea-time shift with an additional care worker on duty between 3:00pm and 6:00pm so that there were sufficient staff available to support people with their evening meal..

The provider had suitable arrangements in place for supporting people with their prescribed medicines safely. The service used a monitored dose system by which people's prescribed medicines were delivered from the pharmacy every four weeks already dispensed in individual 'pods'. This system reduced the risks of errors occurring when staff administered medicines as they were already dispensed by the pharmacy into small sealed pots with the person's details clearly marked on them. All care workers had received training in the safe administration of medicines and they understood what people's medicines had been prescribed for. Medicines were stored securely and we saw that medicines administration record sheets were in order. The processes for ordering supplies of medicines and the disposal of unused items were recorded and a member of staff had responsibility to carry out carried out random checks every few days. A full audit was carried out half way through the four-week cycle between deliveries.

Requires Improvement

Is the service effective?

Our findings

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.

Only one person living at the service had been assessed as having capacity to make all decisions independently. There were MCA assessments in people's care records and these identified day-to-day decisions that people were able to make. They also identified those decisions where people did not have the capacity to manage a particular aspect of their lives and what measures were in place to support the individual. For example, some people were not able to manage their finances independently and were supported either by relatives with power of attorney or were under the guardianship of the local authority.

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.

A Supreme Court judgement in 2014 clarified the definition of a deprivation of liberty. If a person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements, then the person is deprived of their liberty. Therefore, when a person is living with dementia and does not have the capacity to give informed consent to their care arrangements, even when they have no objection to these arrangements, providers have a duty to make a relevant Deprivation of Liberty Safeguards (DoLS) application to the local authority. No DoLS applications had been made at the time of our inspection and staff were not aware of the current guidance. Providers and staff must be familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005 and are able to apply those when appropriate for any of the people they are providing care and support for. Senior staff confirmed that they would ensure that the applications completed and submitted to the local authority as soon as possible.

People's needs were assessed and staff were able to demonstrate that they had the knowledge to provide care and support to meet the individual needs of people living at the service. The senior staff member on duty told us about the people at the service. They demonstrated a clear knowledge and understanding of all the people, knew their likes, dislikes and preferences and were able to give detailed information about people's health and social care needs. From conversations we had with staff as well as our observations we saw that other members of staff on duty, including domestic staff and care workers, also knew people well.

The provider had processes in place to provide staff with a range of training so that they developed the skills and knowledge required to carry out their role. Staff told us they were satisfied with their training. A senior member of staff said that most training was completed "in-house". They had a comprehensive pack of DVDs

that staff were able to use during work time. They could discuss the training and were given a questionnaire to complete to provide feedback on what they had learned. Manual handling training was delivered in a practical course. When staff required particular training to meet people's specific needs this was delivered by relevant professionals. For example, staff had received training around diabetes which was delivered by a community nurse.

Many of the staff had worked at the service for a number of years and all said they enjoyed working there. Staff told us morale was good and staff worked well together. A member of staff told us, "We all get on as a team." They said that staff worked well as a team supporting one another where necessary.

Staff told us that they felt well supported by the management team. A senior staff member carried out individual supervisions every three months and, in between those face-to-face supervisions, team meetings were held four times a year. Staff told us they could discuss anything relevant such as people's care needs or staff practices. On a daily basis there was a handover process so that important information was passed between staff finishing their shift and staff coming on duty. This information was recorded in a handover book so that important information relevant to people's care and support needs was not overlooked.

We saw that staff asked people's consent before providing care and support. People's health needs were met with input from relevant health professionals including community nursing services, the community mental health team, doctors and consultants. Staff had a good knowledge and understanding of people's specific health needs and were able to explain how people were supported to maintain good health.

Some people were cared for in bed and risk assessments were in place about the increased risk of developing pressure ulcers. Staff explained how they checked skin integrity every day when carrying out personal care and described the measures were in place to reduce the risk of skin breakdown. These included regular use of prescribed creams and airflow pressure relieving mattresses to support people to maintain good skin health.

People's nutritional needs were assessed and when people were identified to be at risk because of specific nutritional needs there was input from relevant health professionals including the dietician so that staff understood how to support the person appropriately. When a risk assessment and input from health professionals identified difficulties swallowing, staff understood how food should be prepared and presented to minimise the risk of choking and they knew how to provide support appropriately and effectively.

Senior staff explained that the provider had arranged for community nursing services to deliver additional training on completing the malnutrition universal screening tool (MUST) assessment so that any changes in people's nutritional needs could be assessed using a nationally recognised assessment tool. People could choose what they wanted to eat, staff knew their likes and dislikes well and offered alternatives if they decided they did not want a particular meal.

We noted that there had been recent improvements to some areas including new flooring in communal areas, the hallway and stairs. The lounge were most people chose to sit and socialise was homely and clean. Senior staff explained that the lounge was the next area that was planned to be refurbished. Some areas of the premises could be further developed to make the environment more dementia friendly for people who lived there, including more signage to help people understand their surroundings better.

Good

Is the service caring?

Our findings

Throughout the day we saw that staff spoke kindly to people, they chatted with them and enjoyed light-hearted banter. We noted that staff were cheerful when they were having conversations and people smiled in response. We observed that staff treated people with consideration and there were numerous friendly interactions between people and members of staff.

Staff understood people's preferences including small details about what made people happy. For example, senior staff explained that one person liked to put their pillow in the airing cupboard during the day so that it was warm at bedtime.

Staff treated people with respect and support was provided in ways that maintained people's dignity. When anyone required support with personal care, staff managed the situation discreetly.

We saw that staff respected people's choices about what they wanted to do. For example if they did not want to socialise and preferred to remain in their room, staff checked whether they would prefer to eat there or if they wanted to eat later.

People were supported to keep in touch with families and people who were important to them. Where people were able they had input into their care and relatives or others acting on the person's behalf were also consulted and involved.

Staff knew people well and understood how to support people if they became distressed or if something upset them. Staff were able to explain how they needed to interact with individuals if they became anxious or restless. They knew what to do to reduce people's anxieties and put them at their ease. Staff demonstrated a good understanding of people's dementia care needs and how people could get distressed if they were perplexed about something. For example, a senior member of staff explained how night staff wore pyjamas instead of day clothes so that when anyone was confused and woke up during the night it helped them understand that it was night-time.

Good

Is the service responsive?

Our findings

People told us they were happy with the care they received. One person said, "This place is first class for me."

A social care professional told us that they found people were well cared for and, "Their care plans up to date and individual to them." People's needs had been assessed when they moved to the service and the information gathered during the assessment process formed the basis of people's care plans. We examined three sets of care records. We noted from the care plans we examined that they contained basic information relevant to the individual but did not contain a substantial amount of person-centred information, for example detailed information about the specific ways that people preferred to receive their care and support. However, staff were able to provide significantly more information than was recorded in the care plans and it was evident that staff had a detailed understanding of people's individual likes, dislikes and preferences but this was not fully reflected in the care records. Staff also demonstrated a good understanding of people's background and personal history. Staff were able to tell us about this and explain how interesting some people's lives had been before moving into residential care.

We saw that people were supported with their individual interests and hobbies. Staff told us that people, "Get a lot of one to one time." This included beauty days to help them relax.

People enjoyed socialising and we saw that staff spent time sitting talking to people about things that interested them. One member of staff said that chatting with people was great, "The personalities are wicked." People also spent time chatting with one another. One person told us, "I like the company."

Staff explained that one of the things the service did well was celebrations, they said "We do good parties". They told us that people enjoyed celebrating events that came up throughout the year. For example we saw that they had held a Halloween party in October and in the run up to Christmas they would send out invitations to relatives for their Christmas party. People's individual birthdays were also celebrated.

Where people were able they had input into decisions about their care and support and most people also had relatives who were involved in their care. In addition someone had a befriender who visited and spent time with the person, which had a positive effect on the person's mood and emotional well-being.

The provider had a process in place for responding to concerns and complaints and minor issues were dealt with as and when they arose. People said they could raise concerns or any issues with staff and they would be dealt with; they told us that they had no complaints. During our inspection we noted that staff talked to people about concerns or issues that they were worried about and demonstrated a good understanding of how important people's concerns were.

Requires Improvement

Is the service well-led?

Our findings

The provider was also the registered manager and, together with senior staff, took a hands-on role in the day-to-day management of the service.

We considered the information we had about the service, for example statutory notifications, and how that information was communicated by the provider. Notifications contain information about important events that the provider is required to send us by law. We noted that when notifications had been sent they described the basic details of the incident but did not always give sufficient details about what actions had been taken to minimise or reduce the possibility of a similar event occurring. For example, when a person had a fall the information as to whether the risk to the person had been re-assessed and if the care plans and risk assessments had been updated would help us be clear about the measures that the provider had taken to reduce the risk and keep the person safe. When a notification was received of the death of a person who used the service there were few details such as the time of the incident, what immediate action was taken or what medical input was sought.

Staff told us they were able to raise concerns or make suggestions for improving the service and they felt their opinions would be listened to. The service did not have an established formal system to seek the views of people using the service. Senior staff explained that they were a small service and they listened to people on a daily basis. Communication with relatives was informal and any concerns or issues raised were dealt with as and when they arose. These informal systems did not always provide evidence of whether actions had been taken to develop and improve the service in response to feedback from relatives or others with an interest in the service, such as health and social care professionals. Staff were able to give us examples of how they addressed minor concerns that people had brought to them. A more structured system for seeking people's views, for example questionnaires or comments cards, would give them a further opportunity to provide feedback or raise issues.

Staff were enthusiastic about their role and told us that the service's strength was the family atmosphere. Staff understood the culture of the service. One member of staff said, "The philosophy of care is good. People are well cared for and staff know it is their home and make it homely." and another said, "It is family orientated. Staff have a real empathy towards people."

The management team and staff carried out a range of checks and audits to monitor the quality of the service. These checks included reviewing and monitoring people's care records and audits of medicines systems and a range of health and safety checks.

There were systems in place for managing records. People's care records, including care plans and risk assessments, were well maintained and there was enough information to inform staff of people's needs. Records were reviewed and updated when people's needs changed.

Other information about the management of the service was found to be completed to a satisfactory standard including personnel records and audits. All documents relating to people's care, to staff and to the

running of the service were kept securely when not in use. People could be confident that information held by the service about them was confidential.