Mrs Carol Taylor

Rosegarth Residential Home

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?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection was unannounced and took place on 21 February 2017. There were 16 people living in the home at the time of our visit.

The last inspection was carried out in November 2014. At that time we found the provider was in breach of one regulation because they did not have proper systems in place to ensure they were meeting the requirements of the Mental Capacity Act 2005. Following the inspection the provider told us they had taken action to address this concern.

Rosegarth is a care home without nursing. It provides accommodation and personal care to a maximum of 18 older people and people living with dementia. It is a converted property located in a residential area and within a short distance of the town centre and local amenities. The service is owned and managed by an individual and therefore is not required to have a registered manager.

Everyone we spoke with told us they felt the service was safe. Staff had received training on safeguarding and knew how to report concerns about people's safety and welfare. All the required checks were done before new staff started work and this helped to protect people from the risks of being care for by staff unsuitable to work in a care setting.

During the day we saw staff were available to support people as needed. People told us there were enough staff and said staff responded quickly when they needed help. Overnight there was on member of staff on duty and a sleep over to provide additional support as needed. Everyone spoke highly of the staff describing them as caring, friendly and welcoming. Staff received training and were supported through one to one supervisions, appraisals and staff meetings.

People told us they received their medicines which were administered by staff. The home had made improvements to the way medicines were stored but we found further improvements were needed. Following the visit the provider confirmed these matters had been addressed.

We also found some improvements were needed to the way medicines were recorded and accounted for. The manager told us they were implementing a new system for checking medicines which they were confident would address this.

We found risks arising from people's individual needs in areas such as falls and pressure sores were identified and action was taken to manage the risk. However, we found some shortfalls in the way environmental risks were managed. In particular we were concerned the provider did not have effective measures in place to manage the risks associated with the hot surface temperatures of radiators.

We found the home was clean and well maintained and people told us it was always clean and fresh.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. During the day we observed staff offered people choices and respected their wishes.

People told us the food was good and said they enjoyed the home made meals and cakes. People's individual needs and preferences were catered for and people. We saw people were offered a choice of drinks including water, fruit juice and wine with their meals. Drinks and snacks were available throughout the day and when people were at risk of poor nutrition they were supported to increase their calorie intake. For example by being encouraged to have fortified milky drinks.

People who used the service, relatives and health care professionals told us they were satisfied people were supported to meet their health care needs.

Everyone we spoke with told us the staff were kind, caring and treated them with respect. We observed lots of positive interactions and people laughing and joking with staff. Visitors were welcomed at any time and people were able to see their visitors in private.

Staff knew people well and understood how they liked their care and support to be delivered. There were meetings where people were able to share their views and make suggestions about how their support was provided. People were supported to take part in a range of social activities which took account of their interests and individual needs.

People's needs were assessed and this information was used to develop care plans. We found the care plans were up to date but did not always have enough details about people's care and support needs. Although the relatives we spoke with told us they were kept informed and involved in people's care we found this was not always reflected in the records.

People told us they did not have any complaints or concerns and would not hesitate to speak to one of the management team if they were unhappy about anything. There was a complaints procedure in place; however, we found this had not been followed in the case of a complaint where the person had not been satisfied with the provider's response.

People told us they thought the home was well led and everyone we spoke with during the inspection said they would recommend the service.

We found there were systems in place to monitor and assess the quality and safety of the services provided and it was clear the management team were committed to providing a good quality service. However, we found the processes for managing risks and monitoring quality were not always as effective as they should be.

We found there was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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

The service was not consistently safe.

People felt safe and staff knew how to recognise and report abuse. All the required checks were completed before new staff started work.

There were enough staff available to meet people's needs. Overnight there was one waking staff member on duty with a sleeping staff member on call to provide additional support as needed.

For the most part people received their medicines as prescribed. Some improvements to the way medicines were managed were needed and these had not been picked up by the provider prior to our inspection.

Individual risks associated with people's health and wellbeing were assessed and managed. However, risks associated with the environment were not always properly assessed and managed.

The home was clean, well maintained and free of unpleasant odours.

Is the service effective?

Good

The service was effective.

People were supported to exercise choice and control over their lives.

People's nutritional needs and dietary preferences were catered for.

People received care and support from staff who were training and supported to carry out their responsibilities.

People were supported to meet their healthcare needs and had access to the full range of NHS services.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was respected.

Staff treated people with kindness and compassion and supported people to be as independent as possible.

People and their relatives were supported to express their views about how their care was delivered.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care was delivered in a manner which took account of their personal preferences.

People were supported to take part in range of activities which took account of their interests.

There was a complaints procedure in place and people knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People had confidence in the management team.

It was evident the management team were committed to continuously improving the quality of the services provided. However, we found the processes for identifying and managing risks to people's health, safety and welfare and for monitoring and assessing the quality of the services provided were not always as effective as they should be.

Rosegarth Residential 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.

The inspection took place on 21 February 2017 and was unannounced.

The inspection was carried out by one inspector 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. In this case the care of older people.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home.

The provider submitted a PIR (Provider Information Return). This document gives the provider the opportunity to tell us about their service and any planned improvements.

We used a variety of methods to gather information about people's experiences. During the inspection we spoke with six people who used the service and five relatives. We spent time observing how people were supported in the communal rooms and looked at three people's care records. We looked at the way people's medicines were managed and looked at other records relating to the management of the home such as maintenance records and meeting notes. We looked at two staff files, training records and the duty rotas. We looked around the home at a selection of people's bedrooms and the communal areas. We spoke with the cook, the maintenance person, two care workers, the deputy manager, the manager and the provider. Following the inspection visit we spoke with two health care professionals who visit the home on a regular basis.

Requires Improvement

Is the service safe?

Our findings

When we looked around the home we saw some of the radiators in people's bedrooms were not low surface temperature radiators and did not have radiator guards fitted. The general risk assessment for the home which had been reviewed in 2016 did not address the risk of people sustaining an injury from hot surface temperatures. Following the inspection visit we wrote to the provider and asked them to confirm what arrangements they had in place to comply with health and safety in care homes guidance (Health and Safety Executive, 2014) on the management of risks from hot surfaces. They sent us a risk assessment dated 01 March 2017 which assessed the risk as low. We did not consider this to be an adequate risk assessment as it relied primarily on people being able to call for help, staff hearing them and responding within 10 minutes.

We found the windows on the ground floor were not fitted with restrictors. We discussed this with the maintenance person as a concern about security, the risk being that someone could break into the home. When we reviewed the general risk assessment for the premises we saw the risk of intruders had been considered but restricting access to the ground floor windows had not been documented as a way of reducing the risk. The provider told us they had considered window restrictors but felt them to be unnecessary due to the very low risk of undetected intrusion into such a small and well-staffed care home in this location.
These concerns led us to conclude systems to assess and mitigate risk were not sufficiently robust.

This was a breach of governance, Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the servicing and maintenance records for the premises and all the equipment and these were up to date. This included fire safety, gas, electricity and water.

One person we spoke with told us they were having problems with the hot water supply in their bedroom. Their relatives told us they were going to speak to the manager about it and we also discussed it with the maintenance person during the inspection.

Within people care records we saw individual risks to people's health and welfare such as pressure sores, falls and nutrition were assessed. We saw action was taken to minimise or reduce these risks. For example when people were at risk of developing pressure sores they were referred to the district nursing team who carried out a more detailed assessment and if necessary arranged for pressure relieving equipment to be provided. However, we found the mattress setting was not always recorded in people's care records. It is important that staff have this information so they can check the mattresses. Not maintaining the mattresses at the correct setting may increase the risk of people sustaining skin damage or pressure sores. None of the people living in the home had pressure sores.

Everyone told us they received their medicines and that they were administered by staff. One person gave an example where there was a mix up with their medicines from the chemist and said, "(Name of manager)

pulled out all the stops to get it sorted out."

The manager told us the pharmacist who supplied medicines had carried out an audit of the homes medicines management systems in October 2016. They said they had implemented the recommendations, for example, they had improved the storage facilities. We saw medicines were stored securely and there was a medicines fridge. The temperature of the fridge was monitored and recorded daily to make sure it was working properly. However, the temperature of the area where other medicines were stored was not monitored. National Institute for Health and Care Excellence (NICE) guidance recommends that medicines should be stored at temperature below 25 degrees centigrade to make sure they remain effective.

Medicines classified as controlled drugs require separate storage which must meet specific requirements set out in regulation. The home was using a dedicated safe for this purpose. When a safe is used the provider must be able to demonstrate how it complies with the safe custody regulations. They were unable to do so at the time of inspection. Following the inspection visit the provider confirmed the temperature of the medicines cabinet was being recorded and was consistently below 25 degrees centigrade. They also confirmed the CD medicines storage complied with the relevant regulation.

At the last inspection we found there was no guidance in place for staff on the use of medicines prescribed to be taken 'as required' (PRN). These are commonly referred to as 'PRN protocols'. During this inspection we found there were PRN protocols in place. This helps to make sure medicines prescribed to be taken 'as required' are used consistently.

When we checked the stock of one person's PRN medication we found two discrepancies which could not be accounted for. In one case there was one tablet less than the recorded stock balance and in another there were eight more than the recorded stock balances. We also found one of the 'as required' medicines had an expiry date of 25 November 2016.

The home has separate charts to record the administration of prescribed creams and lotions. We looked at charts for one cream which was to be applied three times day and saw nine gaps in the records between 23 January 2017 and 19 February 2017. In the absence of signatures we could not be assured the medicinal cream had been administered. However, when we spoke with the district nurses they told us people had their creams as prescribed most of the time.

We looked at another person's medicine records and stock and found no concerns. We carried out a stock check of some of the controlled drugs, selected at random, and found they were correct.

The manager told us they were in the process of implementing a new medicines auditing system which they were confident would address these concerns.

People we spoke with who lived at Rosegarth told us they felt safe living there. One person said, "Oh yes, I do feel safe here. It is home from home." Another person said, "I feel safe here as there is a buzzer at the side of my bed and they (staff) always answer it quickly."

Relatives we spoke with also told us they felt their relatives were kept safe at the home. One relative said, "Mum is kept safe here." A second relative said, "My mum is safe here. There is a lot more staff here than the other home where mum lived." A third relative said, "Safe, my mum is absolutely safe and it takes all the worry out of it for us."

The staff we spoke with able to recognise abuse and knew how to report any concerns about people's safety and welfare. They confirmed they had received training on safeguarding and whistle blowing. They told us they had never seen or heard anything while working at Rosegarth that had caused them to worry about people's safety and welfare. They told us they felt confident any concerns they did raise would be dealt with by the management team.

Our records showed the service made appropriate referrals to other agencies, such as the local safeguarding team. When concerns were raised the management team worked with other agencies to make sure they were fully investigated and where necessary action was taken to reduce the risk of recurrence.

Two people who lived at the home told us they thought there were enough staff to deal with their needs. One person said, "There is always plenty of staff." Another person said, "There is always plenty of staff in fact some of them have been here a long time."

We observed that people were able to move around freely and safely in the communal areas of the home. We saw that care staff and the deputy manager were available to people in those areas. One domestic was cleaning the home and other ancillary staff included a chef and maintenance person. The owner and manager were also available in the home during our visit.

The manager told us and the duty rotas confirmed there were usually three care staff on duty until 2pm and two care staff until 8pm. In addition to the three care staff on duty, the deputy manager, home manager and home owner were in the home throughout the day. In the evening care staff were supported by tea time assistants between 3.30pm and 6.30pm. The tea time assistants did not support people with personal care but helped with other support activities such as serving meals and supporting people to eat and drink.

Overnight there was one waking staff member supported by an on call sleepover. The provider told us the on call person had undertaken training appropriate to their role. There were procedures in place to guide staff on how to access the on call support.

The manager told us staffing levels were continually reviewed and changed in response to changes in people's needs. For example, they told us if someone was unwell or nearing the end of life they would put additional staff on duty.

At the time of the inspection the home had no staff vacancies. One of the night staff had just given notice of their intention to leave and the manager was preparing to recruit to fill this post. The PIR submitted in September 2016 showed there had been a relatively high turnover of staff in the previous 12 months with nine staff leaving and 18 being recruited. This was discussed with the manager who told us staff had left for a variety of reasons and in most cases this related to changes in their personal circumstances.

The provider operated robust recruitment procedures which helped to protect people who used the service from the risk of being supported by unsuitable staff. We looked at two staff files and saw they contained all of the required documentation. Application forms were completed and contained a full employment history; references had been obtained and Disclosure and Barring checks had been carried out before new staff stared work. The DBS (Disclosure and Barring Service) carries out checks to make sure people do not have a criminal record which would make them unsuitable to work with vulnerable people.

The home was clean and there were no odours present. There was evidence of on-going refurbishment, for example, the dining room had redecorated and additional lighting had been installed. Several people spoke positively about this.

One person who used the service said, "The home is kept very clean and there is no smells. I viewed several homes and I chose this one. I made the right decision. This is the best one I have come across." A relative told us, "The home is always clean." Another relative said, "My husband has said he would move in here tomorrow as it is so clean and beautifully kept."

Good

Is the service effective?

Our findings

People told us they felt their needs were being met by staff who knew what they were doing. Staff told us they received the training and support they needed to carry out their roles and responsibilities. Training was provided by an external training company. New staff had a period of induction training which included shadowing more experienced staff until they were competent to carry out their duties. Newly employed staff were undertaking the Care Certificate. The Care Certificate is a set of standards for social care and health workers to give them the knowledge and skills they need to provide safe, compassionate care. Existing staff received annual updates on the Skills for Care induction standards which included safe working practices and Equality, Diversity and Inclusion. The provider told us they planned to support all their existing staff to complete the Care Certificate.

There was a training matrix which showed the training staff had completed. In addition to training on safe working practices such as moving and handling, fire safety, safeguarding and infection control we saw staff received training on subjects related to the needs of people who used the service. This included topics such as dementia, diabetes and end of life care. Staff told us they had started 'React to red' training. This training is designed to help reduce the incidence of skin damage due to pressure by raising staff awareness of the need for early intervention. Staff had annual appraisals and one to one supervisions throughout the year.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

At the last inspection in March 2015 we were not assured the provider had suitable arrangements in place to make sure they were acting in accordance with the MCA. Following that inspection they told us they had taken action to address our concerns and were confident they had suitable arrangements in place to meet the requirements of the MCA and protect people's rights.

During this inspection 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. There were four people who had DOLS authorisations in place and none of these authorisations had conditions attached. Applications had also been submitted for another nine people who had been assessed as lacking capacity to consent to receiving care and treatment at Rosegarth.

Throughout the day we saw staff offered people choices and respected their wishes. For example, people were able to choose whether they wanted to spend time in the communal rooms or remain in their

bedrooms. We saw daily routines were flexible and people were able to get up and go to bed at a time of their choosing. We saw one person who liked to be outside spent most of the morning in the garden. While it was evident from our observations and conversations with people, relatives and staff that the service was acting in people's best interests this was not always clearly reflected in their care records. This was discussed with the manager who assured us this would be addressed.

The manager and staff confirmed none of the people who used the service were having their medicines covertly.

We observed the meal service at lunch time. Ten people had their lunch in the dining room and were supported by three staff. Six people chose to have their meals in their rooms. One person in the dining room needed support with their meal. We saw staff supporting them and encouraging them with their meal. We saw everyone had the same food. The lunch was homemade sausage pie, potatoes, green beans, sweetcorn and gravy. We heard people being asked which vegetables they wanted and if they wanted gravy. One person had a glass of white wine and we heard other people being asked if they wanted fruit juice or water with their meal. For dessert, there was peach crumble with custard or cream and we heard people being asked which they preferred or if they wanted an alternative dessert. We saw people were offered clothes protectors and where people required specialist equipment such as utensils to enable them to eat independently this was provided. All the tables had been set with table cloths, place mats, condiments and fresh flowers.

Everyone we spoke with told us the food at the home was good. One person said, "The food is good." Another person said, "The food is very nice." A third person said, "All the food is good. The cook bakes fresh cakes etc. There are more choices at teatime however, if there is something you don't like they will always make you something else."

Relatives we spoke with also told us they felt the food at the home was good. One relative said, "Mum is happy with the food here." Another relative said, "Mum does not have a good appetite but they (staff) know and they make sure she has supplements."

We saw people were offered drinks throughout the day and jugs of juice were available in the communal rooms. A drinks trolley was taken around the home by care staff during the morning and afternoon. Whilst speaking with people in their rooms we saw there were jugs of juice or water in their rooms.

We spoke with the chef who told us the menus were on a four weekly cycle. The menus took account of people's individual dietary needs which included their likes and dislikes and cultural and/or religious needs. The cook told us about people's dietary needs and how these were catered for. For example some people had their food pureed and other people had their food fortified to add calories. They told us the home was moving away from the use of prescribed dietary supplements and preferred to use products such as fortified milk powder to increase people's calorie intake. They kept a list of people's dietary requirements in the kitchen so that it was available for all staff. They also told us they met people when they moved into the home to talk about their dietary needs, likes and dislikes. The chef told us people were offered alternatives and gave examples of how they catered for one person who followed a vegetarian diet and another who followed a diabetic diet. They told us, "I try and bake/make everything from scratch, so everything is freshly made."

The care records we reviewed showed people's nutritional status was assessed to check if they were at risk of malnutrition. We found people's weights were monitored and appropriate action was taken in response to any unplanned weight loss, this included referrals to external health care professionals. We concluded

people were supported to meet their nutritional needs. However, this was not always reflected in their care records. For example, we found the food diaries did not always provide enough detail about the amount of food people had eaten. This was discussed with the manager who assured us they would ensure staff were supported to complete more detailed records.

The records showed people were supported to meet their health care needs and had access to the full range of NHS services. A relative told us they were satisfied with the health care support provided. They told us a GP had been called for their relative when they became unwell which resulted in the person being taken to hospital. We spoke with two health care professionals who told us they had no concerns about the care and support people received at Rosegarth. They said they had positive working relationships with staff at the home and trusted them to make appropriate referrals and act on advice given. .

In the records we saw some people had 'Hospital Passports' in place. The 'Hospital Passport' contains important information about people's preferences and needs. It is used when people have difficulty expressing their needs, for example in the case of people living with dementia. It helps to make sure hospital staff have the information they need to provide the right support.

Good

Is the service caring?

Our findings

Everyone we spoke with told us they thought the staff were kind, caring and treated them with respect. One person said, "All the girls are lovely." Another person said, "I like the staff. They look after me well. I get help with my bath. It is lovely here. We are all looked after well. There is nothing to grumble about." A third person said, "It is very homely and everyone is friendly. The staff are all caring. There is a relaxed and happy atmosphere here with a good rapport with staff. All the staff care and take pride." A fourth person said, "It is beautiful here – it is posh."

People's relatives also spoke positively about the home. Comments included, "Mum has settled very well. She says everyone is kind." "The staff are very good. I can visit at any time. There are no restrictions." "They (staff) go out of their way. We are always made to feel welcome when we visit. We would recommend the home to anyone." "They (staff) could not be kinder. My mum calls them all 'angels.'

People living at the home told us staff always knocked on their bedroom doors before being asked to enter. We observed throughout the day that staff did knock on doors and waited to be asked to enter the room. This showed people's privacy and dignity was respected.

We observed there was good interaction between people living at Rosegarth and the staff. We saw people laughing and joking with staff. We did not see any poor interaction and everyone looked relaxed and comfortable in their surroundings.

People who lived in the home and relatives all confirmed visitors were welcomed at any time. People were able to receive their visitors in private, either in their bedrooms or in the conservatory. The manager told us people were able to invite their relatives to have meals with them at the home. Relatives were also invited to events such as Christmas parties and the summer garden party. This helped people to keep in touch with their families and friends.

The provider told us they gathered information about people's interests and preferences when they moved into the home. This information was recorded and used to help people pursue their interests and to help ensure people's individual needs were met. For example, Christian religious services were held in the home for those who wished to attend. In another example, we saw one person was comforted by having a particular soft toy with them at all times. Throughout the day we observed staff made sure the person had their soft toy available and we saw how staff used this to divert and comfort the person when they became distressed.

There were 'Residents meetings' which provided an opportunity for people who lived at the home and their relatives to have say in how the home was run and share their views. We looked at the notes of the meetings held in October 2016 and February 2017 and saw a variety of topics were covered. These included meals, activities, cleanliness, the laundry service, staffing and the complaints procedures. We saw when issues were raised at one meeting they were followed up at the next. For example, in the notes of the October 2016 meeting, we saw people were asked if they were satisfied that the concerns they had raised at the last

meeting about food being served on cool plates had been addressed. They said this had improved and food was being served on hot plates.

One relative told us they had been involved in the assessment carried out by the home of their relatives care. They said end of life care had been discussed and their relative's preferences had been documented. This was confirmed by the records we looked at. We saw discussions had taken place with people and/or their relatives when DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) decisions were in place.

Good

Is the service responsive?

Our findings

People we spoke with told us that they were able to get up and go to bed as they wished. One person said, "I have the freedom here to get up and go to bed when I want and to come and go as I like." People also said they were asked if they were happy with their care. One person told us, "They regularly ask me if I am happy with everything."

People's needs were assessed before they moved into the home and the provider told us they used this assessment to talk to people about how they would like their care to be delivered. The home used an electronic care records system which had recently been upgraded to enable them to record additional information about people's care and support needs. Paper copies of people's care records were also printed off to make it easier for people who used the service and their representatives to access their records. The care plans addressed people's assessed needs in areas such as personal hygiene, continence, mobility, eating and drinking, communication and social and psychological support. In addition to the care plans there were 'daily routine' records which contained information about people's care preferences and their preferred daily routines. Daily care notes were recorded electronically by staff. The care plans were reviewed every month. While people's relatives told us they were felt involved and were kept informed about changes in people's circumstances and needs this was not always reflected in the care records. This was discussed with the manager.

The 'daily routine' records contained a lot of detailed information about people's care needs and preferences. For example, stating what people were able to do for themselves and where staff needed to provide support.

People were offered the opportunity to take part in a range of social activities. The deputy manager and the chef supported people with activities. We saw activities taking place in the lounge with eight people, during the visit in the morning. The morning activity was reminiscence. People were discussing food they remembered from years gone by. There was good interaction and plenty of hilarity as people had a lively discussion. In the afternoon we saw both the chef and the deputy manager involved in activities in the dining room with several people who lived at the home making scones. One person said, "I also like time to myself. I enjoy listening to the radio or reading. I like gardening so I like walking around the garden here."

People we spoke with knew who to speak to if they had a complaint or any concerns. Everyone appeared to know the managers. One person said, I would speak with [names of managers] if I had any complaints or concerns although I haven't any."

Relatives we spoke with told us they knew who to speak with if they had any concerns about the care their relatives received. One relative said, "Complaints or concerns are addressed by the managers. We know all the staff including managers and anything of concern would be acted on." Another relative said, "The managers are approachable so you are able to speak with them if you had any concerns." A third relative said, "I would speak with [name of staff] or [name of manager] if I had any complaint. I do not have any."

The PIR submitted in September 2016 showed the provider had received no complaints and six compliments in the previous 12 months. They told us the main themes emerging from the compliments were that the service provided 'good care, a warm welcome and went the extra mile.'

Requires Improvement

Is the service well-led?

Our findings

People living at Rosegarth told us they thought that the service was well run and that all the managers were approachable. One person said, "This is the best care home I have come across. It is run professionally yet you feel you are in a 'homely atmosphere.' It is run by a husband and wife. That makes the difference. They are ticking all the right boxes. There is nothing I would change apart from having an en-suite shower."

One relative told us, "I would recommend this home to anyone. Overall – an excellent home." Another relative said, "Overall, mum is very well looked after. I would recommend the home to people. I received a survey and have sent it back. My husband could not praise the home enough." Other relatives we spoke with confirmed they had recently received surveys asking for their views of the service.

We looked at a selection of the completed surveys and found they echoed the positive feedback we had received from people we spoke with. One person commented, 'Staff are always very welcoming, friendly and with a pleasant manner.' Another person commented, 'Mother is extremely well cared for, we think she is very happy.'

There were regular staff meetings and staff told us they enjoyed working at the home and felt supported.

We saw accident and incidents were recorded and investigated to identify any factors contributing factors. Action was taken to ensure people received appropriate medical support and to reduce the risk of recurrence. Examples included checking people had suitable footwear and referrals to physiotherapists and/or occupational therapists.

There were systems in place to monitor and assess the quality and safety of the services provided. For example, the manager carried out monthly infection control audits. The last external infection control audit had been carried out by Bradford Metropolitan District Council in October 2016 and the service had achieved a compliance score of 98.8%. The home also had a food hygiene rating of five, (very good) following an inspection in January 2016.

The manager also carried out a monthly health and safety audit which included a review of the premises. However, the audit report for February 2017 stated there were no exposed pipes or hot surfaces. This was not consistent with our findings, when we looked around we found unguarded radiators which created a risk of people sustaining burn injuries.
When we looked at the way medicines were managed within the home we identified some discrepancies. We acknowledge the manager was planning to implement a new auditing system however these discrepancies had not been picked up by the existing auditing process.

Since submitting the PIR in September 2016 the provider had three complaints which were recorded in the 'Complaints, Concerns and Compliments Register'. The register provided a summary of the complaints, the actions taken and recorded the date of feedback to the complainant. However, the letter sent to the most recent complainant did not include information about what the person could do if they were not satisfied

with the provider's response. This was not in line with the providers procedures as set out in the Statement of Purpose and was of particular concern in this case because the records showed the complainant was not satisfied with the provider's response to their concerns. This was discussed with the provider and manager.

When we inspected the home in November 2014 we found there was a breach of regulation. During this inspection we found the provider had taken action to address that concern. However, we have also found a breach of regulation during this inspection. The fact that the provider has been in breach of regulations on two consecutive inspections calls into question the effectiveness of their governance systems.

This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person had not ensured effective systems to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were established and operated. Regulation 17(1) The registered person did not always have effective systems or processes in place to assess, monitor and mitigate risks to the health, safety and welfare of people who used the service. Regulation 17(2)(b)