

Three Roses Homes Limited

Three Roses Home

Inspection report

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Tel: 01562730730

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 25 October 2018, and was unannounced.

At the last inspection in April 2016 the services was rated as Good. At this inspection we found the service remained Good. The evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Three Roses Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Three Roses Home provides short and long-term accommodation and care for up to 14 people with learning disabilities or autistic spectrum disorders. There were 14 people living at the home at the time of our visit.

There had been a change of registered manager since our last inspection. 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.

Improvements had been made in the way people were supported, and how this was recorded, if people were not always able to make their own decisions. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People's safety needs were considered when their care was planned and given. We found staff knew people's safety needs well, and understood how to raise any concerns they may have for people's well-being. Learning had been taken from previous incidents and changes introduced to the way people's medicines were administered and recorded, so the chance of errors was further reduced. There was enough staff to care for people and to provide reassurance to them when needed. Systems were in place to reduce the chance of people acquiring infections.

People's needs were considered and planned for before they came to live at the home. As part of this process staff talked with other professionals so they could gain their views on the care people needed. People showed us they were confident staff knew how to care for them, and they would be listened to. Staff were supported to provide good care to people and to develop the skill and knowledge they needed to assist people living at the home.

Staff supported people to have enough to eat and drink so they would remain well. People told us they enjoyed their meal time experiences, which reflected their choices. People were complimentary about the

support they received to enjoy good health.

We saw people liked the staff who cared for them, and people were also happy to express their affection for other people living at Three Roses Home. Staff spoke respectfully and warmly about the people they cared for, and people were encouraged to make their own decisions about the care they wanted. People's right to dignity and privacy was promoted by staff.

Care was offered to people which reflected their individual needs, goals and preferences. Staff adapted how they communicated with people, so they were offered care in the ways they preferred. The care service was working within the values in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The views of people's relatives and other health and social care professionals were considered when people's care was planned. Staff supported people to keep in touch with people who mattered to them.

There was a complaints procedure in place, which was designed to ensure all complaints were handled fairly and consistently. No complaints had been made since our last inspection; people told us this was because staff listened to any suggestions or concerns they may have.

Staff were confident if they made any suggestions to improve people's care, senior staff and registered manager would listen to them. The registered manager spent time chatting with people and staff, so they could be sure people were receiving the care they wanted. The registered manager worked with other organisations and undertook checks on the care provided, so they could be assured planned improvements were driven through to benefit people living at the home.

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 remains Good.

Is the service effective?

Good ●

People benefited from living in a home where further improvements had been made to ensure people's rights were promoted and their freedoms respected. The effectiveness of the service provided to people had improved and is now rated as Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Three Roses 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 checked 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 comprehensive inspection took place on 25 October 2018 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We requested information about the home from Healthwatch and the local authority. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. The local authority has responsibility for funding people who use the service and monitoring its safety and quality.

During the inspection we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people who lived at the home, the registered manager, and four care staff members. We also gained the views of a health and social care professional who provides support to people living at the home. In addition, we spoke with a representative of a local firm who was forging links with Three Roses Home, to offer additional opportunities to people, and further promote people's well-being.

We reviewed three people's care records and reviewed how people's medicines were managed. In addition, we looked at information which showed us how the registered manager monitored the quality of the care

provided. This included questionnaires completed by people and their relatives, and checks the registered manager made on the safety of the environment.

Is the service safe?

Our findings

When we inspected the service in April 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

We found the systems in place and actions taken by staff helped people to be as safe as possible. People told us staff assisted them to do things in ways which took their views and safety needs into account. One person told us their mobility had changed. The person said, "I was struggling getting into the bath, so I talked to staff." The person explained staff had offered to support them to use a shower, which they enjoyed. The person told us they had helped them to feel less anxious, and their needs were still being met. We saw adapted baths were also available for people to use.

Staff knew people's safety and well-being needs well. One staff member highlighted how important it was for people to have the right equipment to assist them with their safety. We saw this equipment was in place. We also saw staff promptly reassured people if they were anxious, so they would be comforted as quickly as possible.

Records showed us staff responded to people's changing safety needs. This included if people needed extra support, such as regular turning, to help to maintain their skin health.

Staff demonstrated a clear understanding of different types of abuse and what action they would need to take in the event of any concerns. Staff were confident the registered manager would act if they did raise any concerns. We found staff knew which other organisations had responsibility for helping to safeguard people, should they need to report any concerns externally.

There were enough staff to care for people. Staff gave us examples of times when staffing was increased, to meet people's needs. This included when people were unwell. One staff member told us the registered manager was in the process of recruiting additional staff, so they could be sure people at the end of their life would have the one to one support they needed.

We saw people did not have to wait long if they wanted any assistance from staff. We also saw staff had time to spend chatting to people and checking on their well-being.

People said they received their medicines regularly, and told us they could rely on staff providing them with the medicines they needed to remain well. People also told us they were encouraged to ask for additional medication if they were experiencing pain. Staff supported some people who were not able to directly tell them if they need extra pain relief. We saw staff used their knowledge of people's preferred communication methods when assessing if they needed extra medicines. Staff responded quickly if additional medicines were required.

There had been positive changes introduced in the way people's medicines were managed and administered, to further reduce the risk of errors in administration. One staff member told us these included

extra checks. The staff member gave us an example of how one of these checks had prevented a person from having the wrong medication, owing to an error made by outside pharmacy staff. The registered manager also undertook checks so they would be assured people were receiving their medicines as prescribed.

We saw two members of staff worked together when administering people's medicines, to help to prevent errors. We also saw people were encouraged to decide for themselves where they wanted to take their medicines.

We saw staff had a good understanding of how to protect people from the risks of infection. Staff advised us that Personal Protective Equipment [PPE], such as gloves and aprons, was available for them to use and we saw staff used this. We observed the home to be clean and odour free.

One staff member explained how learning from safety incidents, such as the administration of medication, had been used to drive through improvement in the care provided. Records we saw showed us the registered manager monitored the safety of the building, and any incidents affecting people's well-being, so any lessons would be learnt.

Is the service effective?

Our findings

When we inspected the service in April 2016 this key question was rated as Requires Improvement. At this inspection we found improvements had been made in how effective the care provided was. At this inspection, the effectiveness of the care provided was rated as Good.

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

People told us staff respected their right to make their own decisions where possible. Staff had considered if people required support to make their own decisions and this was recorded. Staff gave us examples of the actions they took when people were not able to make some key decisions about their life and care. This included meetings to consult with people's relatives and health and social care professionals, when making such decisions.

Records confirmed decisions were taken in people's best interests, based on their assessed needs, and considering any advice from other agencies and other key parties. We saw staff were following the correct process so people's freedoms were promoted, and people were supported in the least restrictive way.

People's needs were assessed so appropriate care could be planned for them. People told us they had the chance to visit the home and talk with staff about the care they wanted, before they moved into Three Roses Home. Staff told us their feedback was also incorporated into assessment processes. One staff member said, "[Registered manager's name] listens to staff and relatives before the committee decides if we can look after them well." The health professional we spoke with told us their views had been listened to as part of initial assessment. The health professional said, "This led to a good transition for [person's name]."

We saw people were confident staff knew how to help them and were comfortable to ask for support when they wanted this. Staff told us they were supported to provide good care through training which was linked to the needs of the people they cared for. One staff member explained their induction training helped them to assist people to stay as safe as possible. The staff member also said, "It did help residents to feel more secure, but you do need to remember they are individuals when you are caring for them."

People told us they enjoyed the meals provided and made their own choices about what they wanted to eat. Staff gave us examples of the ways they supported people to have right amount to eat and drink. One staff member told us one person was being supported to lose some weight, so they would enjoy the best health and well-being possible. We saw staff had been given guidelines on how to do this successfully. Some people enjoyed the independence of making their own drinks. The registered manger told us they were planning to introduce baking days, to encourage more people to decide how involved they wished to be in preparing their own meals. We saw people were regularly asked if they would like a drink. We also saw mealtimes were not rushed, and people enjoyed eating alongside the staff caring for them.

One person told us, "Staff have explained about my cataracts. It makes me happier that [staff] go with me when I see the doctor." Staff gave us examples of the work they did with other health and social care professionals so people's health needs would be met. This included specialist advice so people's changing health needs were responded to. The health professional we spoke with told us staff acted on the advice they had provided, so people received the best health care possible, and risks to their well-being were reduced. Records showed us people had good, timely and responsive access to healthcare. Staff promoted healthy living, and health action plans supported people to benefit from health care available.

People were keen to show us their rooms, and told us about the choices they had made so they enjoyed these fully. One person told us, "I changed the way it was laid out, as I liked it more this way." Staff gave us examples of the way they helped to prompted people's well-being by adapting how they used the building. This included signage to assist people to navigate round the home, and supporting people to make decisions about which room they might like, as their needs changed.

The health professional we spoke with told us staff had already recognised an area of the building could be further developed to better meet one person's needs. The health professional told us, "They [staff] were on it already, so [person's name] dementia needs would be met." We saw people made their own decisions about where they wished to spend their time.

Is the service caring?

Our findings

When we inspected the service in April 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People were very positive about the staff who cared for them. One person told us, "The staff are really kind." Another person told us how caring and supportive staff had been when they had recently been upset. The person told us they really valued the extra support they had been given by staff.

Staff spoke warmly about the people they cared for. One staff member explained how important the staffs' relationships with the people they supported was. The staff member said, "It means working here, you feel part of an extended family." Another staff member said, "The best thing about coming to work is making the residents smile." The health professional we spoke with told us, "Staff are really caring."

People benefited from living in a home where staff knew them well and knew what mattered to them. One person told us how well staff knew them. The person showed us a hat which a staff member had given them, knowing they would enjoy wearing this at a disco they regularly liked to attend. Another person told us they had originally come to stay at the home for a short time, but had liked the staff and other people living at the home so much they decided to move in permanently. The person said, "I like all the staff, and have made more friends here, and I am happy being here."

One staff member told us how they got to know people. The staff member said, "You watch, you observe and you speak to them. You build trust, and then you have the joy of them allowing you to help them." People wanted to engage with staff and tell them about their day, and to talk about life at the home, such as important celebrations. People showed their affection to staff and other people living at Three Roses Home. Staff took time to chat to people about what was important to them, and to offer people reassurance in the ways they preferred.

Records showed us staff had been given guidance on what was important to people, such as their families and how they liked to be cared for and reassured.

People told us they were supported by staff to do things they enjoyed doing. One person proudly told us they volunteered at a local care home. Other people told us how much they enjoyed regularly going out to local clubs and discos. Staff supported people to continue with their hobbies and interests, such as knitting and art and crafts.

Staff supported people to live as independently as possible and to maintain their privacy and dignity. For example, by encouraging people to be involved in aspects of their personal care, and day to day life at the home. This included encouraging people to help make their own drinks, when they wished to. One staff member said, "It's their home. You want [people] to feel at home and promote their independence." Another staff member told us, "You ask if they [people] are happy to have me in the room."

We saw staff listened to the choices people made and people's personal and confidential information was securely stored. Systems in place promoted safe disposal of personal information, such as medication records.

Is the service responsive?

Our findings

When we inspected the service in April 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

People told us staff talked to them to find out what care they wanted, and how they would like to be supported. One person told us they had decided with staff they wanted to attend a concert. The person told us they had really enjoyed their evening out, and were planning with staff more interesting things to do. Another person told us staff listened to their decisions about the care they wanted. This included what they wanted to wear and how and where they wanted to spend their time. The health professional we spoke with told us their views were considered when people's care was planned, so their health and well-being needs would be met.

Staff told us if they made any suggestions for developing plans for people's care further, these were listened to. Two staff members told us they regularly reviewed people's care plans, so they could be sure people's changing needs would be met, and care provided in ways which took people's unique needs into account.

Records showed us staff had been given guidance on people's preferred way of communicating. We saw staff used this knowledge when caring for people. For example, by checking people's body language and showing people items so they could be sure what people were communicating. Some information was available to people in pictorial formats. The registered manager told us they planned to further develop people's access to information, so they would be assured people had the best chance to make informed decisions about their care.

We saw people's care plans reflected their individual needs and preferences, including any sensory needs they had. People's desire for independence and access to the local community were supported, which reflected elements of the principles and values of Registering the Right Support Guidance.

None of the people or health professionals we spoke with had wanted to make a complaint about the care provided, as they were happy with the support given. We saw there were systems in place to manage and monitor complaints if these were made.

People were supported to have good care at the end of their lives. One staff member said, "We work with district nurses, GPs and their [people's] families all input." The staff member gave us examples of how choice was promoted to people at the end of their lives, so their preferences would still be met.

Is the service well-led?

Our findings

When we inspected the service in April 2016 this key question was rated as Good. We found the service continued to be rated as Good at this inspection.

There had been a change in registered manager since we last inspected. 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, staff and health professionals had confidence in the overall management of the service, and spoke positively about the quality of the care and support provided by the management team. People told us they enjoyed living at the home and saw the registered manager often. One staff member told us because of the way the home was run, "It's where my heart wants to be. It's about the enjoyment they [people] get out of doing things, such as deciding they want to go on a train, so we arrange it." The registered manager told us, "I want people to be happy and feel safe and to be able to do the things they want to do. You make this happen. You do things so staff can accommodate their [people's] wishes." Another staff member said, "I felt the homeliness and warmth when I came here. [Registered manager's name] totally cares about people and mingles and sits with them."

One person explained how people were encouraged to make decisions about the day to day running of the home through regular residents' meetings. The person told us this gave them the chance to determine how important events were celebrated, and to make suggestions about the what food they might like to eat. We saw people were encouraged to provide their views on the suitability of potential new staff to support them.

Staff were positive about the way they were supported to provide care to people, through training, supervision and regular meetings. One staff member told us, "[Registered manager's name] focus is on the needs of the residents living here. [Registered manager's name] listens to you and she is open to ideas and all the people here have an input." The registered manager said, "We have a great staff here, and you support them."

People benefited from living in a home where resources were secured so they would have the care they needed. One staff member explained staff were supported to provide good care to people at the end of their life by the systems and resources in place. The staff member said, "If things need changing, such as a mattress, they are changed instantly." The health care professional said because of the way the home was run, "We all felt really comfortable that [person's name] was in the right place."

Two staff members told us about changes which had been introduced since our last inspection. One staff member said, "There's more choices for people, and we do more activities in the community. There's less set times; but you balance this with structure some people want."

The registered manager gave us examples of the ways they worked with other organisations so people

would have access to good health care and the resources to do enjoyable things. We spoke with one external visitor to the home, who was jointly working to promote wider understanding of people's achievements, support and resourcing needs. They told us they were looking forward to further work to support people living at Three Roses.

The registered manager checked people enjoyed living at the home and they received the care they wanted, safely. This include checks on administration of medicines, so the registered manager could be sure people received them as prescribed. Checks were also made on the way people were supported by new staff caring for them. The registered manager told us, "You look for how [new staff] treat the residents." In addition, checks were made on the safety of the environment and adaptation of the building, plus spot checks on staff practice, so people would continue to enjoy living at the home.

We saw the views of people living at the home and their relatives had also been gathered since our last inspection. Feedback from all parties was positive.

The registered manager told us about plans they had to further enhance people's experience of living at the home. These included continued improvements to the environment, methods of recording the care provided, and more personalised holiday experiences for people to enjoy. In addition, the providers were planning to introduce formalised checks, so they could be assured people were well cared for.