Autumn Days Care Limited

Rosedale Retirement Home

Inspection report

Ashfield Crescent
Ross On Wye
Herefordshire
HR9 5PH

Tel: 01989218082

Date of inspection visit:
13 May 2016

Date of publication:
21 June 2016

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

Rosedale Retirement Home is located in Ross-on-Wye, Herefordshire. The service provides accommodation and care for up to 24 older people, some of were living with dementia. On the day of our inspection, there were 17 people living at the home.

The inspection took place on 13 May 2016 and was unannounced.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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's individual needs and risks were known and managed by staff. Staff's attitudes and behaviours towards people were monitored by the registered manager and disciplinary action taken where necessary. Staff knew when to refer concerns regarding people's safety to the local authority. People received their medicines from trained and competent staff, and as prescribed by their GP.

People's privacy was respected and staff knew the importance of maintaining people's dignity. People enjoyed positive and caring interactions with staff. People and their relatives were involved in the planning of their care.

People had access to a range of health professionals and staff knew when to request specialist input. People's nutritional needs were known by staff, and people benefited from flexibility in how their meals were provided. People were provided with choices about how they received their care, and their consent was sought before assisting with personal care or giving medicines.

People's individual needs, interests and preferences were known by staff. Staff were alert to people's changing needs and these were responded to. People were involved in decisions about their care and in the running of their home. People knew how to complain if they were unhappy with the care they received.

People knew who the registered manager and provider were and were encouraged to give feedback on the service. Where people had made suggestions, these had been acted upon. The registered manager and provided monitored the quality of care provided to people and carried out monthly checks to ensure people were being cared for safely and that their needs were being met.

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 is safe.

People's support needs were known by staff and met safely. Staffing levels were determined according to individual need, and there were enough staff to keep people safe. Staff were trained in protecting people from harm and abuse and knew the behaviour and attitude expected of them in their role. People received their medicines as prescribed by their GP or specialist health professional.

Is the service effective?

Good

The service is effective.

People's changing health needs were recognised by staff and referrals made to other health professionals where appropriate. Staff received ongoing and tailored training which helped them to support people effectively. People had a range of choices in how their care was delivered. People's individual dietary needs were met and they benefited from flexibility with how their meals were provided.

Is the service caring?

Good

The service is caring.

People felt cared for. People and their relatives were consulted and involved in how their care was delivered. People were treated with dignity and respect and their privacy was maintained.

Is the service responsive?

Good

The service is responsive.

People's preferences, needs and backgrounds were known by staff and people were treated as individuals. People were consulted on the running of their home, and their feedback was acted upon. People knew how to make a complaint or raise a concern and these were responded to.

Is the service well-led?

Good

The service is well-led.

People, staff and relatives felt listened to by the registered manager. Staff were supported in their roles and knew what was expected of them, and the values and vision of the service. The registered manager and the provider had oversight of the quality of care provided, and of the management of risks to people.

Rosedale Retirement 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.

We made an unannounced inspection on 13 May 2016. The inspection team consisted of one inspector.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helped us to focus our inspection.

We observed how staff supported people throughout the day. As part of our observations, 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, one relative, the registered manager, the cook and three staff. We looked at three records about people's care and two staff members' pre-employment checks. We also looked at the minutes from residents' and staff meetings and the quality assurance audits that were completed by the registered manager and the provider.

Good

Is the service safe?

Our findings

People we spoke with said they felt safe. One person said, "Oh, I definitely feel safe here. The staff know what I need". A relative we spoke with told us their relative felt safe. "[Relative] is monitored here, which makes them feel safe. When they were at home, they had a lot of falls but since moving here, the falls have greatly reduced".

Staff and the registered manager told us that there was an induction process all staff had to go through before they could work with people unsupervised, which was to ensure that people were cared for safely. We saw that the induction process included staff familiarising themselves with people's care plans and risk assessments, and also information about their roles and responsibilities and what was expected of them in terms of their attitudes and behaviour towards people. We saw that where staff members' conduct or working practices were inappropriate or unsafe, disciplinary action was taken. For example, a relative told us they had previously expressed concern to the registered manager about the behaviour of a staff member towards people and this was investigated and the member of staff was dismissed. The registered manager confirmed this to us and told us keeping people safe included ensuring they were not bullied or harassed by staff.

Staff told us they had completed training on subjects such as safe moving and handling and safeguarding. Staff told us that following this training, they were able to recognise when concerns about people's safety should be raised with the registered manager or the provider and to the local authority. We saw that where staff had raised concerns with the registered manager, these had been reported to the local authority and to the CQC. We saw that staff had undergone appropriate pre-employment checks. These checks helped the registered manager and provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

People told us that there were enough staff to meet their needs safely. One person told us, "They are very quick to respond when you need help". We observed that the staffing levels meant that people's needs were responded to. For example, we observed that one person had a fall in the lounge area. Immediately after the fall, the person was supported and reassured by two members of staff and the registered manager. We also observed instances throughout the day where staff responded quickly to people's needs .The registered manager kept staffing levels under review by analysing and monitoring people's individual needs. Staff and the registered manager told us that the shifts were covered by the staff team and the registered manager and no agency staff were used. This was to ensure consistency with people's care.

People's needs and risks were identified and known by staff. For example, staff told us that one person needed two members of staff to support them in the morning as this is when the person struggled to mobilise. We saw that this person received this support, and that it was recorded in their risk assessment. Staff and the registered manager reviewed people's safety needs recorded any changes to people's risk assessments. For example, we saw that where people had been identified as being at risk of pressure sores, staff and the registered manager worked with district nurses and followed their guidance regarding pressure sore care, repositioning and specialist equipment required. We saw that there was an accident and incident

reporting system in place, which meant that the registered manager reviewed these reports and looked at whether there were changes in people's individual safety needs. For example, we saw that one person's needs were reassessed following concerns raised by staff and this person was now supported by staff using a hoist to assist them.

People told us they received their medicines. One person told us, "My tablets are very important and I have to take them several times a day. I always get them and I never have to worry". We saw that medicines were only administered by trained staff, and that the registered manager carried out monthly competency checks to ensure staff were competent in this area . We observed that staff knew individuals' needs and preferences in respect of taking their medicines, and how to support people take their medicines. For example, staff told us that one individual would only take their tablets if a staff member sat with them and explained every time what the medicines were for, what they were, and why they would help them. We observed the staff member's interaction with this person and saw that they followed this process and that the person then took their medicines. We saw that one person had been supported by a specialist nurse in respect of their health condition and associated medicines. The nurse had made recommendations regarding the times the person's medicines should be administered, and these were known and followed by staff.

Good

Is the service effective?

Our findings

People told us staff had the necessary skills and knowledge to support them. One person told us, "They know how to look after us" . Staff we spoke with told us they received regular and tailored training. For example, staff told us they had received mental health training so that they could effectively meet the needs of people in the home who now received support from mental health professionals. The registered manager told us that diabetes training had also been arranged for staff so that they could support people with diabetes effectively. One member of staff told us, "The training definitely helped prepare me for the job". Another member of staff told us, "If you need any training, the manager sorts it for you". Staff told us that they worked together as a team and that they knew the people they care for well. One staff member told us, "It is important to people that we do our jobs properly and are well trained. It provides reassurance for them". Staff and the registered manager told us that all staff were in the process of completing the Care Certificate. The Care Certificate is a set of standards that health and social care workers work adhere to in their roles. Staff and the registered manager told us that the registered manager was an assessor for the Care Certificate and that the on-going assessment formed part of staff supervisions and appraisals.

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 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 provider was working within the principles of the MCA.

We looked at how the MCA was being implemented. The registered manager and staff told us they had received training on the Act and were able to explain the key principles to us. Staff told us about the importance of offering people choices and obtaining their consent. One staff member told us, "People have a lot of choice here". We saw that the registered manager and staff had an awareness that people could have capacity in some areas, but not others. The registered manager told us, "Capacity is different for each of them". Where people lacked capacity to make certain decisions, meetings were held with the person, relatives and health professionals to ensure staff acted in that person's best interests. We saw that the least restrictive options were taken. For example, one person told the registered manger that they wanted to call a taxi and go to their favourite shop. The registered manager reminded this person that a best interests meeting had been held and that it had been agreed that the person could go out with either a member of staff or their relative. The person was given the choice of the two options and the person asked to go with a staff member, which was arranged. This meant that the person was able to go where they wanted to, but that they would be kept safe as would be accompanied.

At the time of our inspection, 14 DoLS applications had been made and were waiting authorisation. The

registered manager had a monitoring system in place and knew when the applications had been made, and why.

We spoke with the cook about people's specialised diets and nutritional needs. We saw the cook was kept informed by staff as to people's dietary needs and that there was a system for recording this. For example, we saw that the cook and staff knew who needed a fortified diet, and who needed a soft food diet. The cook told us that as they were also a senior carer at the home, this meant that they knew people well and was up to date with their preferences and nutritional needs. We saw that there was a choice of options on the daily menu but that where a person did not want any of the options, the cook was flexible in what meal that person ate. For example, during the course of our inspection, one person asked for pancakes for their evening meal and we saw that these were provided. The person was happy with this and told us, "They are my favourite and I just fancied them for tea today". People told us they had enough to eat and drink and that they were given choices as to what they wanted. We saw that a choice of drinks and snacks were provided for people throughout the day. People told us that they enjoyed the food and drinks provided and that they were given choices about what they ate and drank. One person told us, "I like the way they make my drinks just the way I ask them to".

We observed the lunchtime meal and saw that people could choose where they wanted to eat, including in their bedrooms if they preferred. We observed that one person refused their meal and that staff encouraged them to try some but when the person refused again, the meal was taken away at that person's request. We saw that staff offered the person food again later on that day to ensure the person did not miss out on an opportunity for lunch, and the person then accepted. Where people needed assistance with eating and drinking, this was provided by staff and people were not rushed during their meal.

People told us that they had access to other healthcare professionals. One person told us about a recent fall they had and the medical attention they had received. The registered manager told us that they had ensured the person saw a GP so that any underlying medical reason could be treated and therefore, reduce the risk for any further accidents. The person told us they had been given some medication by their GP and now felt well again. We saw that the person had not had any further falls since completing the course of medication. We saw recent feedback from a relative which said, "Staff are always very attentive. If a GP or nurse is needed, it is done without delay". We saw that people had regular appointments with chiropodists, district nurses and GPs, as well as specialist input from mental health professionals and speech and language therapists for people who had difficulties with swallowing, eating or drinking. We saw that people's health needs were reviewed and re-assessed and input from other health professional sought where necessary. For example, we saw that one person had recently been visited by an occupational therapist following a referral from the registered manager and had been assessed as now requiring two members of staff to support them with personal care, which was put in place.

Good

Is the service caring?

Our findings

People told us they felt cared for. One person told us, "The staff are all very good. They help us and are patient". One relative we spoke with told us,"It has the human touch here. I was immediately struck by how friendly it was. [Relative] always tells me they are happy here and how kind people are. I feel very lucky to have found this home". We saw that feedback had recently been received from another relative, which said, "I am very happy with how [relative] is cared for. Staff always listen, and have spent the time getting to know [relative's] ways". People told us their relatives could visit freely and we saw that visitors were welcomed by staff throughout the course of our inspection.

People and relatives told us that they were involved in decisions about their care. For example, people were asked whether they would like staff to open their mail for them and assist them with it, whether they would prefer to receive personal care from male or female staff members, and what they would like to wear. Staff had an understanding of how important this choice was. One member of staff told us, "If you don't dress people in the clothes they like, they would spend the day feeling uncomfortable and that is not fair". We observed that staff provided people with explanations throughout the day to help them make decisions. For example, we saw that staff spoke with people individually about the day's menu and explained to them what the options were and what type of food it was.Staff and the registered manager were aware of the local advocacy service for people who may need help with expressing their views and we saw that this had been used previously to ensure that all people using the service were able to be involved in decisions regarding their care and support.

People told us they were treated with dignity and respect and that their privacy was respected. For example, one person told us, "I can go into my room, close the door and not be bothered by anybody". Staff explained to us how they promoted people's dignity, respect and privacy. For example, one staff member told us they did not discuss people's care needs in front of other people and if they felt someone needed assistance with a personal care need, they would ask the person discreetly. We observed instances of this throughout the course of our inspection. Another member of staff told us that made sure people's bedroom doors and curtains were closed before assisting them. We saw that staff had completed training in equality, diversity and inclusion and dignity in care. Staff we spoke with told us this had been useful in raising their awareness of the subject matter. One member of staff told us, "I had never really heard of this before I started working here. The training really made me think about how important this is for people". We observed people's privacy was respected by staff. For example, a person asked a member of staff where their shoes were. The member of staff explained they were in the person's bedroom and that they could bring them down for them, but only if the person did not mind the staff member going into their room. The member of staff did not enter the person's bedroom until they had given their permission.

We observed caring interactions between staff and people throughout the course of our inspection. For example, we saw that staff knew people well as individuals and how to comfort them. The registered manager told us, "We are their second family", and staff we spoke with shared this view. One member of staff told us, "I treat them all like a family member". We saw this approach was reflected in staff's approach and interactions with people.

Good

Is the service responsive?

Our findings

People told us and we observed that staff knew their individual preferences, life histories and needs. One person told us, "They know how to treat us as individuals here". We saw this was reflected in people's care plans, which were completed with people and their relatives and contained a "preferences form", which recorded people's choices around matters such as whether they wished to remain on the electoral role and receive help with voting, and whether they would like to be provided with a lockable cabinet in their rooms.

Staff we spoke with knew people well, both in terms of the support they required and also things which were important to them as individuals. For example, one person we spoke with told us about a country they had lived in for many years and how much they enjoyed their time there. The person told us that staff often spoke to them about it as they knew they liked discussing it. A member of staff showed us this person's art work, landscape drawings of where the person had lived, which were displayed in a lounge area.

We observed a handover meeting to see how staff communicated people's changing needs. A handover is a brief meeting held at the end of one shift and the start of the next. We saw that staff discussed people's health and wellbeing needs, as well as people's preferences regarding how they wanted to spend their day. For example, one member of staff told staff that a person had requested a member of staff play cards with them and that another person wanted to go for a walk, which we saw staff responded to.

People told us they enjoyed the activities provided. One person told us, "I like the quizzes best!" Another person told us, "I like the skittles. I used to play skittles when I was younger and have always enjoyed it". We observed the activities which took place on the day of our inspection and saw that many people took part. Although people were encouraged to participate, their right to refuse was respected. Activities were provided in two one hour slots a day, but staff told us they were flexible with these times according to people's wishes, and with the activities provided. People were asked about type of activities they would like to take part in.

We saw that people had residents' meetings every three months, which were a forum for people to discuss the overall running of the home, and any concerns they had. For example, we saw that one person had raised in a recent meeting that the carpet in their room needed replacing. The person and the registered manager confirmed to us that the carpet had since been replaced. We also saw that people had asked for, "More cake with our tea!", and this had been acted upon. The registered manager had an established process in place where relatives fedback after visiting their relative and discussed any changes to the person's health or wellbeing, or whether there were any issues that staff should be aware of. We saw that relatives had told the registered manager they found this useful and that they appreciated being involved in this review process.

People knew how to raise a complaint, if necessary. Some people knew who the provider was and told us that they would tell them if they had any concerns or suggestions. Although no complaints had been received in the last 12 months, we saw that there was a complaints procedure in place and that people, relatives and health professionals could approach the registered manager on either a formal or informal

basis.

Good

Is the service well-led?

Our findings

People we spoke with knew the registered manager and that they would approach them with any concerns. One person told us, " My previous bedroom was far too small and I told [registered manager]. They took on board what I said and I was moved when a bigger room became available". A visiting relative told us, "The manager is really on top of things, and [the provider] is here weekly and talks to you".

Staff told us that that the registered manager promoted an open culture in the home by being approachable and by listening to people, staff, health professionals and relatives. One member of staff told us, "Our opinions are listened to and the manager is really easy to talk to". Staff told us they felt supported by the registered manager. One member of staff told us, "We are very lucky to have such an experienced manager. They have done our roles themselves and so know what it is like". The registered manager told us that they spent up to two shifts a week working in a care role alongside the care staff. The registered manager told us that this enabled them to be up to date with any issues, and so that they were visible for staff and people. Staff told us they welcomed this approach and that it made them feel supported in their role. We observed that the registered manager took a carer's role on the day of our inspection and supported people at lunchtime, as well as spending time with people and talking to them.

Staff and the registered manager told us that regular competency checks were carried out to ensure that all staff were providing high quality care to people. Where issues were identified, appropriate disciplinary action was taken. The registered manager told us that the provider carried out competency checks on them to ensure their fitness and ongoing suitability for the role. The registered manager told us they welcomed this approach by the provider as, "The quality of the service depends so much on the manager". Staff told us that they received regular supervisions and staff meetings and felt supported in their roles. The registered manager and staff told us that staff meetings were used to embed training, discuss best practice and provide feedback from competency checks. . For example, we saw that the topic of a recent staff meeting had been pressure sore care. The registered manager had delivered a session on this, and covered areas such as what increases the risk of pressure sores for people. At the end of the session, staff had asked the registered manager questions they had on the subject. Staff told us they found this approach to their staff meetings to be helpful and that it helped them to understand what their roles are and what is expected of them.

We saw the registered manager and provider had quality assurance measures in place to evaluate the quality of care provided to people, including six monthly satisfaction questionnaires which were given to people, relatives and health professionals. Where comments were made, we saw the registered manager took steps to rectify the problem. For example, a relative had commented that their relative's hearing aid was not always fitted by staff in the mornings. The registered manager held a meeting with staff about this and reminded them of the importance of this. Since the meeting, there had been no further reported instances of the person not being supported with their hearing aid. The registered manager and provider carried out monthly audits in respect of areas such as medication; falls risk assessments; nutrition risk assessments and pressure sore care. We saw that these audits were used to analyse incidents and accidents, changes to people's weight and pressure sores and to identify where action was needed. For example, a

person had been identified as being at risk of malnutrition and had been referred to their GP and placed on fluid and food monitoring charts. This ensured that the registered manager and provider were aware of changes in people's needs and that changes were identified and acted upon.

The registered manager told us that the values of the service were to ensure that high quality care was delivered to people, which took into account individuals' choices, wishes and needs. Staff we spoke with were aware of, and shared, these values and told us that the values formed part of their everyday practice, as well as being discussed and emphasised in their staff meetings and supervisions. The registered manage had identified one of the main challenges for the service was for all staff to keep up to date with people's changing care plans and risk assessments. They told us that due to the fact the staff all know the people well, they do not always check the care records to see whether they have been reviewed and updated. As a result, the registered manager now spoke with staff in their supervisions and ensured they were familiar with the most up to date risk assessments and care plans.

The registered manager and provider had links with the local community and used the links to benefit the care provided to people in the home. For example, we saw that a local musician visited people and performed, which people told us they enjoyed. We also saw that there were links with a local church and that they had visited the home at Christmas and sang carols, at people's request.

The registered manager and provider knew how to meet their regulatory and legal requirements, and notifications were submitted to the CQC where necessary. Staff and the registered manager told us that CQC regulations were discussed in staff meetings so that all staff were aware of them and how they impacted upon their roles, and what their responsibilities were as staff.

Staff were aware of the provider's whistleblowing policy and the procedure to follow if they had any concerns, including any concerns about the registered manager or provider. This meant that there was a forum for staff to report any matters of concern.