

High Oak Care Limited

Rosewood Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 4 and 5 May 2017 and was unannounced.

Rosewood Care Home is registered to provide accommodation and nursing support for up to 43 people with a variety of health conditions including dementia. On the day of our inspection there were 29 people living in the home.

There was a registered manager in post. 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.

At our last inspection in March 2016 we found that the provider 'required improvement' overall. We found that arrangements in place to check that people received care and support that met their needs and preferences, including medicines were not always effective. We also found that people were unable to take part in activities of their choice. At this inspection we found that some improvements had been made but further improvements were required.

An assessment and care planning process was in place, which people were involved in as part of making decisions about their support needs. We found that records in relation to care plan reviews were not being kept. The provider had systems in place to ensure the activities people took part in reflected their preferences.

People were safe. Staff knew how to keep people safe and there were sufficient staff available to meet people's support needs. People's medicines were being administered as they were prescribed.

Staff were able to access support from the registered manager when needed to meet people's needs, however they did not receive training on a consistent basis to ensure they had the skills and knowledge required to support people effectively. Whilst the provider ensured people's human rights were not being restricted unlawfully, not all staff were receiving the training required to ensure they understood the principles of the Mental Capacity Act (2005). People were able to make choices as to what they had to eat and drink and were able to access healthcare as needed.

Staff were kind and caring. People were able to make decisions as to how they were supported and where an advocate was required they were able to access this support.

The provider had a complaints process in place which people were aware of and knew how to use to share their views.

Records were not consistently being kept up to date or accurate. Audits and checks were taking place to

ensure the quality of the service people received. People were able to share their views by completing a quality assurance questionnaires. The information gathered was analysed by the provider to make improvements to the service people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe and staff knew what action to take where people were not safe.

People's medicines were administered as they were prescribed.

There was sufficient staff to keep people safe.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not receive regular training to provide them with the skills and knowledge needed to deliver effective care.

Staff were able to access support by way of regular supervision and being able to speak to the registered manager as required.

Deprivation of Liberty Safeguard referrals to authorise restrictions to people's care had been made.

People were able to access healthcare and their nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring toward people.

People had access to advocate services when needed and staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's support needs were assessed and they were able to share their views as part of the care planning process.

People were able to take part in activities and these were being planned in line with their preferences.

The provider had a complaints process to enable people to share any concerns.

Is the service well-led?

The service was not always well led.

Accurate and up to date records were not being kept to ensure people were supported appropriately.

The registered manager and provider carried out audits and checks to ensure the service quality was maintained.

People were able to share their views by way of completing a quality assurance questionnaire.

Requires Improvement 

Rosewood Care 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.

Our inspection took place on 4 and 5 May 2017 and was unannounced. The inspection was conducted by one inspector.

We asked the provider to complete 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. The information provided by the provider in their PIR was used to plan our inspection and taken into account when we made judgements in this report. We also reviewed notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We requested information about the service from the Local Authority. We did not receive any information.

We spoke to two people, four relatives and four members of staff. We also spoke to the recently appointed deputy and registered manager and two of the providers who were also present. We looked at the care records for three people, the recruitment and training records for three members of staff and records used for the management of the service; for example, staff duty rosters, accident records and records used for auditing the quality of the service.

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.

Is the service safe?

Our findings

People told us they felt safe living at the home. A person said, "I definitely feel safe". A relative we spoke with said, "Oh yes the service is safe". All staff were able to explain what abuse was and tell us the action they would take if someone was at risk of abuse or harm. A staff member said, "I would report any issues to the manager or contact safeguarding". The provider told us in their provider information return (PIR) that staff had all received safeguarding training to keep people safe from abuse or harm. We found that safeguarding training was taking place but most staff had not yet completed the training.

The provider told us in their PIR that risk assessments were carried out where risks associated with people's care were identified. Staff we spoke with had a good understanding of how to manage situations where people were at risk and were able to explain how risk assessments were used to identify how to manage risks. We found that risk assessments were in place in relation to, medicine administration, moving and handling people and where people were at risk of choking.

The provider told us that systems were in place to record accidents and incidents and analyse trends to ensure lessons were learnt to reduce the risk of further incidences. Staff we spoke with were able to describe the actions to be taken following accidents and incidents. For example, where people had unwitnessed falls staff were able to explain the actions they would take to ensure people received medical attention where needed. We found that a record of these incidents was being kept to show the details behind the incident and how it was handled. We found that systems were in place to monitor events so that trends could be used to reduce the level of falls and other incidents. Where required referrals had been made to healthcare professionals, for example to reduce the risk of a person experiencing further falls.

Staff were available at the times people needed them. A person said, "There is enough staff and they support me on time". A relative said, "I do feel there is enough staff within the home". Staff we spoke with told us there was enough staff to support people. The provider told us in their PIR that regular monitoring of staffing levels was taking place as part of the checks carried out by the provider. We found that there was enough staff to meet people's support needs and we observed at least two staff members in the lounge area, to supervise people throughout our inspection. Further staff recruitment was also taking place.

The provider told us in their PIR that they had a recruitment process in place to ensure the right staff were recruited with the right skills and experience and the appropriate checks were carried out. We found that this was the case. The staff we spoke with told us they provided two references and completed a Disclosure and Barring Service (DBS) check as part of the recruitment process. This check was carried out to ensure staff were suitable to work with people who lived at the home. We found that the provider had clear procedures in place to manage situations where staff practice was unsafe and put people at risk.

People received their medicines as prescribed. A person said, "My medicines are okay and I can get pain relief if needed". We found that the provider had a medicine procedure in place to ensure the administration of medicines were handled appropriately and that staff had the guidance needed to ensure people were given their medicines safely. We saw that medicines were stored appropriately and checked regularly to

ensure they were being managed consistently. We saw that where medicines were administered 'as and when required' the appropriate guidance was available to staff to ensure medicines were administered safely and consistently. We observed staff administering medicines and found that this was being done as prescribed and that a Medicines Administration Record (MAR) was in place to identify when medicines had been given and by which staff member.

Staff we spoke with told us that they could not administer medicines unless they had been trained and that their competency to administer medicines was checked on a regular basis. A staff member said, "I have had medicines training and the manager or deputy checks my competency". We found where people lacked the capacity to request their medicines staff had the appropriate guidance in place so they were able to observe from people's gestures or follow the appropriate directions from a prescription as to when these medicines should be given.

Is the service effective?

Our findings

A person said, "Staff know me very well and know my support needs". A relative said, "I do think the staff demonstrate they have the skills and knowledge to support my relative [person receiving the service]."

Staff we spoke with told us they felt supported. A staff member said, "I do feel I can approach the manager when needed. We do get regular supervision and staff meetings happen fairly regularly. We had one yesterday". We found that staff were able to get support and had the skills and knowledge necessary to support people. We saw that some staff training took place however not all staff had received refresher training on a regular basis to ensure their skills and knowledge was up to date. Staff we spoke with confirmed they had not attended all of the training they should have. A staff member said, "We don't get enough training". We found gaps in the number of staff who had completed training in moving and handling people, health and safety and understanding pressure area care. Since being appointed in December 2016, the registered manager had also identified the shortfall in training. In response to this, staff training had taken place and further training was planned.

The provider told us in the provider information return (PIR) that staff completed an induction process but did not state whether new staff completed the care certificate. This sets out fundamental standards for the induction of staff in the care sector. A staff member said, "I have been through a three day induction but I am not sure about the care certificate". We found that while staff were able to go through an induction the care certificate was not being used. When we inspected the service in March 2016 we found that this was part of the induction process. The provider has not ensured this process was maintained as part of how staff were inducted. The registered manager confirmed the certificate would be implemented again and before the end of our inspection had taken action to do so.

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).

The provider told us in their PIR that where people were at risk of having their liberty restricted, the appropriate applications had been made. We found this to be the case and that a number of applications had been made to the supervisory body and the provider was awaiting a response.

Staff we spoke with were able to explain the concept of acting in people's best interest where they lacked capacity and how this was being done on a daily basis within the home. However staff we spoke with were unable to explain the MCA and were unsure who, if anyone had a DoLS in place. We found that training in this area had not taken place since our last inspection in March 2016. Staff we spoke with confirmed they had not had any training. The registered manager was able to show us that they had already taken action

and training sessions were now available to all staff.

People we spoke with told us their consent was sought. A person said, "I do give consent daily". A relative said, "Her [person receiving service] consent is sought because staff would not be able to get her to do anything unless she wanted too". Staff we spoke with told us they would not support someone without getting their consent. We observed staff getting people's permission before anything was done. For example, we observed staff communicating with a person who used gestures. Staff took the time to ensure the person understood what they were communicating as part of the person giving consent.

We received positive feedback about the food and drink provided. A person said, "I am able to get a drink whenever I want one. I have a few beers in my room". A relative said, "The meals here are very nice". Staff we spoke with told us that people decided what they had to eat and drink and that they were able to get a drink whenever they wanted. A menu was displayed showing people what food was available and we saw staff asked people what they wanted to eat. People were able to tell staff what meal they wanted and were also able to make alternative choices where they did not like what was on offer.

During lunch time we saw staff supported people when needed and people were able to have as many portions as they wanted. We saw staff going round offering people second and third portions of food. People used lunch time as a time to socialise and enjoy each other's company by way of having a laugh and a joke during their meal. We found that staff had a good understanding of people's specific dietary requirements and preferences and ensured they received suitable meals.

A person said, "Health care is good. I am able to see a doctor or dentist when I need to". A relative said, "The doctor does visit". Staff we spoke with told us that people were able to see healthcare professionals when needed. A staff member said, "People are able to see a doctor, nurse or even the dentist". We saw evidence that showed where people saw a dentist or optician that documentations reflected this and showed when another appointment was due.

Is the service caring?

Our findings

A person said, "Staff are lovely, caring and kind". A relative said, "Yeah staff are kind and caring". Another relative said, "Staff are excellent they supported [person's name] back to health after only being given a short time to live". Staff we spoke with knew people's support needs and knew how people wanted to be supported. We saw and heard staff speaking to people in a way that was friendly. People were able to share light hearted comments and have a laugh and a joke with staff. People were able to do things at their own pace and staff encouraged people not to rush and take their time walking and using equipment around the home.

We found that people and relatives were able to attend meetings with the registered manager as part of being able to share their views on the running and management of the home. The provider told us in their provider information return (PIR) that they held regular meetings with people and their relatives. A relative said, "I am able to attend relatives meetings". We saw that a meeting had recently taken place. People and relatives were told about the previous registered manager leaving. People were also able to make decisions as to how they were supported by staff to meet their needs and promote their independence. A person said, "Staff only help me when I ask for help. I can do most things myself". Information about an advocate service which people could access as required was on display in the front entrance area of the home. We found that where people wanted the support from an advocate they were able to access this service to support them share their views. Staff we spoke with were aware of the service and was able to tell us which people within the home were currently using the services of an advocate.

We found that the provider had an equality and diversity policy in place. A staff member said, "I have completed equality and diversity training". While we saw that this training was offered to staff as part of the training package delivered, not many staff had completed it. Staff were not able to explain how equality and diversity information could be used to ensure people were supported in the way they wanted. We found that there was insufficient information gathered as part of the assessment and care planning process to enable people's support to be centred on how they wanted to be supported. We raised this with the newly appointed registered manager who told us they would look into improving how this information was gathered and used to support people how they wanted as part of the area of concern they were already actioning.

A person said, "My privacy, dignity and independence is respected". They went on to tell us that staff always closed their bedroom door if they were assisted with personal care. A relative said, "Staff are respectful of people's privacy, dignity and independence". Staff we spoke with were able to give examples of how they ensured people's privacy and dignity was respected. A staff member said, "I always knock before entering people's bedrooms and I always close the curtains during any personal care type tasks". The provider told us in their PIR that people were supported respecting their privacy and dignity. We saw that staff put this into practice. For example, we observed staff supporting a person who was being moved using an hoist. During the process the person's dress lifted up their legs and staff were quick to ensure their dignity was respected by pulling their dress down to cover their legs as well as keeping them calm and relaxed by speaking with them throughout.

Is the service responsive?

Our findings

A person said, "I was involved in my assessment and care plan and I have a copy in my bedroom". A relative said, "Assessments and care plans are carried out". Staff we spoke with told us they were able to access people's care records when needed. The provider told us in their provider information return (PIR) that all people had a care plan in place. We found that assessments and care plans were in place and were kept securely in the lounge area so staff were able to access them easily. People told us they were involved in reviews and that their views were gathered as part of the review process. A relative said, "I do get invited to a yearly review".

Staff we spoke with knew people's support needs and were able to demonstrate from our observations that they knew how they wanted to be supported. We saw staff responding to people where they needed support during meal times or when they were walking about the home independently.

At our previous inspection carried out in March 2016, people were not able to take part in activities that reflected their preferences, likes and dislikes. The provider told us in their PIR that in response to this, they had an activities coordinator who was now working with staff to offer people meaningful activities that reflected people's choices, abilities and preferences.

At this inspection, people we spoke with told us they were now able to take part in activities of their choice and staff agreed that the range of activities provided had improved. We found that people's preferences, likes and dislikes in relation to activities were being identified as part of the assessment process. We observed an activity taking place with people which they enjoyed. The activities coordinator who had recently been appointed showed us their recently compiled activity plan and we saw on some people's care records that social activity plans were being put in place to identify how people would socialise on a more consistent basis in the things they like to do.

The provider told us in their PIR that people were listened to and as part of their 'open door' policy they were able to raise complaints or compliments about the service. A person said, "I do know how to complain but I have never had to". A relative said, "I have never had to complain but I do know how to". Staff we spoke with told us complaints would be passed to the manager or provider to deal with. We found that the complaints process was clearly displayed so people, relatives and visitors would know how to complain and the process was also identified in the service user's guide. We found that the provider had a complaints folder in place to log all complaints and they monitored for trends to reduce complaints and improve the quality of the service.

Is the service well-led?

Our findings

At our last inspection in March 2016 we found that reviews were not taking place on a consistent basis, that medicines were not being audited and checked effectively to identify areas of concerns and that the provider was unable to evidence they were carrying out quality assurance checks. We also found concerns with the quality of the care records and records retention processes. At this inspection we found that improvements in relation to record keeping were still required.

While we were told that care reviews took place, we found that there was still no evidence from the care records to show that reviews were happening consistently, who was present and what the content of the discussion was or any actions resulting. The registered manager and provider told us that they were in the process of implementing a new care records management system which they showed us. They told us this would enable them in the future to ensure all the appropriate documentation required would now be kept appropriately.

Quality assurance checks were taking place and any concerns that had resulted from these checks were being actioned. The registered manager showed us checks and audits they had also carried out to ensure the quality of the service was being maintained and improvements made where necessary. A staff member said, "I have seen the manager going around and doing checks". The provider told us in the provider information return (PIR) that monthly audits were taking place as part of their quality assurance framework. From the checks carried out we saw that a decision was made to implement the new care records management system due to the concerns being identified by the provider with how records were being kept.

Since our last inspection the registered manager had changed and a new manager had been appointed in December 2016 who was now the registered manager. People and relatives we spoke with all knew who the registered manager was and that they were happy with their appointment and that the home was well led since they started. Staff we spoke with told us the registered manager was very supportive and regularly walked about the home to check on how people were being supported.

A person said, "I do like living here. I wouldn't want to live anywhere else". We found the home's environment to be warm and welcoming. People were on first name terms with the staff and our observations of how people interacted with staff showed they were relaxed and comfortable.

People had opportunities to provide feedback on the quality of the service received. A person said, "I have completed questionnaires". Relatives we spoke with told us they also received questionnaires to complete. A relative said, "I do get questionnaires and the home is looked after". Staff we spoke with told us they did not get questionnaires. We raised this with the registered manager and provider who told us that they would ensure staff got questionnaires in the future. We found that questionnaires were being used to gather people's views on the service and where improvements were being made people and their relatives were informed as part of regular meetings. People we spoke with confirmed this.

The registered manager told us as part of the improvements over the next 12 months, they were introducing

a 'resident of the day'. This would enable them to concentrate on one person to ensure the quality of the service that person received was as it should be, care records reflected this and then move onto the next person.

It is a legal requirement that the overall rating from our last inspection is displayed within the home and on the provider's website. We found that the provider had displayed their rating as required.

We found that the provider had a whistle blowing policy in place. Staff we spoke with were able to demonstrate an understanding of the policy and its purpose.

The registered manager understood the notification system and their role in ensuring we were notified of all deaths, incidents, safeguarding alerts and where people's human rights are being restricted by way of a DoLS approval being in place as is required within the law.