Sanctuary Care Limited

The Rosary Nursing 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

This inspection was unannounced and took place on 22 & 23 December 2015.

The Rosary Nursing Home provides accommodation and nursing care to up to 102 people. At the time of the inspection there were 97 people living at the home. The Rosary specialises in the care of older people including older people living with dementia.

The home is made up of two main buildings. One part of the home, known as Primrose provides general nursing care to people. The other building, called Snowdrop, provides care to people living with dementia. Primrose is divided into two areas called Chiltern and Polden. Snowdrop is divided into two areas called Quantock and Mendip.

There is 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.

The last inspection of the home was carried out in February 2015. At that inspection the service was rated 'Requires Improvement' and two requirements were made. We found improvements were needed to ensure there were enough staff available to assist people with meals and social stimulation. We also found some people were not receiving their prescribed medicines at the correct times and there were some gaps in the recording of medicines.

At this inspection we found that improvements had been made in staffing levels and the safe handling of medicines. However we found further improvements were required to make sure medicines were correctly recorded. We also found improvements were needed to ensure the home was well led at all times.

Since the last inspection staff had been recruited but there were still some occasions when the home was short staffed when staff were absent at short notice. There was always a registered nurse on duty in each part of the home. This meant there was always a trained and experienced member of staff to monitor people's care and well-being. In addition to the registered nurse there were also senior carers. There was some confusion about who organised each shift and made sure everyone received care to meet their needs. One visiting relative said "When there are no managers here there is definitely a lack of leadership." Another visitor said "The biggest problem is the nurses don't have the leadership skills they need."

There had been improvements in the lunchtime experience for people. The provider had implemented a two sitting option. This meant that people who wished to eat in their rooms were served first and received the support they needed. There was a later sitting for people who choose to eat in the dining rooms and staff were able to support people to eat in a relaxed and unhurried manner. One visiting relative told us "Big improvements at lunchtime. There's enough staff to do the job properly."

People felt safe at the home and with the staff who supported them. The provider had a robust recruitment procedure which minimised the risks of abuse to people. Staff knew how to report any concerns and the registered manager worked in partnership with appropriate organisations to make sure any concerns were fully investigated.

People told us staff were kind and caring and we saw many examples of this during this inspection. Staff took time to talk with people and offer reassurance where necessary. When people refused support they respected people's choices. When they assisted people with care they made sure people's dignity was protected.

Staff received adequate training to make sure they had the skills and knowledge needed to safely support people. One person told us "The staff are very good." Another person said "I'm not in the best of health but the staff look after me well."

Each person had a care plan which gave clear information to staff about how to meet people's individual needs. People, or their representatives, were involved in the creation and review of their care plans to ensure their views were recorded. People's likes and dislikes were written down to make sure staff were able to provide personalised care to people.

There were ways for people to make suggestions and share concerns with the registered manager. These included individual conversations, relatives and residents meetings and a formal complaints procedure. People said they would be comfortable to make a complaint or suggestion to the registered manager. One person said "You can talk to [registered manager's name] and they do listen."

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 totally safe.

Improvements were needed to make sure all medicines administered or refused were correctly recorded.

Improvements had been made in staffing levels and people were receiving improved support with social stimulation and at meal times.

People felt safe at the home and with the staff who supported them.

Is the service effective?

Good

The service was effective.

People received care and support from staff who had the skills and knowledge to meet their needs.

People's nutritional needs were assessed and they received a diet in accordance with their preferences and needs.

Where people lacked the mental capacity to make decisions staff knew how to support people in line with current legislation.

Is the service caring?

Good

The service was caring.

People were supported by staff who showed kindness and patience.

People's privacy and dignity was respected.

There were ways for people, or their representatives, to express their views about their care and treatment.

Is the service responsive?

Good

The service was responsive.

The provider had systems in place to listen to people's views and respond to complaints.

People were able to make choices about their day to day lives.

There was a range of organised and informal activities to provide social stimulation to people.

Is the service well-led?

Requires Improvement

The service was not always well led.

Improvements were needed to make sure there was clear leadership in the home when the senior management team were not on site.

The registered manager had the qualifications and experience to manage the home.

There was a culture of openness which ensured people's comments and concerns were responded to promptly and any mistakes or complaints were used to improve practice.

The Rosary Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 and 23 December 2015 and was unannounced. It was carried out by three adult social care inspectors, a pharmacy 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.

Before the inspection we looked at the information we held about the service. This included information supplied at registration, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

During the inspection we spoke with 34 people who lived at the home, 12 visitors and 23 members of staff. We also received feedback from four health and social care professionals. Some people were unable to fully share their views with us due to their frailty. We therefore visited people being nursed in their rooms and spoke with staff supporting them. The registered manager was available throughout the inspection and a representative of the provider was available on the second day.

During the day we were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served in all areas of the home. We looked at a selection of records which related to individual care and the running of the home. These included seven care and support plans, medication administration records and records relating to the quality monitoring.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we also identified issues with the administration of medicines. On the day of our last inspection there had been some delay for people on Chiltern receiving their morning and lunchtime medicines. Some people did not receive their morning medicines until after 11am, although the records showed they were given at 8am. Some lunch time medicines were not given until 3pm, although the records showed they had been given at 12:30pm. There was no system in place to make sure that people's prescribed medicines which needed to be given at particular times, for example in relation to meals, received them at the correct time. At this inspection we found improvements had been made and people received their medicines at a reasonable time but further improvements were required.

We found very few gaps in the 97 medication administration records we examined which meant there was no record to show if people had been given their medicines or refused them. Some people were prescribed medicines to be given 'when required' for example those for pain or anxiety. Additional information was not always available for staff to help them give these medicines in a safe and consistent way.

Administration records were in place for staff to complete when they applied creams and ointments prescribed for people. However some people had several different creams or ointments on their medicines administration record sheet and there was often no information to show which, if any of these preparations should be in current use.

Medicines were stored securely. We saw four medicines refrigerators. Staff recorded the minimum and maximum temperatures of the refrigerators to make sure they were safe for storing medicines. Records showed the maximum temperature of one refrigerator was sometimes outside the recommended safe range for storing medicines. The deputy manager told us they were waiting for a replacement refrigerator. Suitable storage was available for controlled drugs, which need additional security. Staff made regular checks of the records to make sure these medicines were looked after safely. However, on one unit staff had not completed two records correctly. Staff had entered RIP to reflect that the person had passed away as opposed to zero to acknowledge that no stock was present. A recent stock check had not highlighted this. The deputy manager told us she would investigate to make sure these medicines had been disposed of safely.

People said they received their medicines at the correct time. One person said "I get my medicines on time. They are very good actually." Another person told us they self-administered some medicines and staff administered others. They said they were very happy with the arrangement and it worked well. One person administered their own medicines and there was a risk assessment in place which was regularly reviewed. This ensured they continued to be safe to carry out this task.

At the last inspection of the service we identified concerns with staffing levels within the home. Our observations demonstrated that although people were having their physical needs met, there were limited occasions when staff provided social stimulation to people. People also waited for long periods of time for assistance during meal times. Improvements had been made at this inspection.

Since the last inspection new staff had been recruited. Staff told us there were enough staff if all staff on the rota turned up. However there were occasions when staff were absent at short notice and the provider was unable to obtain bank or agency staff to cover the shortfalls. We were informed the situation was often worse at weekends when the management team were not on site to cover shortfalls. We discussed with the registered manager and representative of the provider a range of creative ways to minimise this. One visiting relative told us "There have been great improvements in staffing but we still have some blips." Another visitor said "The staff work really hard. Even when they are short staffed [person's name] never goes without anything."

In the part of the home which cared for people who had general nursing needs some people said they thought they waited a long time for assistance. One person said "The staff are good but there is not enough of them." Another person told us "Sometimes we have to wait for help but on the whole it's not too bad." During the inspection we found people in all areas of the home received support reasonably promptly when they requested assistance.

At this inspection we found people were receiving more social interaction. In the general nursing part of the home, Primrose, there were more organised activities for people to take part in. In Snowdrop we found care staff and activity staff were providing social stimulation to people often on a one to one basis. Staff sat chatting to people in lounge areas and personal rooms. There was good humoured banter which resulted in smiles and laughter. A new activity leader had been appointed which had provided fresh ideas for activities and social events. On the first day of the inspection there was a Christmas bake off which all areas of the home entered. On the second day a Christmas party was being held for people and their friends and families. Throughout both days there was ad hoc social stimulation such as informal sing songs and general chatting.

There had been improvements in the lunchtime experience for people. All staff had been involved in observing meal times to see how improvements could be made to make sure everyone had the help they required to eat their meal at a reasonable time. In response to the findings the provider had implemented a two sitting option. This meant that people who wished to eat in their rooms were served first and received the support they needed. There was a later sitting for people who choose to eat in the dining rooms and staff were able to support people to eat in a relaxed and unhurried manner. This generally worked well, however there was limited staff available to assist people who lived upstairs in Primrose although there were large amounts of staff downstairs. We discussed this with the management of the home who stated they would look at how staff were deployed. In Snowdrop staff were able to sit with people after their meals to socialise which created a very happy and relaxed environment. One visiting relative told us "Big improvements at lunchtime. There's enough staff to do the job properly."

People told us they felt safe at the home and with the staff who supported them. One person said "They are very nice. I am treated with respect. If I ring the bell they come and I am happy with how they care for me." Another person told us "I do feel safe here, if anything happened there are people around to help." Some people were unable to express their views verbally due to their frailty or dementia. People were comfortable with the staff who supported them and smiled as they were approached by staff. Staff took time to chat to people and reassure them when necessary. One visiting relative said "I feel they are completely safe here. Staff are absolutely wonderful."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and

barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. The three staff personnel files we read gave evidence that the provider's recruitment policy was followed to minimise risks to people.

Staff told us they received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff said "I have never seen anything nasty here. If I did I would report it straight away." Another member of staff told us "If I reported anything it would be dealt with. The manager would never tolerate any abuse."

Where concerns had been raised with the registered manager they had worked with other organisations to make sure full investigations had been carried out. A member of the local safeguarding team told us they had been made welcome in the home and the management had taken on board advice given to minimise risks to people.

Care plans contained risks assessments which outlined measures to minimise risks and ensure people received care safely. Where people had been assessed as being at high risk of pressure ulcers and damage to their skin appropriate pressure relieving equipment was in place to minimise risks. One person had been assessed as being at high risk of falls. To minimise the risk of injury to the person a pressure mat linked to the call bell system had been placed in their room. This informed staff when the person was moving around and enabled staff to attend to them quickly to minimise the risk of them falling. This was clearly documented in their care plan.

There were individual emergency plans in place to make sure people could be safely evacuated from the building if required. One healthcare professional told us they had witnessed a fire alarm at the home and was complimentary about how this was responded to. They told us the senior member of staff was calm, quick and followed the procedure. The provider had arrangements in place if people needed to be accommodated away from The Rosary in an emergency situation.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. One person told us "The staff are very good." Another person said "I'm not in the best of health but the staff look after me well."

There were always registered nurses on duty to make sure people's healthcare needs were monitored and met. Care staff told us if they had any concerns about a person's health they reported it to the registered nurse on duty to make sure they received effective support. One person had complained of a skin condition and this was being monitored. The diary showed that when the condition had not improved, staff had contacted the person's doctor and a visit was arranged. Another person who was feeling unwell at the time of the inspection was being monitored in their room.

Healthcare professionals informed us of an occasion when a pressure sore had not been correctly identified by nursing staff at the home which led to a person's hospital admission. This was discussed with the registered manager and a full investigation was being undertaken by the provider. This had also been discussed at a trained staff meeting when staff had been asked to reflect on the issue and learn from what had gone wrong in this instance. This demonstrated the provider was open about mistakes made and used them to support staff to learn and make improvements in the care they provided to people.

The home arranged for people to see other health care professionals according to their individual needs. Care plans showed people had access to healthcare professionals including doctors, community nurses, speech and language therapists, opticians and chiropodists. One visiting healthcare professional told us there was good communication with them and call outs were appropriate.

Some people were being nursed in bed due to their frailty. We visited a number of these people and saw they were comfortable and warm. The provider had a system in place called 'intentional rounding.' This ensured people in their bedrooms were regularly seen to monitor their well-being and maintain their comfort. Staff completed recording sheets when they had seen and provided care to a person. In most parts of the home these records were well completed giving a clear picture of the care provided to a person. However in one area of Snowdrop the records were poorly completed. For example we visited one person at 11.15am and their records showed they had not received any support since 8.30am. However the record for this time said they had been assisted to lie on their back but when we visited them they were positioned on their right hand side showing that care had been provided. Another person's chart showed they had been provided with a drink 8am but the section for interaction at the same time stated they were asleep. We discussed this with the registered nurse at the time and improvements were made for the rest of the inspection.

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for.

After staff had completed their induction training they were able to undertake further training in health and safety issues and subjects relevant to the people who lived at the home. Staff told us training included; understanding dementia, fire safety, infection control and nationally recognised qualifications in care. Staff said they received regular training updates to make sure they were working in line with up to date good practice guidelines and legislation.

In the part of the home which cared for people living with dementia staff interacted well with people and offered reassurance and support where required. This resulted in a calm and relaxed atmosphere for people. One member of staff said "We don't expect it to be calm all the time but we want to meet people's needs and that helps people feel secure and relaxed."

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Nutritional assessments were regularly reviewed and changes were made in accordance with changes in people's needs. One care plan we read showed that a person had lost weight. The changes had triggered more frequent weighing of the person and a referral to their GP.

Where people were assessed as being at risk of poor nutrition they were offered snacks throughout the day. People were offered crisps, sweets, fruit and biscuits and these were also available in communal areas for people to help themselves. We noticed that whenever someone came into the lounge area staff quickly offered them drinks and snacks. Where people remained in their rooms staff provided regular hot drinks and everyone had access to cold drinks at all times. Some people's food and fluid intake was recorded to enable staff to monitor the person. In one instance we saw the person's intake was incorrectly recorded. Staff recorded the person had eaten half of their meal when in fact we had observed they had eaten very little.

There was a menu which offered a choice of food at each meal. Where people were unable to verbally express themselves they were shown each meal to enable them to make a choice. Most people were complimentary about the food served. One person told us "The food's very good indeed. I like my drinks." Another person said "There's plenty of food and drink. It's all very nice." One person told us they would like to have more salads.

Where people required their food to be served at a specific consistency this was provided. One person's care plan stated they needed their meal to be pureed and their drinks to be thickened to minimise the risk of choking. During the inspection this person received food and drink in line with their assessed needs which showed staff followed the care plans to make sure risks were minimised.

People received the support they required to eat their meals. Staff prompted people and offered encouragement where necessary. Where people required full physical assistance to eat this was provided in a dignified way. Staff sat with people and supported them at their pace. To assist some people to maintain their independence specialist cutlery and crockery was provided.

People were always asked for their consent before staff assisted them with any tasks. Where people refused assistance staff respected their decision but returned to them later to see if they had changed their mind.

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. Staff knew how to support people who did not have the capacity to make decisions. Staff told us they involved family members and other professionals to make sure decisions were made in the person's

best interests. This was clearly recorded in people's care plans.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had made appropriate applications where people required this level of protection to keep them safe. Records showed when people lacked the mental capacity to make a decision and how a best interest decision had been made.

Good

Is the service caring?

Our findings

People said they were supported by kind and caring staff. One person said "They are always kind." Another person told us "They are very nice. I am treated with respect."

Throughout our visit we observed staff treated people with kindness and affection. There was lots of chatter, good humoured banter and laughter. Staff clearly knew people well and were aware of their likes and dislikes. Staff visited people who spent time in their bedrooms to make sure they were comfortable and to offer assistance if needed. We saw staff taking a chocolate bar to one person in their room because they knew how much they liked chocolate. One person told us "They are in and out like yoyos."

When staff spoke with people they made sure they were at their level and not towering over them. Staff showed patience when communicating with people giving them time to express themselves and respond to any questions asked. The staff had received numerous thank you cards and letters, many of which mentioned staff's kindness and caring attitude.

Visitors and healthcare professionals told us they always found staff to be welcoming and caring. One visitor said "They are friendly and patient. They are cared for as they should be." A healthcare professional told us they thought staff often went 'above and beyond' to help people. They said this was especially true when they were caring for people who had lived at the home a long time. They told us staff cared for these people as if they were their own family. A visitor of someone who had recently moved to The Rosary told us how kind and helpful staff had been which had helped them at such a difficult time.

People were well dressed and clean showing staff took time to support people with personal care. We noticed people who were up and about were appropriately dressed. They had well-fitting slippers and walking aids nearby to assist them to maintain their independence. People said staff were respectful when they assisted them and this was evident at the inspection. When people required assistance with personal care staff quietly took them to their bedrooms to protect their privacy and dignity. One person said "I am always treated with respect. They are considerate when they help you."

Staff offered reassurance and explanations to people when they were assisting them. Some people required staff to assist them with mobility using a mechanical hoist. Staff told people exactly what was happening and constantly checked they were comfortable. They made sure clothing and blankets were in place to protect people's modesty.

People told us they were able to have visitors at any time. Visitors said they were always made welcome and staff encouraged family members to continue to play an active part in people's lives. Some relatives told us they visited every day and were welcome at any time. One relative told us "They care about me too. I think they see us as a package which is wonderful."

People's privacy was respected and people were able to spend time alone in their bedrooms if they wished to. Staff knocked on bedrooms doors and waited to be invited in before entering which demonstrated they

respected people's personal space. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. People had been able to personalise their rooms with ornaments, small items of furniture and pictures which gave them an individual homely feel.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. Where people were unable to express their views family members were able to take part in reviews. One person told us "It's very good. They involve me when I can." A visiting relative said "I have been involved in the care plan and they keep me up to date with everything."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. People's personal information was securely stored to ensure confidentiality. When staff discussed people's care needs with us they did so in a respectful and compassionate way.

The staff were able to provide care to people who were nearing the end of their life. Care plans outlined how and where people would like to be cared for when they became very unwell. The Rosary was accredited to the 'National Gold Standards Framework.' This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. The home had been awarded 'Beacon' status which is the highest level of this award.

Good

Is the service responsive?

Our findings

People told us they would be comfortable to make a complaint and were confident any concerns would be fully investigated and responded to. One person said "If something was wrong I would tell them and they would sort it out." A visiting relative said "They sort out anything I point out. Nothing is ever too much trouble."

There was a formal complaints procedure which gave people information about how to make a complaint and the timescales they could expect a response in. Complaints were investigated and responded to within the stated timescales. Where a complainant was unhappy with the outcome of an investigation carried out at the home the complaint was escalated to the provider for further investigation. Although part of the home cared for people living with dementia there was no easy to understand complaints procedure which may assist people who were unable to understand the formal procedure, to make a complaint. We discussed this with the registered manager who stated they would look at how a simplified version of the procedure could be made available.

At the last inspection we identified that although the registered manager held residents and relatives meetings these were mostly attended by relatives. This could mean people who lived at the home had limited opportunities to share their views. In response to this concern the registered manager had set up more informal discussions with people to make sure their views were captured. This was in addition to formal meetings which continued to be held regularly.

Conversations held with people were recorded in a note book along with any action taken. We looked at the records of these conversations and saw people had given positive feedback about staff sitting with them to have a cup of tea after lunch. This practice was continuing at the time of the inspection. In another conversation someone had said they would like more people to talk to. The registered manager had introduced them to another person who lived at the home who also liked to socialise. One person had commented they needed a brighter light in their room and the maintenance person had arranged this promptly.

The registered manager and deputy managers also carried out 'walk-arounds' twice daily. One in the morning to check food and fluid charts and another in the late afternoon. This was another opportunity for people to raise issues with a member of the management team. People and visitors knew who the registered manager was and said they could talk to them at any time. One person said "You can talk to [registered manager's name] and they do listen."

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People chose what activities they joined in with and how they spent their time. Where people were unable to occupy themselves care staff and activity workers spent time socialising and involving them in activities.

Each person had their needs assessed before they moved into the home. This was to make sure the home

was appropriate to meet the person's needs and expectations. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. The care plan for one person who had very recently moved to the home showed staff had recorded the person's likes and dislikes as they discovered more about the person. One member of staff said "When people are new to us we ask the family about them but sometimes if they can't tell us about their preferences we just have to keep suggesting things. Once we find out their individual bits and pieces we write it down."

Where people required one to one support to meet their needs and ensure their safety this was generally provided. A member of staff was allocated to provide this care throughout the specified time. In Snowdrop although a person was assessed as requiring this level of support and an additional member of staff was allocated, this was not always well organised meaning that for a short period of time this was not provided. This resulted in the person becoming unsettled until their one to one support was reinstated.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Care plans also contained the Alzheimer's Society document entitled 'This is me.' This gives information about the person, their needs and likes. It can be used by other professionals, such as hospital staff, if people's care needs to be provided away from the home. This meant that anyone involved in the persons care would have clear information about the person, their abilities and needs and could provide appropriate care and support.

People received care in accordance with their care plans. One person's care plan said they needed to be nursed in bed and enjoyed listening to classical music. When we visited this person they were comfortable in bed and the radio was tuned to a classical music station.

Where people had specific healthcare conditions, care plans contained information to help staff to identify when they may be becoming unwell. For example one person's care plan showed they had insulin dependent diabetes. There was information to help staff to recognise the signs of low blood sugar and details of what staff should do in this situation.

The staff responded to changes in people's needs. If people's general health needs deteriorated they ensured the level of support offered was increased. Where people had periods of acute illness the staff adjusted their care accordingly. For example one person was unwell at the time of the inspection and staff were supporting them quietly in their room.

People were able to take part in a range of activities according to their interests. There was a pictorial timetable of social events and activities to help people to plan their time around the things they would like to join in with. One person said "I can always find something to do. No trouble at all." The activity leader said they put dates for activities and trips in the newsletter so any relatives who wished to join in were able to do so. Recent activities had included quizzes, a visit from some birds of prey, craft sessions and a meal out at a local public house.

The home operated a system where each afternoon all staff, including ancillary staff, spent time with people for a minimum of ten minutes. This enabled staff to spend one to one time chatting with people who may not join in with activities or other social functions. One member of ancillary staff had shown surprise about how much they had found out about some individuals in this short time and how much they enjoyed these conversations.

At the time of the inspection there were a number of social events and activities to celebrate Christmas. Other occasions, such as Halloween and Remembrance day, were also recognised to help people to

orientate themselves to the time of year.

Requires Improvement

Is the service well-led?

Our findings

There was always a registered nurse on duty in each part of the home. This meant there was always a trained and experienced member of staff to monitor people's care and well-being. In addition to the registered nurse there were also senior carers. There was some confusion about who organised each shift and made sure everyone received care to meet their needs. Some staff told us it was the registered nurse whilst others said as the registered nurses spent a lot of their time administering medicines and attending to other nursing duties the senior carer organised staff. One visiting relative said "When there are no managers here there is definitely a lack of leadership." Another visitor said "The biggest problem is the nurses don't have the leadership skills they need." We saw this issue had been identified by the management team and had been raised with registered nurses at trained staff meetings and also in individual supervisions. The provider informed us registered nurses were responsible for organising each shift. They told us registered nurses had access to training in managing teams but we found learning from this had not always been put into practice.

The registered manager was very visible in the home and well respected by people and staff. People said they were very approachable. The registered manager was supported by two deputies. One deputy took a lead role in Primrose and the other in Snowdrop. A staff member said "It seems to me that the managers put the residents first and really care." A relative told us "I think things run quite well, they seem to have a handle on things and there are some carers groups."

There was a culture of openness that ensured any mistakes made were investigated and lessons were learnt from them. For example when someone was admitted to hospital with a pressure sore this was used in a reflective practice session to look at how improvements could be made. When a serious medication error was made this was immediately reported to the appropriate authorities and support sought for the person concerned to ensure their well-being.

Following a complaint about the completion of fluid charts this was again discussed with registered nurses to look at how improvements could be made. Different charts were put in place and registered nurses placed a higher emphasis on checking people's fluid intake. At this inspection in all but one area we found the charts were well completed.

People's concerns were responded to promptly. On the first day of the inspection a small number of people complained about the laundry service and this was fed back to the registered manager. By the second day a questionnaire had been devised to seek people's views and identify how improvements could be made.

The registered manager was passionate about providing good quality care that was person centred. They said they made clear to staff The Rosary was people's home which they all had the privilege of working in. Their vision and values were communicated to staff through day to day conversations, staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

Comments from staff demonstrated they were aware of the ethos of the home and worked in accordance with it. An agency member of staff said they enjoyed working at the home because of the happy atmosphere. They said "It is made very clear that dignity, happiness and respect cannot be compromised here. I would be more than happy for a member of my family to be here." Another member of staff said "Everything is about the service users. In Snowdrop we have to be very flexible and go with the flow. In Primrose it's more structured but it has to be what people want."

The registered manager was a registered nurse and had the experience needed to manage the home. They kept their skills and knowledge up to date by ongoing training and reading. The home was a member of the Registered Care Providers Association (RCPA) which provides up to date guidance and information for care providers in Somerset. The registered manager attended some conferences held by the RCPA to gain and share knowledge and network with other registered managers and providers. A senior representative of the provider provided one to one supervision to the registered manager to monitor their practice and offer advice and guidance where needed.

The provider had signed up to the department of health's initiative 'The Social Care Commitment.' This is the adult social care sectors' promise to provide people who need care and support with high quality services. The registered manager informed us all managers had received training in this initiative and this had influenced how they interviewed and recruited new staff. They said they now focussed part of the interview on ascertaining the candidate's attitude to providing care and how kind and considerate they were.

There were quality assurance systems to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. For example where a medication audit highlighted shortfalls in recording this had been discussed with registered nurses at a meeting.

The provider operated a 'resident of the day' scheme which meant on this day each month the person received a mini health check including being weighed and having their blood pressure taken. The person's care plan was also audited and up dated as required.

There were systems to maintain the building and ensure the safety and comfort of people, staff and visitors. There were regular health and safety checks and any maintenance required was dealt with promptly. At the time of the inspection we identified some unpleasant odours in communal areas. We discussed this with the provider who showed us this had already been identified by their internal audits and carpets were being replaced in the new year.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.