

Mrs B J Dachtler

Rosamar

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook a focused inspection at Rosamar on 2 October 2018. The inspection was announced, which meant that the provider knew we would be visiting. This was so people living at the service could be supported by staff prior to our inspection.

This inspection was undertaken due to concerns we had received around people's finances and safeguarding incidents, which required further investigation. The team inspected the service against two of the five questions we ask about services: is the service safe and well led. This is because the information we received related to these two key areas.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

At the last comprehensive inspection of the service in January 2018, the service was rated Good. At this inspection we found the service remained Good.

Rosamar is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Rosamar supports up to 10 people with a learning disability, who may also have additional complex needs. At the time of the inspection there were nine people living at the service. The service has two lounges, a dining area, kitchen, two laundry rooms, office and bedrooms. There is a driveway and back garden, which people could use.

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.

Staffing levels met people's needs. Staff were consistent, experienced and knew people well.

People's finances were managed safely. Regular audits and checks were conducted.

Safeguarding concerns were reported in line with the provider's policy.

Further information is in the detailed findings below.

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 remained Good.

Is the service well-led?

Good ●

The service remained Good.

Rosamar

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.

An announced focused inspection was completed on 2 October 2018 due to concerns we had received around people's finances and safeguarding incidents, which required further investigation. We inspected the service against two of the key areas; is the service safe and well-led.

The inspection was carried out by two inspectors. We reviewed information we held about the service which included notifications. A notification is a report about important events which the service is required to send us by law. We also considered information shared with us from commissioners, the local safeguarding team and other organisations working with the provider.

As part of this inspection, we spoke with the registered manager of the service and four staff members. We spoke with four people that lived at the service. We reviewed the care plans and risk assessments for two people at the service. We also looked at safeguarding and financial records, Deprivation of Liberty Safeguards (DoLS) information and staffing levels.

Is the service safe?

Our findings

People were supported by enough staff to meet their needs. The registered manager told us there were two staff on duty at all times. The registered manager was additional to these staffing levels. Staff we spoke to confirmed this. The staff team was consistent and no agency staff were used. However, the registered manager did not keep any records to demonstrate staffing levels on a day to day basis. The registered manager said this would be addressed.

An activity was planned within the community each day. This included visiting places of interest, eating out and attending local clubs and groups. People could participate in the planned activity or could choose to remain at the service. Records showed when people had chosen to go out or to remain at the service. Information was held about what activities people had participated in and how they responded and engaged in the activity provided. These observations aided staff in ensuring people enjoyed how they spent their time.

People were involved in deciding and planning what they did with their time and the activities of offer. One staff member said, "They go wherever they choose, they choose most visits." One person said, "I like going on the minibus, we go to Axbridge. There are picnic benches." Another person spoke to us about what they were doing that day. The person was asked if they would like to go out or stay at the service. The person said they wished to go out and explained the activity they were going to be doing. However, one person commented, "There's no options really you have to go."

We reviewed the systems to support people with their finances. A risk assessment and policy for staff handling people's money was in place. Records were kept for all transactions such as personal spending, transport costs and activities. Staff told us the expectations the service had for ensuring all financial transactions were fully accounted for. Weekly and monthly audits occurred.

Care plans and risk assessments contained some information about how people's finances were managed. For example, how one person held a daily amount of money on them on, where they stored this and what they liked to spend it on. However, we highlighted to the provider that further information in line with legislation and guidance would be beneficial to ensure people's independence was fully promoted and people's preferences were clearer. The registered manager told us work was underway with an external agency to improve care plans and this would be included.

Care plans gave information about people's like and dislikes and preferred methods of communication. Staff we spoke with knew people's personal preferences well.

Staff were aware how to report and record any safeguarding concerns in line with the service's safeguarding policy. These were reported appropriately to relevant authorities. Actions were taken as a result of safeguarding investigations to ensure risks to people were reduced. The registered manager acknowledged that information relating to safeguarding could be organised more efficiently to be able to track outcomes more effectively.

Is the service well-led?

Our findings

We found notifications had not been submitted when people's Deprivation of Liberty Safeguards (DoLS) had been authorised. All other notifications had been submitted as required. The outstanding DoLS notifications were submitted following the inspection. An overview documented the status of people's DoLS applications and monitored when they expired.

Staff told us the registered manager was approachable and supportive. One staff member said, "I can go to the registered manager with any concerns."

Systems were in place to audit people's finances. This included weekly and monthly checks of people's personal monies held at the service. Documentation was held when monies was requested from people's appointees and audit trails were documented to show withdrawals and spending.

The provider had displayed their assessment rating in the entrance to the service for people and visitors to see.