

Mrs M Watson

# Rosewood Villa

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Rosewood Villa accommodates 17 older people across two floors in one adapted building. Some of the people were living with a dementia. At the time of our inspection visit there were 15 people using the service.

### People's experience of using this service and what we found

Medicines were managed safely, in line with best practice. External advice was sought where appropriate.

The premises were well maintained and serviced. Appropriate health and safety checks were in place. Risk assessments were in place and well understood by staff.

Staffing levels were safe with people feeling well supported by staff they knew well; the service did not use agency staff.

The care manager worked proactively with external healthcare professionals. They ensured people had access to primary healthcare services.

Meals were varied and there was a creative approach to trying new foods. Specialised diets were well catered for.

People enjoyed a range of individual and group activities on offer. Community links were strong and contributed to a vibrant range of events.

The home felt welcoming, personalised and vibrant. Feedback was positive regarding the compassionate, affectionate and sensitive approach of staff. The culture was strongly person-centred and respectful of people's individualities.

People were involved in the planning of their care. Residents' meetings, one to one time and surveys ensured people had a say in how the service was run.

People's rooms were clean, well decorated and highly personalised. Communal spaces were well designed in terms of space and popular areas for people to mingle.

Staff received training relevant to people's needs. End of life care plans were in place and staff received training. More was planned to increase skills and confidence in this area.

The care manager worked well with staff, was a visible leader, and there was a strong team ethic. Morale was high and continuity of care was a key strength of the service.

Notifications had been made to CQC when required.

People's capacity was assumed unless there were reasons to consider otherwise, and staff acted in line with the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 21 December 2018).

The provider made immediate improvements and provided assurances about their knowledge of requirements to notify CQC of relevant incidents.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Rosewood Villa

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

One inspector and one Expert by Experience completed the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Rosewood Villa is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not require a manager registered with the Care Quality Commission. The owner was an individual and, along with the care manager, retained close oversight of the service.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed all the information we held about the service, including notification of changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted social workers, professionals in local authority commissioning teams, safeguarding teams and infection control teams. We reviewed the service's previous inspection reports. We used all of this information to plan our inspection.

#### During the inspection

We spent time speaking with five people who used the service and seven relatives. We spent time observing

interactions between staff and people who used the service. We spoke with six members of staff: the care manager, administrator, senior carer, activities coordinator, domestic assistant and owner.

We looked at three people's care plans, risk assessments and medicines records. We reviewed staff training information, quality assurance systems, a selection of the home's policies and procedures, meeting minutes and maintenance records.

Following the inspection

We contacted via telephone two further health and social care professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- Safeguarding procedures were well understood by staff who were suitably trained.
- Where risks increased or people's circumstances changed, staff sought immediate help and advice. They liaised well with external safeguarding professionals and others to keep people safe.
- People told us they felt safe and at home. One said, "I used to have falls but have had none here."
- One person said, "It's safe as houses; there are always plenty of staff." Staffing levels were appropriate to the needs of people's personal care and social needs. People's dependency was regularly assessed to inform staffing decisions.
- Processes were in place to ensure prospective staff underwent checks. Staff files demonstrated these checks continued to take place.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risk assessments were specific to people's needs and contained clear, person-centred instructions for staff. These risk assessments were regularly reviewed.
- Staff demonstrated an ability to calmly redirect people who were beginning to feel anxious. The care manager and others ensured advice was sought from mental health practitioners where people's needs changed.
- Emergency, utilities and other equipment were regularly serviced.
- The service was well maintained and clean throughout. Staff wore protective equipment such as gloves and aprons where appropriate.

Using medicines safely

- Medicines were managed safely. Where people were prescribed medicines 'when required' this was supported by a separate protocol for staff to follow. The provider took advice from their pharmacy and local medicines optimisation team to ensure they were adhering to best practice.
- Auditing and stock checks of medicines ensured errors were minimised. The care manager was responsive to feedback about the potential for improving the auditing template they used.

Learning lessons when things go wrong

- Processes were in place to ensure any accidents, incidents, complaints or safeguarding incidents were documented and analysed. Staff confirmed the culture was an open one in which mistakes were seen as an opportunity for learning; staff felt they could raise any concerns openly.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to using the service then reviewed on an ongoing basis. The care manager was aware of recent developments in best practice, such as 'Smiling Matters: Oral Health Care in Care Homes'. All care staff had recently attended updated oral health care training and the care manager had drafted new specific oral health care plans.
- Daily recording information we reviewed was accurate and sufficiently detailed. Handover procedures were clear and well understood.
- People and relatives had confidence in staff knowledge and agreed they received good health and wellbeing outcomes. One relative said, "To be honest they have kept her alive; due to the care she is thankfully still here. They meet her needs really well and check on her regularly."

Supporting people to eat and drink enough to maintain a balanced diet

- Menus were varied, with a range of options. The dining area was pleasantly arranged with flowers and fresh tablecloths at tables. People said, "There is plenty of choice and the food is fantastic, every month they do food from around the world."
- People's cultural and religious preferences were respected and meal options altered accordingly. Staff demonstrated a good knowledge in this regard.
- There was a creative approach to encouraging healthy and varied eating. For instance, staff held monthly 'world food' events. Staff dressed in relevant national dress and prepared a range of typical foods from different parts of the world.
- People's weights were well monitored for risks of malnutrition. Relatives confirmed staff were patient and effective in encouraging people to eat healthily and, where needed, to put weight on.

Staff support: induction, training, skills and experience

- Staff received training relevant to their roles and people's needs. The care manager sourced and delivered additional training where they became aware of it and worked well with external partners to do so.
- Staff supervisions, appraisals and meetings happened regularly. One member of staff told us, "Everyone pulls together to get things done. We have meetings but you know there is always support on hand anyway."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The care manager had maintained strong working relationships with local health and social care professionals. One told us, "They get the balance right. They deal with the majority of things and ask for help when they need it. They are very knowledgeable." Another said, "If we do emergency health plans they really



listen. They are astute and pick up on things well."

- People's need for and access to regular primary health services, such as chiropody and dentistry, was clearly documented in the care documentation.

Adapting service, design, decoration to meet people's needs

- The premises were homely but spacious, with a range of communal and private space. The outdoor space was well designed to give people another area to either relax, meet relatives or partake in hobbies such as gardening.
- People knew their way around the home well and there were a number of dementia-friendly improvements such as brightly painted 'front doors' to people's rooms and signage.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager had reviewed DoLS in place and made appropriate applications. Mental capacity assessments, along with our conversations with staff, demonstrated a good understanding of best interest decision making and the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remains good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives gave a range consistently positive feedback about the caring nature and attitudes of staff. One person said, "They look after me, they are all lovely." Relatives said, "The staff are very affectionate – they calm her and sit with her," and, "They make it so homely – we can drop in whenever and it is always this relaxed." One external healthcare professional told us, "It is obvious they are genuinely interested about people and I would say show love and affection for them." Another said, "They have a very caring nature which comes from a very good stable staff. I want to send my mother there."
- People and their relatives told us the continuity of care had a positive impact on their wellbeing and comfort. One said, "They look after me. I rarely join in anything now but they always encourage me as basically I'm very shy and nervous. I'm much more confident now, I am even talking to you!" Agency staff were never used and the majority of staff had worked at the service for several years.
- Care planning detailed how staff could uphold people's individual levels of independence and we saw this in practice. For instance staff taking longer to support a person to eat their own meal, rather than rushing them.
- All relatives used terminology such as 'family' and 'friends' when describing staff. There was a notable focus on encouraging staff to maintain this family feel. For instance, staff members regularly brought their young relatives in to the service. People told us they loved this and there were a range of celebratory photograph albums of celebrations involving people and their relatives of all ages.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had received equality and diversity training. They demonstrated a sound knowledge of people's needs and took steps to make sure they felt at ease when practicing their religion. For instance, a minister visited once a month to perform a hymn service. A person of another faith was supported to ensure their prayers and hygiene needs were in accordance with their faith.
- Staff sensitively and proactively allowed people to celebrated relationships. For instance, one person was celebrating a wedding anniversary with their visiting spouse; staff arranged a surprise bottle of wine and romantic meal for them. The spouse told us, "This was totally out of the blue and I can't put into words how much it meant."
- Staff demonstrated a good knowledge of people's preferences and interests. They used these to ensure people were at ease.

Supporting people to express their views and be involved in making decisions about their care

- Residents meetings took place regularly and the feedback from these influenced changes to the menu

and activities. People felt at home and included in the running of the service.

- Annual surveys were due to be sent out at the time of inspection. Previous years' surveys demonstrated wholly positive responses.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were sufficiently detailed to give new staff a comprehensive overview of people's needs. Each care file had a one-page profile at the front which gave key information about likes and dislikes. All staff we spoke with had a detailed knowledge of people's needs built up over time.
- People and relatives confirmed they were involved in regular conversations about the planning and review of care needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was an activities coordinator, passionate about their role, who planned and delivered varied group and individual activities. Group sessions included crafts, baking and music. Individual activities included pamper sessions and reminiscence.
- People played a part in planning and delivering these to ensure they were person-centred. For instance, people had gone shopping with staff to pick items for the world food day events.
- The owner took pride in being involved in the running of the service and regularly took people out in their car to visit favourite places.
- The service had a strong local reputation and staff had ensured strong local links meant people were protected from social isolation and felt part of their community. For instance, there was a regular hymn service held in the home.

End of life care and support

- The care manager worked well with local end of life care professionals. Staff had received relevant training and there was more planned to address the emotional impact on staff as well as ensuring they were best able to broach such conversations with families.
- Care plans contained information about people's advanced care planning wishes.
- The service had respected people's lives and how people wanted to be remembered. For example, there were benches on the veranda to memorialise people, and a book with photographs and memories.

Improving care quality in response to complaints or concerns

- There had been one recent complaint, which was dealt with thoroughly and with the relevant involvement of external agencies.
- People and relatives had a range of opportunities to raise any complaints or concerns; they confirmed they understood how to do so.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers. The registered manager acted in line with the Accessible Information Standard (AIS).

- Care plans contained detailed information about how best to communicate with people who had specific needs, such as sensory impairments or limited verbal abilities.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection the key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to send in a number of required notifications to CQC. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

At this inspection the provider was no longer in breach of regulation 18. The care manager and administrator had sent in appropriate notifications to CQC since the previous inspection. They demonstrated a sound understanding of related guidance and requirements.

- The care manager and owner took a hands-on, passionate approach to caring for people and leading their staff. One relative said, "You can tell what the atmosphere is like as soon as you walk in. [Care manager] is amazing and so is [owner]. They are both very approachable and you can talk about anything. They treat every single person as an individual."
- The care manager was committed to maintain high standards of care and finding ways to improve areas of practice; they were responsive to suggestions and carried out regular service audits. They inspired their staff and had the respect of visiting professionals. One said, "The care manager is great at communicating – with us and with families to make sure they are involved at every stage."
- Staff were clear about their roles. The care manager was currently the dementia champion. They were considering using champions in other areas.

Working in partnership with others

- The care manager and administrator worked collaboratively with key external professionals.
- External professionals provided strong feedback about the service. They confirmed the care manager was receptive to feedback about any improvements to practice.
- There were strong community links in place. The manager ensured these were utilised to make sure people felt fully involved in their community and to bring the community in to the service. For instance, hosting local schools and inviting people's friends and families to all celebrations.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff morale was high and built on a culture of hard work, mutual respect and, ultimately, dedication to provide high quality care and support to people in a homely environment.

- The majority of staff had worked at the service for several years and shared the values of the leadership team. The culture was inclusive and respectful at all levels.
- Relatives felt assured that any issues could be raised openly and would be dealt with appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff had regard to people's protected characteristics. For instance, where someone had particular religious beliefs, these were set out clearly in their care planning so staff could be aware of any sensitivities.
- People's varying levels of independence were understood and respected by staff. Staff had received equality and diversity training.