Anchor Trust

Rose Court

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

Overall summary

Rose Court provides personal care and accommodation for up to 64 older people, some of whom are living with dementia. When we visited there were 54 people living at the home.

The home was last inspected on 29, 31 July and 9 August 2014 and at that inspection we found there were two breaches of regulation and improvements were required. This included having enough staff at all times to meet people's needs and giving people's medicines at the time they required them. People's need for assistance was not always responded to in a timely manner. There was a system to look at accidents and incidents, but records of how to prevent them happening again were incomplete. We asked for improvements to be made to address these issues.

This inspection took place on 2nd June 2015 and was unannounced. We found improvements had been made to address the breaches of regulations. Improvements made the home safe and caring and the arrangements for the leadership of the home had improved.

The home had a registered manager. A registered manager is a person who has registered with the Care

Summary of findings

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.

There were enough well trained and supported staff to keep people safe. People were given their medicines when they needed them. Staff were knowledgeable about how to recognise abuse and how to report any concerns they had.

People received the care they required to meet their specialist needs. Staff worked in partnership with health professionals. Staff were aware of when people needed to visit specialist health professionals and who to contact to ensure people got the support they required. People enjoyed the meals and they were designed to meet their individual needs and preferences.

People were treated with respect and warmth and their dignity was maintained. Individual needs were considered and met. People were encouraged to do as much as possible for themselves to maintain their independence.

People knew how to complain and felt confident to do so when necessary. Complaints were investigated and letters of apology sent to complainants. Changes were made in response to complaints to prevent recurrence.

A range of activities was available which people told us they enjoyed. The activities included monthly cocktail parties, musical sessions and dancing. Some people joined in household tasks such as laying the table for meals; this helped them to feel part of the daily life of the home.

The quality of the service was assessed by the registered manager and the provider so they could identify any improvements that were necessary. The improvements were made by the registered manager.

Summary of findings

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. Staff were knowledgeable about how to recognise signs of potential abuse and were aware of safeguarding adults reporting procedures.

Staff undertook assessments to identify risks to people and management plans to reduce the risks were in place. Staffing levels were appropriate to keep people safe and meet their needs. People received their medicines at the time they needed them.

Is the service effective?

Good

The service was effective. Staff were well trained and supported to meet people's needs. Staff liaised with health professionals and followed advice to look after people well.

People enjoyed the meals and menus took into account their preferences and needs.

The requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DOLS) were met.

Is the service caring?

Good

The service was caring. People were treated with respect, kindness and compassion. People's dignity and privacy was respected. Staff knew the people they cared for well and were committed to helping them achieve a good quality of life.

Is the service responsive?

Good

The service was responsive. People's individual needs were considered.

People enjoyed taking part in a range of activities, such as musical events, parties and dancing. People and their relatives were asked their views about the service and they were listened to.

Is the service well-led?

Good

The service was well led. Staff told us they were well supported by the management team. The service was regularly assessed by the managers and the provider with a view to improving people's quality of life. The home took action to reflect and learn from incidents to ensure that improvements were made.

Rose Court

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 2nd June 2015 and was unannounced.

An inspector, an inspection manager and an expert by experience carried out 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.

Before our visit we looked at information we held about the home, including notifications about events the registered person is required to tell us about, such as when people experienced injuries.

While we were at the home we undertook general observations in communal areas and during a meal time. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 10 people living in the home and with three visitors. We spoke with nine staff members including the registered manager, the care manager (who acted as a deputy), team leaders, the activity co-ordinator and care staff. We contacted eight health and social care professionals involved in the care provided to people at the service and received feedback from four. We viewed personal care and support records for four people, and viewed recruitment records for three staff and training and supervision records for the staff team. We looked at other records relating to the management of the service, including accident and incident forms, complaints records and audit reports. We requested and received information after our visit, including minutes of meetings for people living at the home and their relatives.

Good

Is the service safe?

Our findings

A visitor told us that in their opinion their relative "is safe" living in the home. One person said staff checked on her at night time and this made her feel safe.

We found at the last inspection in July and August 2014 there were failings in this area that were a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2010. In particular there were not always enough staff available to meet people's needs and people's calls for assistance were not responded to quickly. In addition at our last inspection we found there were occasions when people received their medicines later than specified by the prescriber. At this inspection in June 2015 we found these areas had been addressed.

At this inspection we found sufficient staff were available. People said staff came to assist them when they rang call bells, one person said they often asked for help at night time and staff came quickly. We heard few call bells ringing and those we did hear were answered quickly. Staff and managers told us that sickness levels had reduced and staff were attending for work when they should. They said the weekday and weekend staffing levels had improved. One staff member said about the home "It's better than when you [CQC] were last here." They mentioned staffing as an area that had particularly improved. Another member of staff said, "Staffing is good at all times, days, nights and weekends."

At this visit we found people received their medicines when they were prescribed. The improved staff levels at this inspection meant medicines were administered when they should have been. In addition members of the care staff team have been trained to administer medicines safely, so in the absence of a team leader they were able to carry out the task. Staff who administered medicines had their competency assessed by managers before they took on the task. There were effective systems for ordering and receiving medicines to ensure sufficient stocks were available. The medicine records and stocks showed people received their medicines when they should have done. Medicines were stored safely.

Staff recognised when people's safety may have been at risk and knew how to raise concerns with managers. Staff had been trained in safeguarding people from abuse and they said they felt confident that if they raised concerns with their manager then they would take action to make sure people were safe. Staff were familiar with the whistleblowing procedure and knew how to use it if necessary. The staff team had received training in equality, diversity and human rights. This assisted staff to be aware of discrimination and the harm people may experience as a result. A health care professional involved with the home told us they believed people were safe and protected from harm at Rose Court.

People and their relatives were given information about how to ask for help if they were concerned about safety in the home. Posters informed people how they could raise concerns about people's safety with Anchor Trust or with 'Silverline', which is an organisation which offers help and advice to older people, including in abusive or neglectful situations.

Staff assessed the risks to people's health and safety which came from their health conditions and wrote plans to manage them. For example people had falls risk assessments which identified action necessary to keep them safe. The risk assessments detailed the number of staff that needed to assist with moving and handling tasks to ensure people and staff were protected from harm. Staff noted in assessments that people needed to be reminded to use their walking aids and we saw this happening during our visit. Staff ensured that walking aids were in good order and safe to use. Staff were trained in safe moving and handling methods so assisted people safely. In the event of a person needing assistance to get up from the floor staff used a hoist to assist people so they got up safely and without risks.

Staff assessed people's risk in relation to pressure care and they were reviewed at least monthly so they reflected current needs. Staff made sure preventive action was taken including obtaining appropriate equipment, such as pressure relieving cushions, and contacting tissue viability nurses for further advice.

People were protected from the risk of infection. The home was visually clean in all the areas we saw and there were no unpleasant odours. One of the people living at the home said one of the things they liked was that Rose Court was "very clean". Staff had been trained in infection control and had protective equipment such as aprons and gloves available. The local authority awarded Rose Court the highest food hygiene rating of five in mid-May 2015.

Good

Is the service effective?

Our findings

Staff said they had received training which assisted them to do their jobs well. One member of staff described the training as "very useful", and another described it as "fantastic". Some staff had been trained to train other members of the staff team in aspects of care. One staff member who had received this training said 'I have a certificate and have been trained to train others.' For example they could provide training in safe moving and handling. This was particularly useful so they could provide on the spot guidance to staff members to assist people safely.

Staff had completed training in a range of subjects relevant to the needs of the people living at the home. This meant they had the knowledge and skills to provide care that took people's needs into account. The training included dementia care, person centred care and dignity and respect in care. They had also completed a range of health and safety courses including safe moving and handling, food hygiene and infection control. A member of staff said Anchor Trust "give lots of training" and felt they benefitted from it as it "boosts my confidence in the job."

All staff received regular supervision and an annual appraisal. Group supervision sessions were held for care staff so they could reflect together on their work. These processes gave staff formal support from senior colleagues who reviewed their performance, identified training needs and areas for development. Other opportunities for support were through staff meetings, handover meetings between staff at shift changes and informal discussions with colleagues. Staff told us they felt well supported.

Managers and care staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and had received training in when they were applicable. Applications to restrict a person's liberty under DoLS were made as required and, if granted, managers ensured they were reviewed after the specified time.

Health and social care professionals told us the home effectively dealt with people's needs. They said the staff at the home sought advice appropriately and used the guidance they gave received when caring for people. They said "staff follow advice". They gave an example of how a person was assisted to manage their diabetes by staff observing their advice about their dietary needs and ensuring it was reflected in the person's care plan.

Staff monitored and assisted people whose behaviour challenged the service. They made referrals to the psychiatric team when necessary. People's care plans included advice given by the team and information about how to recognise when people condition needed to be referred to specialists to review their conditions. Staff worked in partnership with health professionals to assist people, providing information about people's progress and welfare and implementing their advice.

People had support to have enough to eat and drink. We saw staff offering drinks to people at and between meals. Staff used the Malnutrition Universal Screening Tool' (MUST) to check whether people were at nutritional risk. For those who were, staff wrote care plans to address their needs. We saw one care plan which stated staff should encourage the person to eat meals and snacks that had high calorie content, such as creamy yoghurts and biscuits. We saw these were available and offered to people while we were at the home. Staff referred the person to the GP who had prescribed dietary supplements and these were offered by staff. They also referred the person to a dietician who gave specialist advice. The person's weight was checked each week so staff could be alert to changes in the person's condition and take further action without delay. Staff told the chef when people required a specialist diet suitable for their health needs and this was provided.

People told us they enjoyed the meals at the home. One person said she particularly liked the plates of fresh fruit; another said they, "get plenty of food to eat." A third person told us "The food is very good and we have a good rapport with the cook." They also said their choices and preferences were respected. They said "I like smoked haddock, which they always give me on Fridays [instead of the battered fish]."

The amount of food people ate was monitored and if they ate little at lunchtime this information was passed to the next group of staff coming on duty so they could offer extra snacks in the afternoon.

The building was designed to assist people to get around. Bedroom doors were decorated with the person's name and photograph or a picture of something which was of

Good

Is the service effective?

importance to them, for example a favourite animal or place. This helped people to identify their room. People's bedrooms were personalised with their possessions and photographs. Each bedroom had en-suite facilities and this gave people privacy. Toilets located near communal areas had doors decorated in a colour which marked them out as different from the other doors. This assisted people to find the toilet facilities independently.

The provider promoted people's independence by ensuring appropriate furniture was available in the home to suit people's needs. We noted that dining chairs had arms which assisted people to rise from them easily and some of the armchairs in sitting areas were at a height that made it easier to get up.

Good

Is the service caring?

Our findings

A person living at the home described staff as "lovely people" and another said of them "I believe "care" is their watchword." Another person told us "the staff are very, very nice and pleasant." A visitor told us "I am thrilled they are looking after [my relative] so well." They went on to say "She is always dressed lovely, and clean. They [staff] give her a choice of clothes." Another visitor described the care their relative received as "great".

At our previous inspection in July and August 2014 we found that some aspects of the service were not caring and improvements were required. We observed staff showing a lack of compassion towards a person and another person being called the wrong name.

At this inspection we found improvements had been made and people were cared for in a kind and compassionate way. Staff spoke with people respectfully and in a warm and gentle manner. We saw a person assisted to move by two members of staff. The staff were unhurried and kind while they assisted her. We also saw a staff member assisting a person to be more comfortable by adjusting her position. The staff member explained what she was doing, why, and was reassuring to the person. People were offered choices in a variety of situations, including what activities they liked to participate in, choices of drinks and where to sit.

People were supported by staff who knew their likes and dislikes. Staff were familiar with people's needs and could describe them to us. People were asked their preferences in relation to their care. For example one person had told staff they wished to be checked on every three hours at night time and this was recorded as part of their night time care plan. People's independence was promoted in as many situations as possible. For example a care plan included the instruction that the person should be "encouraged to do as much as possible for herself". The care plan stated the personal hygiene tasks that the person could do independently and those where they needed staff assistance.

The home assessed people's ability to make decisions about their care using a tool developed by Anchor Trust. If people were unable to make specific choices meetings were held to reach decisions in their 'best interests' as required by the Mental Capacity Act 2005 (MCA). The meetings involved people with a personal or professional interest in the person's welfare and well-being. A visitor told us they had been to meetings about their relative's care and they were pleased to be involved.

Each person's individuality, skills and achievements were recognised by staff. Care records included a section that detailed the person's history, family background, favourite things and one we saw had family photographs. These details were used to provide activities relevant to the person's interests and as prompts for conversations.

The atmosphere in communal areas was warm and friendly. People told us they had developed friendships with other people living at Rose Court and these were important to them. One person said they liked a lot of the other people living there and "we have a laugh." We saw one person offered another reassurance and encouragement while they were assisted by staff to sit next to her. A relative described the home as "very sociable" and another visitor said they were pleased their relative had people to talk with.

Staff provided kind and compassionate care to people at the end of their lives. Staff were trained in providing end of life care by Anchor Trust and by a local hospice which was providing the 'steps to success' training programme. This helped staff to develop confidence and expertise in the principles of palliative care and symptom control. People who wished to had made advanced directives detailing their preferences for the end of their lives and these were observed with joint working with the GP and community nurses. A visitor's room was available in the home where guests could stay overnight. This was useful if visitors wanted to stay near relatives when they were approaching the end of their lives or if they lived a long distance away.

Good

Is the service responsive?

Our findings

People said their needs were attended to by staff and one person described the care as "A1". Visitors coming to see family members said they felt their relative was well cared for.

Care took into account people's needs. Senior staff completed assessments of people's needs before they came to live at the home. The information from the assessments was used to create care plans so they reflected people's individual needs and preferences. The plans were reviewed and amended as people's needs changed and staff got to know people better. Some people came to the home for a period of respite care and stayed for less than a week at a time. A full assessment was carried out and a comprehensive care plan was produced to guide the care provided. Some people came to the home for respite care frequently and they were familiar with the home and the staff got to know their needs well. We spoke with someone who had stayed several times for short stays and they were satisfied with the care they received each time.

The provider had staff who provided specialist support, for example a dementia advisor from Anchor Trust had visited the home. This helped staff to keep up to date with developments in the field of dementia care and make sure that people living at the home received appropriate care.

Whilst undertaking assessments about people's needs staff gathered information about people's culture, religious and social needs which they wished to follow and arrangements were made to meet them. For example a care plan we saw included information that the person liked to dance and sing to music that reflected her culture. Dancing and singing was a frequent activity for all the people living at the home. Music was played in communal areas and we saw several people dancing.

People were encouraged to take part in activities they enjoyed. In each of the units of the home we saw staff engaging people in conversation and activities. One person told us "I have a daily paper and staff bring it in for me." A relative told us their parent "likes to lay the tables for meal times and loves to walk in the garden. There's always something going on."

An external organisation organised cocktail parties which were held in the home each month. People had the opportunity there to socialise together in the evening in a large lounge on the ground floor, listen to music and dance. The organisation recognised the need for people to have the opportunity to take part in evening activities and provided volunteers to assist with the events.

Anchor Trust had a group which lesbian, gay, bi-sexual and transgender (LGBT) people were invited to join. A poster about the group expressed the organisation's commitment to providing services which were welcoming and inclusive.

People and their relatives had opportunities to let staff know their views about the care provided. Relatives had opportunities to talk with staff during their visits to the home and whenever possible they made time to speak with them. Meetings were held where people and their relatives were invited to give their views and they were consulted about plans for the home. Minutes of a meeting that took place in the week before our visit showed people were asked their opinions about the quality of the meals and the laundry service. People's views were sought about planning summer activities, including day trips to the coast.

People were reminded at the meeting they could raise concerns individually with staff and managers. A person told us they were confident talking to staff and the manager about their concerns and said "I have no complaints." Another person said "I can honestly say I have no complaints." One person told us they had asked for a shelter in the garden and were disappointed this had not yet been provided. When we discussed this with managers they said arrangements were made for it to be purchased and they would ensure the person was informed. A relative told us that they felt able to complain if they needed to saying "If I had a grievance I would tell them [staff]." Records of complaints showed complainants were offered the opportunity to meet with the manager, there was a full investigation, an apology was made to the complainant and changes were made to prevent the issue recurring.

The provider arranged for people who lived in all of their homes to take part in a national survey conducted by a research company in 2014. The survey was about the quality of care experienced by people living in care homes. The results showed high levels of satisfaction with life at Rose Court.

Good

Is the service well-led?

Our findings

The home had a registered manager in post as required by their registration with the CQC. He was assisted by a care manager and each of the four units had team leaders who took charge of shifts. Most of the senior staff had worked together for more than a year and this provided consistency to the home. Managers met together frequently and told us there was good communication in the senior team. People and their relatives understood the management structure and who to talk to about any concerns they had.

At the last inspection we found that management systems did not fully address how to improve the service people received. This was a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2010. At this visit we found this had improved. When accidents or incidents took place a form was completed to assess how lessons could be learned and what action was taken to prevent recurrence. All of these forms were signed by the manager and he used them to identify patterns and areas for improvement. Information about these events was collected by the provider as part of their monitoring of the service. The manager had told CQC about events in the home as he was required to do by regulation.

Staff described the managers in the home as “very helpful”, “approachable” and “supportive”. They were able to go to them for support during shifts and they would assist. They said managers were concerned for staff members’ welfare and they felt this helped them to provide good care. People living at the home were familiar with the managers because they spent time in the units talking to them. Managers were available to staff for advice and provided on-call support out of office hours, including at weekends.

The provider had monitoring systems which involved checks and audits of a range of issues. Visits were made to the home by representatives of the provider with the aim of assessing quality of care. The District Manager visited the home to carry out audits and provide management support. The audits included checks of care plans, medicines records, staff training, risk assessments and falls and skin integrity monitoring. They also walked around the building and talked with people and staff as part of their assessments. If issues for improvement were identified these were highlighted to the manager. The manager took action to address the improvements and continue to develop the service.

Contract monitoring officers from the local authority visited the home to carry out checks. They told us that at their last visit they were satisfied with the way the home was providing care for the people living there. They said their findings were that staffing levels and medicines management had improved.