

Spemple Limited

Rosebery House

Inspection report

Rosebery House
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Rosebery House is a residential home in Eastbourne, providing care for people with dementia. Rosebery House provides local authority and privately funded long term care and periods of respite. People's care needs varied, some had complex dementia care needs that included behaviours that may challenge others. Other people's needs were less complex and required care and support related to personal and social care needs. Some people were independently mobile and able to walk unaided or with the use of walking frames, whilst others used a

wheelchair and were reliant on staff for all their personal care needs. The service is registered to provide care for up to 30 people. At the time of the inspection there were 22 people living at the service.

This was an unannounced inspection which took place on 1 and 2 June 2015.

Rosebery House had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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.

Care plans had been written and reviewed regularly by the manager. These provided clear individualised care guidance for staff. However, daily charts and records had not been written to identify that care had taken place in accordance with people's care plans.

Activities were provided on a daily basis by care staff, but these were not person specific. Staff told us they had not received any training to provide appropriate activities for people with dementia. Some staff felt uncomfortable being asked to facilitate activities. Others told us they wanted more training to ensure they were doing this well. There was a lack of accessible equipment for people to access throughout the day.

Quality assurance checks were completed regularly by the manager to ensure that the service provided good care and continued to improve. However some areas of auditing including completion of records and activities needed to be improved.

At lunch time one person was taken to the dining room and left sat alone for a long period of time before and after their meal. During the meal this person was assisted by three separate staff, this could be disorientating for a person with dementia and memory loss. People were offered a selection of snacks and drinks throughout the day with staff taking the time to assist people to encourage good nutrition and fluid intake. This was logged onto daily food and fluid charts used to assess people's nutritional intake and highlight any concerns. Meals provided looked well-presented and appetising with people's likes and dislikes documented to inform staff.

People's weights were reviewed every month with referrals made to outside agencies when people had poor nutrition or had lost weight. People who required assistance at meal times had this provided in a dignified interactive way, with conversations taking place between staff and people throughout the meal time.

People living in the service told us they felt safe at Rosebery House and staff felt safe and supported working at the service. The manager was a visual

presence at the service on a daily basis and had an 'open door' policy for staff, people living in the service and visitors. However we found some elements of medicines storage and administration were not always safe.

Staff had received safeguarding training and were able to demonstrate a good knowledge around recognising and reporting concerns appropriately. Safeguarding policies and procedures were in place and were up to date and appropriate. Safeguarding referrals were made to the local authority when required. The manager was open and transparent about previous safeguarding investigations and it was clear that learning had taken place with changes implemented in the response to investigation findings.

Staff knew people very well and were able to tell us about their individual needs. Environmental and individual risk assessments had been completed. There was an organisational recruitment policy and procedure to follow when recruiting new staff. This included an in house induction for new staff. Staff told us the manager was always around and available if they had any concerns. Staff felt able to speak to the manager and felt that they would be listened to and supported.

Equipment maintenance and servicing had taken place. With environmental and maintenance audits completed to ensure the building and equipment were maintained appropriately. This included contingency plans and procedures for evacuation, although the fire risk assessment was inaccurate and needed to be reviewed and updated.

Staff told us they knew people well and could respond appropriately when people became anxious or upset. When someone new moved into the service they took the time to get to know them and how they liked to be cared for. Information about people's lives and background had been completed in care files to inform staff of people's likes, dislikes and preferences.

A training schedule was in place which identified when staff attended training or when training was due. Staff felt supported by the manager and work colleagues. There was a programme for supervision and appraisals to take place, this included further 'ad hoc' meetings when required and policies and procedures were in place to support staff.

Summary of findings

A number of staff including the manager had attended Deprivation of Liberty Safeguards (DoLS) training. We saw that DoLS applications had taken place when required. Care staff informed us how they gained consent from people, and displayed awareness around mental capacity, choice and restraint. Mental capacity assessments had been completed when appropriate.

People were seen sitting the lounge, dining area and their own rooms. During the inspection we saw many examples of positive communication and interaction between staff and people. Staff took the opportunity to introduce people and this led to a conversation. Staff demonstrated an obvious affection for people, and responded calmly and positively when they sat with people or passed them in the corridor. Staff showed a clear fondness for people and cared about their care and welfare. Responding in a calm manner, and providing

support when people became anxious or distressed. People recognised staff and it was apparent in their body language they felt comfortable and trusted staff to look after them.

Staff told us they were part of a team, and felt that they all shared the same values to ensure people received the best care.

There were no current complaints investigations in progress. Past complaints had been dealt with following the organisations complaints procedure.

Staff spoke positively about the manager, the culture within the service and how they all worked together as a team to support each other.

We found a number of breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the report.

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?

The service was not consistently safe.

Medicine storage and administration was not always been safe. There was no guidance in place for 'as required' medicines.

Fire risk assessments were not accurate as they had not been completed for day and night based on current staffing levels.

People told us they felt safe, and well cared for. We saw that staff knew people well.

Staff had a clear understanding on how to recognise and report safeguarding concerns.

Requires improvement



Is the service effective?

The service was not consistently effective.

People were not always adequately supported at meal times, with three people assisting one person with their meal, which may be disorientating. We also saw that one person was left sat at the dining table alone for long periods of time.

Staff felt supported by the manager and received training, supervision and appraisals.

Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Application for DoLS had taken place when required.

There were close links to a number of visiting health care professionals and people were able to access health care services.

People told us they enjoyed the meals provided and people's nutrition and fluid intake were monitored daily.

Requires improvement



Is the service caring?

The service was caring.

Staff knew people well and were able to tell us how people liked to receive care.

Staff spoke to people with kindness and people felt comfortable and supported by staff.

People were offered choices and involved in day to day decisions.

People were treated with dignity and respect.

Good



Summary of findings

Is the service responsive?

The service was not consistently responsive.

The service was not providing opportunities for people to pursue their hobbies and interests, with a lack of social activities and interaction specifically designed for people with dementia.

Daily charts had not been completed accurately.

There were no on-going complaints. The manager had an 'open door' policy. Staff and visitors felt able to discuss any complaints they would be happy to raise these with the registered manager.

A process for the reviewing of care plans and risk assessments was in place.

Requires improvement



Is the service well-led?

The service was not consistently well led.

Auditing and reviews of care had not identified that daily records did not always give a clear record of how care was provided

The manager told us that the culture and values of Rosebery House were to ensure that the care was not task led but people led.

Staff felt supported to be a valued part of the team.

Staff meetings took place and feedback was being sought from people and their relatives to ensure they continued to meet people's needs.

Requires improvement



Rosebery House

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 1 and 2 June 2015 and was an unannounced.

The inspection team consisted of two inspectors.

Before the inspection we looked at information provided by the local authority including contracts and purchasing (quality monitoring team). We spoke to visiting professionals. We reviewed records held by the CQC including notifications. A notification is information about important events which the provider is required by law to tell us about. We also looked at information we hold about the service including previous reports, safeguarding notifications and investigations. And any other information that has been shared with us.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Not everyone was able to tell us about their experiences living at Rosebery House due to their dementia. To gain further feedback we carried out observations including a Short Observational Framework for Inspection (SOFI). SOFI is a tool used to observe care in communal areas to capture the experiences of people who have dementia and are unable to tell us about their experiences and the care they receive. SOFI observations take place over a designated period of time to gain feedback about people's first hand experiences, staff interactions and how people spend their time.

We spoke with eleven people using the service, visiting professionals including community nurses and seven staff, including the registered manager, care staff, senior carers and other staff members involved in the day to day running of the service.

We looked at care documentation for five people and daily records, risk assessments and associated daily food, fluid and activity and repositioning charts. All Medicine Administration Records (MAR) charts and medicine records were checked. We read diary entries and handover information completed by staff, policies and procedures, complaints, accidents, incidents, quality assurance records and staff meeting minutes, maintenance and emergency plans. Recruitment files were seen for two staff and records of staff training, supervision and appraisals.

Is the service safe?

Our findings

People told us they felt safe at Rosebery House. We were told, 'They look after me. And, 'Yes I feel safe here, I live here, it is my home'. One relative told us they visited whenever they wanted and felt their relative was safe and well cared for.'

Staff knew people very well and were able to tell us about their individual needs. Environmental and individual risk assessments had been completed. For example repositioning charts, food and fluid intake and sensor mat risk assessments were in place for people at risk of falls. We saw that for one person recently admitted to the service for a period of respite, information had been completed to inform staff of any risks for this person; this meant that staff were able to provide safe care. Risk assessments had been completed for a number of highlighted individual risks. However, we saw a change to a person's sleeping arrangements which required further risk assessment to be completed to ensure they and staff remained safe at all times. This was discussed with the manager during the inspection who informed us this would be reviewed and completed immediately. This was an area which was required to be improved.

Staff told us they had training and support, although they would welcome any further training to ensure they continued to support and engage with people with dementia in the best way possible. They told us that they had a clear chain of management to report any concerns to. This made them feel safe and supported as they felt that it was a positive open working environment.

Staff had received safeguarding training and were able to demonstrate a good knowledge around recognising and reporting concerns appropriately. All staff were aware that contact information for the local authority was displayed in the staff area. They told us they would raise concerns with senior staff on duty but understood their responsibility to raise concerns with outside organisations if appropriate. Staff were clear about steps to take if they needed to report concerns directly. Safeguarding policies and procedures were in place and were up to date and appropriate. Safeguarding referrals were made to the local authority when required, and we saw evidence this had been done in

a timely manner. The registered manager was open and transparent about previous safeguarding investigations and it was clear that learning had taken place with changes implemented in the response to investigation findings.

Appropriate equipment maintenance and servicing had taken place. Certificates were seen for legionella checks, personal appliance testing as well as equipment servicing and maintenance documentation.

There was an organisational recruitment policy and procedure to follow when recruiting new staff. Staff files included application forms, identification, references and a job description. Any gaps in employment history had been discussed in the interview, with interview notes completed. Each member of staff had a Disclosure and Barring Service (DBS) check completed prior to commencing employment. These checks identified if prospective staff had a criminal record or were barred from working with children or people at risk. This prevents unsuitable people from working with people who require support and care. A whistleblowing policy was in place. Staff told us the manager was always around and available if they had any concerns. Staff felt able to speak to the registered manager and felt that they would be listened to and supported.

We looked at accidents and incidents. A falls audit had been completed to identify trends and analysis of falls. Accidents and incident reports identified a number of these had been un-witnessed, although these did not result in injury, many of these had been during the night shift. Pressure mats had been placed in people's rooms to highlight to staff when people got out of bed. This meant that staff were alerted and this could help prevent falls occurring.

A dependency tool was used by the registered manager to assess and review people's care requirements and how this related to the number of staff required. Dependency levels were reviewed monthly to determine whether staffing levels were still adequate to meet people's needs. Staffing at night consisted of two care staff. We discussed this with staff who told us nights could be difficult as there were people who required two staff to assist them with moving and handling and personal care. This meant that there was no one else to answer bells and be around for people who were still up or walking around the building. Staff told us that people's care needs had increased and more people now required assistance with moving and handling and care needs. Care plans clearly indicated when people

Is the service safe?

required the assistance of one or two care staff and others who required prompting to ensure they remained safe. It was therefore unclear how the decision to continue with only two staff members at night had been decided, and at what point in people's care needs this would be reviewed and increased. This was an area that required to be improved to ensure people remained safe at all times.

During the day staff told us they felt staffing levels were appropriate, although there were times of the day that were busier than others. The manager told us that they rarely needed to use agency staff and any shifts which needed covering were usually picked up by permanent staff or by bank workers. Staff told us they worked extra shifts occasionally and did not mind covering when people were sick or on annual leave.

We looked at fire safety risk assessments and evacuation plans and procedures. The fire risk assessment was completed in July 2014 by an external company and was based on staffing numbers which were not the same as the staffing levels currently in place. For example the risk assessment stated 'approximate number of staff on the premises at any one time 13'. Taking into consideration domestic, kitchen, maintenance and management on sight when the service was fully staffed during the day this would not amount to 13. There was not a separate risk assessment or evacuation plan based on the differing staffing levels during the day and at night. These issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Service user emergency evacuation plans had been completed, this included information about people's

mobility and the number of staff required to assist in the event of an emergency evacuation. Fire safety and evacuation information was seen displayed around the building. A contingency plan for emergency evacuation was in place. Fire alarm bells, lighting and equipment checks had been inspected and tested regularly. All staff had completed fire safety training in the last 12 months.

We observed people being given their medicines. The manager told us there was not a specific PRN policy in place for use within the service. This meant that people may not be receiving their medicines in a safe, consistent manner. We found medicines which included controlled medicines (CD) provided by the district nurses, which were awaiting disposal, these had not been documented or stored appropriately. These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The Medication Administration Record (MAR) charts were accurate, with no omissions or errors noted. Some medicines were 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. The MAR charts recorded when PRN medicines had been given, however there was not any individual PRN guidance in place to ensure that people received medicines in a clear and consistent way regardless of who was administering them. We saw staff administer medicines individually from the medicines trolley, completing the MAR chart once the medicine had been administered. The trolley was kept locked and secure when not in use. The medicine storage arrangements were appropriate, including medicines stored in a fridge.

Is the service effective?

Our findings

People told us that they liked the staff and felt staff looked after them well. People told us they made decisions and were able to spend time how they chose. Staff told us that they knew how to respond when people became anxious or upset, as they knew the people well. When someone new moved into the service they took the time to get to know them and how they liked to be cared for. Information about people's lives and background had been completed in care files including people newly admitted and those living in the service for a period of respite. This meant that staff always felt well informed about people, their likes, dislikes and significant past events.

A training schedule was in place. This showed when staff had started or completed their in house induction, and attended training. Staff told us that there were people living at the service who may display behaviours that challenge. Staff were able to demonstrate a good knowledge and understanding about how to respond effectively when people became upset or displayed behaviour that may challenge. Staff told us that they felt they had the skills and understanding to provide care appropriately as they spoke at length with other staff and the manager during handover and meetings about how to respond to individuals when this occurred.

During the inspection we observed positive and appropriate interaction with people when they displayed behaviours that challenged. Staff used appropriate diversion techniques and responded calmly and appropriately in line with the information provided about the individual in their care documentation. The manager had identified in the PIR a plan to take the service forward by enhancing the training undertaken by staff by having themed discussions during group supervisions or monthly meetings. Training was to be provided to enable staff to work towards the implementation of the Care Certificate. This is an agreed set of standards which care providers can use to set out learning outcomes, competencies and standards of care within the service. The registered manager told us that reading materials and web sites relevant to dementia care and information around changes to legislation were assessed and made available for staff. Staff told us they assessed information and discussed it at meetings.

Support was provided to staff in the form of formal and informal groups and individual sessions, including supervision and appraisals. We looked at supervision and appraisals and saw that a programme was in place. This had been completed in accordance with the services policy and procedure. When further 'ad hoc' supervision or meetings were required these had taken place. Although the manager told us that not all of these had been documented. Staff we spoke with told us they had regular support and supervision and would be able to speak to the manager at any time if they had any concerns.

Care staff informed us how they gained consent from people, and displayed awareness around mental capacity, choice and restraint. Mental capacity assessments had been completed when appropriate. We saw people being offered choices and involved in decisions throughout the inspection. When people did not have capacity to consent to decisions family and/or next of kin (NoK) had been involved in decisions. The manager told us that they were aware how to make an application regarding Deprivations of Liberty Safeguards (DoLS) and had done so in the past. At the time of the inspection a DoLS had been applied for and further applications were in progress.

Where people had a Do Not Attempt Resuscitation (DNAR) in place and did not have capacity to be involved in this decision, this had been completed after discussion with the relative or NoK when appropriate. Minutes from meetings had identified information being provided to relatives around DoLS and MCA. This meant that families and NoK had been kept up to date with changes around people's rights regarding their capacity.

Assistance was provided for people at meal times. Staff sat with people whilst assisting them. Staff were able to maintain eye contact and converse with the person; however one person was assisted by three different staff throughout lunch. This may be disorientating for someone with dementia or confusion. However, people were assisted in a dignified interactive way and we saw conversations taking place between staff and people throughout the meal time. This was an area that needed to be improved.

The dining room was located on the ground floor, with a smaller dining space in an adjacent room. One person told us they liked to eat their meal in their bedroom and we saw that another asked to eat in the lounge. One person who used a wheelchair was taken into the dining room before lunch. We noted that they were in the dining room alone for

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some time before other people started to join them. At the end of the meal time this person liked to go up to their room to rest. However, they required staff to assist them with this. We saw that on both days this person remained sat alone in the dining room for some time after lunch finished, on one occasion falling asleep in their wheelchair before staff assisted them to their room. We asked staff why this person was still in the dining room and we were told that they were waiting for a staff member to return from their break to take them to their room for a rest. It was unclear if this delay related to staffing numbers or had just become routine. Returning to their room after lunch was the person's choice. We spoke to this person who did not appear upset or distressed whilst in the dining room, however, this was an area that needed to be improved.

People's weights were reviewed every month with referrals made to the Speech and Language Therapy (SALT) team

when people had poor nutrition or had lost weight. We saw in care plans one person who had problems with swallowing had been assessed and instructions from the SALT team had been followed.

There was a four week rolling menu for meals; this was displayed around the service. People were asked by staff for their meal choices and alternatives were available. The day's menu was written up in the hallway to inform people what was available. Throughout the day people were offered a selection of snacks and drinks with staff taking the time to assist people to encourage good nutrition and fluid intake. This was recorded on daily food and fluid charts used to assess people's nutritional intake and highlight any concerns. Meals provided were well-presented and appetising with people's likes and dislikes documented to inform staff.

Is the service caring?

Our findings

Not everyone was able to tell us about their experiences living at Rosebery House due to their dementia. Those who could told us the staff were very caring. People responded positively when they saw staff and appeared happy and relaxed with staff who were assisting them.

People were seen sitting the lounge, dining area and their own rooms. During the inspection we saw many examples of positive communication and interaction between staff and people. Staff demonstrated an obvious affection for people, and responded calmly and positively when they sat with people or passed them in the corridor. When conversations took place these showed that staff knew people as they tailored the communication appropriately, and were able to refer to family members and recent events. This offered reassurance to people when they became anxious or upset. Interaction was done with patience and kindness. Staff showed a clear fondness for people and cared about their care and welfare. People recognised staff and it was apparent in their body language they felt comfortable and trusted staff to look after them. When people displayed behaviours that challenged, or became distressed or anxious, staff responded swiftly showing empathy and support.

Care plans included people's life history's and provided information for staff about people's likes and dislikes, spiritual and religious needs. Staff told us that they found these extremely informative and meant that they could have conversations with people and include details about their past to initiate conversation.

We saw an example when a person who had recently moved into the service for a period of respite was sat in the reception area and they were joined by some other people. Staff took the opportunity to introduce them and this led to a conversation and positive interaction between the group.

The home displayed information regarding the dignity challenge and the ten principles regarding this. We also saw that staff had completed a dignity audit tool. This was used for self-reflection to highlight to staff how they responded to situations and to identify areas of learning and development with regards to providing care with dignity. Staff told us completing these audits made them think and question how things were done, and they found them a positive tool. People had allocated keyworkers. The

manager told us that this role also meant that staff acted as an advocate for people ensuring that their choices and decisions were heard and providing support to people when they did not have next of kin or relatives to do so.

We saw that people had their doors closed when personal care was provided. Staff covered people with blankets when they were hoisted in communal areas. People were appropriately dressed for the weather, and people had access to a hairdressing service if required. One person was seen to wear an item of clothing that appeared to be oversized for them. However, when we spoke to relatives and staff it was clear that this was the person's choice as the clothing reminded them of their past employment.

When we asked people if staff were caring they told us, 'They look after me, and I like them'. One person told us they did not like crowds, and they preferred to stay in their room at times, however we observed staff popping into their room to speak to them regularly and encouraging them to leave their room and chat to other residents throughout the day to prevent social isolation and this person appeared to enjoy this and responded positively, leaving their room and sitting and chatting at length with another person.

Private information kept about people was securely stored in a locked trolley in the staff area. All care staff had access to this. Further newly implemented folders and charts used to document people's daily care were either kept in people's rooms or in the office to allow staff to complete them when needed.

Care plans included information for staff about people and how care should be provided. This was not just information regarding people's care needs for staff to follow, but included information to remind staff that people should be involved in all decisions, and not to allow care to become task orientated but allow care to be led by the individual. For example, care plans stated 'allow (person's name) to have a lie in when they want to' and 'avoid being task orientated, provide choices'. This meant that people were consistently included in choices and decisions made throughout the day, and ensured people maintained their independence as much as possible. We saw examples when staff sat with people and they discussed the day and time to orientate people to their surroundings. All explanations were given in an appropriate way, with time taken to ensure people felt comfortable and secure.

Is the service caring?

People were offered choices and involved in day to day decisions. For example, when a hot drink was offered people were asked if they would like tea or coffee, and would they like sugar and if so how much. When biscuits were provided people were offered choices and these were served up on a plate. Although, there were times for drinks and snacks this was not exclusive and we saw that people were offered drinks and a variety of snacks throughout the day.

Staff told us they were part of a team, and felt that they all shared the same values to ensure people received the best

care. Staff felt that if they had any concerns about people's practice they would challenge this and raise this with the manager and it would be dealt with promptly. People were encouraged to maintain relationships with family and friends. Outings with family were encouraged and supported by staff and the provider. Visitors told us they were encouraged to visit at any time and felt welcomed and involved by staff. Visitors felt able to speak to the manager and it was clear that this 'open door' policy was the norm, with visitors visiting the service during the inspection.

Is the service responsive?

Our findings

We spoke with staff and people about the responsiveness of the service. People felt that staff were kind and helpful. Staff were seen involving people and providing information appropriately to ensure people felt supported and valued.

We saw over the two days of the inspection that there were no structured activities. Staff were seen interacting, sitting and chatting and there was music and instruments during one afternoon, jigsaws or nail painting. However, activities were not consistent or individually tailored to meet people's needs in regards to their dementia and memory loss. There was equipment for activities but this was stored away in boxes. When we asked about this the registered manager told us that some people would pick up items if they were left out and put these in the bin. Staff told us that they did not like to leave things out in case someone hurt themselves. Staff we spoke with told us that they wanted to provide meaningful activities but did not have the confidence to do so, this was due to confidence and a lack of structure to activities. Some staff felt more comfortable than others in facilitating this. We saw that staff opted for singing and music and chatting rather than specific activities. In the main lounge area there were a few books on a shelf but no other accessible games, pictures or reminiscence items to provide stimulation and engage people in an activity. Activities were at set times in the day and at other times there was no equipment provided for people to access on their own to encourage them to participate in activities of their choice. Our SOFI observations showed people sat in the lounge for long periods of time with nothing to do; many sat with their eyes shut or fell asleep. Staff felt that activities were definitely an area that needs to be improved so that people could pursue their hobbies and interests. We saw that this issue had been raised in staff feedback and also by relatives in surveys.

There was not a specific activities co-ordinator; all staff were encouraged to provide activity for people. One staff member was allocated each shift however, this was not exclusive and they were still assisting with personal care and supporting people, so could get called away from activities.

The manager had told us in the PIR that there was an aim to improve the skills of staff to provide meaningful interactions by attending activity themed forums or

workshops by accredited providers, however there was no timeframe seen for this to be completed. Staff were seen spending time with people throughout the day, and they made time to chat and interact. This was clearly something people enjoyed and was a positive interaction. There had also been days when outside entertainers had visited the service.

The provider had not taken proper steps to ensure that people were provided with a stimulating environment which maintained their welfare and took into account their social and emotional needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at five care plans and other care related documentation. Daily records were completed and included information about people; their mood, and how they had spent their day. We saw that daily records were written retrospectively, and sometimes did not give a clear record of how care was provided. For example, one person's daily records read as if the person had been in bed one day since after lunch. However, other documentation showed this person had got up before dinner. Therefore daily records did not give a clear record of how care had been provided. Daily charts including 24 hour repositioning charts for people who required to be turned regularly had not been completed fully. Forms did not state how frequently turns should take place, although this information was seen in people's care plans. Charts had gaps when no repositioning had been documented between 6pm and midnight for a person whose care plan stated they required repositioning every two hours. Another day nothing had been completed to indicate that turns had taken place overnight. Although information in the daily records indicated that this person had received personal care and therefore repositioning would have taken place. This had not been documented clearly by using the forms provided for specific care, on this occasion repositioning charts. This meant that information about people's care had not been written in a contemporaneous way and was difficult to follow. This was an area that required to be improved.

Pre admission assessments had been completed, and care documentation completed in a timely manner on admission to ensure that staff had relevant information to enable them to provide care and meet people's needs. When injuries occurred or someone moved into the service

Is the service responsive?

with a wound, wound maps had been completed and this information documented in the daily records. Referrals to the district nurses took place when required. Care plans were clear and personalised and had been written and reviewed monthly by the manager. We saw that family or NoK had been involved in reviews and that contact with family, GP's or other visiting professionals had been clearly documented.

People's care plans included risk assessments and reviews for incontinence, falls, personal safety and mobility and nutrition. Records showed that people had regular access to healthcare professionals, such as GPs, SALT, tissue viability nurse (TVN), district nurses. Documentation showed that people had attended regular appointments about their health needs. We saw future appointments were written into a diary, reviewed daily by a senior member of staff and discussed during handover to ensure staff were aware of appointments. The hand over book included messages from the registered manager for staff. This meant staff were aware of recent changes regarding people and the care they received.

Life stories were completed when possible unless the service was waiting for information from people's families. This was informative and gave staff information about people and their lives prior to living at Rosebery House. In the PIR the manager told us they would like to further enhance life stories for service users as more information is gathered from people and their families/NoK. This information would then be collated and incorporated into a quick access format for staff.

A complaints procedure was in place. This was displayed in the main entrance area, and was available for people to access. There were no current complaints investigations in progress. Past complaints had been dealt with following the organisations complaints procedure. The manager told us that when people had small concerns they would come and speak to them, therefore any small niggles could be ironed out before they became an issue. All discussions with family members had been documented and actions taken included. The manager told us this was their way of continually striving to take the service forward by ensuring issues are dealt with and lessons learnt to prevent them from re-occurring.

Is the service well-led?

Our findings

Staff told us, 'The manager is lovely, if you have a problem you can talk to them anytime'. And, 'The manager is around all the time, out on the shop floor so to speak, talking to us and the residents, they are brilliant and they help out a lot, it's nice as it means they know what we do and appreciate our hard work.' One staff member said, 'I feel listened to it's like one big family. We all chip in together, I love my job and the manager has a lot to do with that.' People living at the service told us, 'He is a nice man.'

Quality assurance checks were completed regularly by the manager to ensure that the service provided good care and continued to improve. However, feedback regarding activities from staff and relatives had not been responded to in a timely manner. Auditing and reviews of care had not identified that daily records did not always give a clear record of how care was provided. This was an area that required to be improved.

There were a number of monthly, six monthly and annual quality assurance systems in place. Including, safeguarding, complaints, accidents medication, falls, pressure ulcer risks and nutrition which had been reviewed monthly.

Maintenance and environmental checks were also carried out by the manager to ensure that infection control, health and safety, housekeeping and essential equipment checks had been completed. Audits had identified areas of improvement, with actions documented.

The service sought feedback from people and relatives to ensure that people's views were heard and changes taken forward to improve the service. Relatives meetings had taken place and surveys conducted that encouraged people and staff to share their views, this included feedback on meal choices.

The manager was available at the service daily, with regular visits by the provider during the week; this meant they had a clear overview of the service. The manager assisted throughout the day and staff confirmed the manager spent time every day chatting to people around the service and had a hands on approach to care provision. The manager told us this meant that they were aware of peoples care needs and were able to observe care and interact with staff and people on a daily basis.

Staff were allocated roles at the beginning of each shift; this included who was the senior responsible for medicines administration and who was covering which areas of the service. Staff were aware of their responsibilities during each shift, although staff told us they helped each other out whenever they needed to.

The registered manager had included information in the PIR detailing the plan for further training to ensure staff were suitably skilled in their current roles and responsibilities. The registered manager told us that the culture and values of Rosebery House were to ensure that the care was not task led but people led. There had been a lot of improvements made including ensuring that care plans were individualised. The manager felt that there had been vast improvements but was aware that this was an area that could be continually improved to take the service forward and ensure people received individualised person centred care. This would include providing appropriate on-going training and refreshers to ensure staff had the skills to provide appropriate care for people with dementia .

Staff spoke positively of the culture and how they all worked together as a team to support each other. The staff talked about how they would welcome further training around activities for people with dementia to improve the lives of the people they supported and cared for as they felt this was an area that was lacking at that time. Some told us they did not feel confident and thought that this would boost their confidence and ensure that activities were appropriate and stimulating for people living at Rosebery House. The registered manager told us that this was an area that had been highlighted at staff meetings and would be improved in the following months as part of the on-going improvements within the service.

Staff were aware of the values within the service and how these influenced care provision. Staff felt that the atmosphere within the home was generally very positive and that they were listened to and felt valued as part of the team. The manager told that they always emphasised the importance of being open and honest to ensure that as an organisation providing care to people with dementia, this was done with openness and transparency. The manager engaged with outside organisations and was open to challenge and suggestions which could improve the day to day running of the service. This was seen in positive changes which had been made to documentation at the

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suggestion of a visiting professional. The manager took an active role within the running of the home and had good knowledge of the staff and the people. We were told that the provider visited regularly. There were clear lines of

responsibility and accountability for management and staff. The service had notified the Care Quality Commission (CQC) of all significant events in accordance with their requirements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Medicines had not always been stored or administered safely.

Regulation 12 (g)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Care had not been provided to ensure peoples preferences and needs were met.

Regulation 9 (3)(b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Risk assessment and evacuation plans did not reflect safe evacuation with current staffing levels.