

Rosemont Residential Home Limited

Rosemont Residential Home

Inspection report

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Newton Ferrers
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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

We carried out this unannounced inspection of Rosemont on 4 October 2016. Rosemont provides residential care for up to 15 people. On the day of the inspection there were 14 people using the service. Rosemont is situated in an elevated position of Newton Ferrers. It has a ground floor and split level first floor served by stair lifts. People could move around freely without restriction and there is a front conservatory where people often sit overlooking the estuary below.

During the previous inspection in September 2014 we found there were breaches of regulations. Care plans did not always provide enough information about how risks associated with care were going to be managed. There was no evidence staff were being supported in their role. The service was not being monitored for quality and audit purposes. At this inspection we found improvements had been made in these areas and the service was now meeting the relevant requirements'.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On the day of the inspection visit there was a calm and relaxed atmosphere in the service. We observed staff had a good relationship with people and supported them in a caring and respectful way. People were being cared for by competent and experienced staff. A family member told us, "I just can't thank the staff enough. (Person's name) has settled so well but a lot of that is because the staff have been wonderful."

The service had taken action to improve the recording of people's care needs and associated risks. Development was on-going to transfer the current care planning system onto an electronic system which would provide a more structured information record and include prompts for staff. For example, staff would be automatically alerted when care plan reviews were due.

Systems for supporting staff had been improved. Staff were receiving regular supervision meetings with the registered manager and annual appraisals to look at personal development and training. A staff member told us, "I feel very supported by the manager. Always there for you." Staff meetings and regular daily updates were used to share information about operational issues.

Action had been taken to improve how Rosemont monitored the quality of the service people received. This included regular meetings with staff. Informal and formal meetings with people using the service and their families. The registered manager was carrying out regular reviews of policies and procedures as well as being part of an external care association which looked at current good practice in the care sector.

Checks had been made and were in date for the maintenance and servicing of gas, electric and fire systems. All other equipment used by the service to support people were well maintained and regularly serviced as

per equipment guidance.

Staff understood the needs of people they supported, so they could respond to them effectively. They told us they felt supported and had the resources they needed to carry out their role. Comments included, "(Registered managers name) is very supportive to us (staff). They help us out if we need that extra support" and, "There have been a lot of changes".

Staff supported people to be involved in and make decisions about their daily lives. There were systems in place to help ensure staff acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This was to protect people and uphold people's rights where they faced restrictions due to lack of mental capacity.

There were a range of activities for people to be involved in. This included games to support people with memory loss. A bowling set designed specifically for people with hand or co-ordination issues had recently been delivered and was providing a lot of interest. In addition entertainers visited the service on a regular basis. There was a library available and one person told us they particularly liked to use this as they were a keen reader. Where people chose not to be part of any activities this was respected by staff.

Staff received a thorough induction when they started working at the service. Training was regularly refreshed and staff told us it was effective. Recruitment processes were satisfactory; for example pre-employment checks had been completed to help ensure staff were suitable to work in the care sector.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff told us they supported people in a way that kept people safe.

People received their medicines when they needed them and staff knew how to administer and record medicines safely.

People told us they knew how to complain and would be happy to speak with the provider if they had any concerns. No concerns had been reported since the previous inspection.

People using the service and visitors all described the management of the service as open and approachable and thought people received good care and support. Relatives told us, "We chose this home because it's local and when we visited we knew it was right for (Persons name)" and "I am always made to feel welcome. The manager and the staff tell me what's going on with (Persons name)."

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. The management, storage and administration of medicines were safe.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought abusive practice was occurring.

Is the service effective?

Good ●

The service was effective. Training identified as necessary for the service was updated regularly.

People had access to health professionals when they needed to so their health needs were met.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Is the service caring?

Good ●

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to take part in a range of group and individual activities of their choice.

Information about how to complain was readily available.

Is the service well-led?

Good ●

The service was well led. The service sought the views and experiences of people, their families and the staff in order to continually improve the service.

Staff said they were supported by management and worked together as a team, putting the needs of the people who lived at the service first.

Staff were motivated to develop and provide quality care.

Rosemont Residential Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 4 October 2016. The inspection team consisted of one inspector.

We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eight people who were able to express their views about living at Rosemont and two visiting relatives. We spoke with a visiting professional during the inspection visit. Prior to the inspection visit we spoke with a member of the local quality assurance team.

We looked around the service and observed care and support being provided by staff. We looked at the care and support records for three people living at the service including medicine records. We looked at two records relating to staff recruitment, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

People told us they felt safe living at Rosemont and with the staff who supported them. People told us, "They (staff) have been very helpful and in general I get on with them all" and "It gives us peace of mind knowing (Person's name) is safe living here." The staffing rota showed there were enough skilled and experienced staff on duty to keep people safe and meet their needs. People received care and support in a timely manner and staff were not rushed. We observed staff were available to people in all areas of the service, so that people could call upon them if required. Staff told us, "Some residents are in their rooms either because they are not well or they choose to. We all call in regularly." A person using the service told us, "There are always staff close by when I need them."

When we inspected the service in September 2014 we found people were not always protected from the risks of unsafe or inappropriate care and treatment, because accurate and detailed care plan records were not always maintained. This was specifically an issue when a person's care plan and risk management record had not been changed following an incident. During this inspection we found the registered manager had taken action to improve care planning records and how risk was being reported. Information was recorded for each person and reflected their individual needs. A person centred document gave staff information about how a person's needs would be met and where risks had been identified. For example where people needed personal care to prevent pressure wounds developing on a regular basis. The records showed staff were acting in line with the care plan instructions. Staff told us they had daily shift change over's where any issues were discussed and any changes noted. A staff member said, "We (staff) talk with each other all the time. If anything changes it gets reported."

Staffing levels were based upon the level of needs for people living at Rosemont. Rotas showed there was a skills mix of staff on each shift being supported by the registered manager. In addition to care staff, there were kitchen and domestic staff. People said there were enough staff to meet their needs, and the staff we spoke with said staffing levels were good. Relatives said, "There are always staff around. We visit a lot and staff are always available" and "The staff are very good and always make us feel welcome."

Risk assessments were being reviewed monthly or where required should there be a change of risk level. For example one person's health needs regularly fluctuated. Staff were being supported with advice from health professionals to ensure the persons medical and care needs were being managed. A professional visiting the service told us staff listened to what they said and acted on advice.

Recording systems were being slowly transferred from a paper system to an electronic reporting system. The new system would extend the level of information currently in place and also had reminders built in to prompt staff. For example to review a person's care and risk management. The registered manager told us this system would be operational in the next few months after staff training and information had been transferred.

Incidents and accidents were recorded. The records showed there was no regular pattern of falls or incidents for individual people. In addition they had occurred at various times of the day and night showing

there were no times when staff may not be available to support people. The record book and subsequent individual records were not numbered; therefore it would be difficult to audit the reported accidents and incidents. This was raised with the registered manager who took immediate action to address the issue.

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and know what action they should take. Staff received safeguarding training and this was periodically updated. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

People told us they received their medicines when required. Medicine administration records (MAR) showed that people received their medicines as prescribed. Each day the staffing rota identified which two staff members were responsible for administering medicines that day. Staff were observed to carry out medicine administration in a confident and safe way. For example staying with the person until they had taken their medicine and then signing the records. The service was holding medicines that required stricter controls. We checked the records for these medicines against the stock held and they tallied. The registered manager was in the process of asking the supplying pharmacist to carry out a medicine audit. Staff only administered medicines following training and observation to ensure they were competent.

Some people had been prescribed creams and these had been dated on opening. This meant staff knew when the cream had been opened and how long it could be used before it was out of date and had to be replaced.

Recruitment systems were in place and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of references. The registered manager was making arrangements for DBS certificates to be renewed for staff who had worked at the service for some time. This was to ensure the information was accurate and up to date and to help keep people safe from the risk of being supported by staff who were not suitable for the role.

The environment was clean and there was an on-going programme to decorate people's rooms and make other upgrades to the premises when necessary. The first floor was served by two stair lifts due to various levels. There was a system of health and safety risk assessments in place for the environment. Fire alarms and evacuation procedures were checked by staff and external contractors to ensure they worked.

Is the service effective?

Our findings

People who used the service and their relatives were very positive about the care and support they received. Visiting relatives told us that staff kept them informed about concerns or changes in their member of family's condition. They said, "I don't have to ask because either the manager or staff let us know what's changed or if (Person's name) needs to see the doctor" and "It was a difficult time for (Persons name) when they came to live here because they had been so independent for so long. I needn't have worried because the staff were just wonderful. (Person's name) is still independent. Things are slowly changing but it's managed really well."

During the previous inspection we found there was no evidence demonstrating how staff were being supported in their roles. Also there was no evidence of staff having the opportunity to formally share any issues with the manager. The registered manager showed us evidence of what action had been taken to improve how staff were being supported. Annual appraisals were an opportunity to review staff performance and their learning objectives. They also gave the registered manager and staff time to talk about any issues relating to their role. In addition to formal appraisals the registered manager held regular supervision sessions observing specific tasks. For example use of equipment, communication with people and how personal care was delivered. The records reported on the standard of care delivered as well as the types of questions asked by the registered manager and the level of response. The registered manager told us this helped to ensure care practices were being carried out effectively.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where necessary, applications were submitted to the local authority to assess people who may lack mental capacity to make decisions for themselves. A professional was visiting the service at the time of the inspection to carry out a DoLS assessment.

People had access to refreshments at all times. The kitchen was open 24 hours a day so staff could meet people's requests for snacks or drinks. Throughout the day people were regularly offered drinks. Most people ate lunch in the main dining room, but others chose to eat their meals in the privacy of their own room and there were enough staff on duty to accommodate this. Lunchtime was a social event with people sitting together and sharing conversation. Tables were decorated with linen cloths and serviettes. We observed the lunch being served and noted the food looked appetising. One person had chosen a different meal to the one on the menu. People told us they enjoyed the food and had a choice of what they had to eat. One person told us; "The food is very good quality. Usually meat and two veg but you can ask for something different if you want to." One person told us they had suggested Italian food make a nice change.

This had been provided and the person said it was well received. Where people needed to have their food and fluid monitored for health reasons, charts recorded all food and drink taken. This only occurred where there had been fluctuations in weight or a recognised loss of appetite. It was done in conjunction with health advice from the person's GP. Where appetite or weight improved people were no longer monitored. The Food Standard Agency had completed an inspection and awarded the service a 5 star rating.

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where. One person told us, "I like my own space and the staff respect that." During the inspection visit staff were available to support people with their needs. Staff were chatting with people about their interests and how they would like to spend their time. For example one person wanted to sit in the conservatory and staff supported them to do this.

People had access to healthcare professionals including doctors', dentists, chiropodists and opticians. Health checks were seen as important and were recorded on people's individual records. For example the service used an agency to monitor and test people's eye health. Following assessment people received a report in pictorial format of what activities they may require glasses for. For most people it was reading and close up activities. One staff member told us, "We have a really good relationship with the doctors and district nurses". A visiting health professional told us staff worked closely with them. Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified.

The service had not employed any new staff since the introduction of the Care Certificate induction standards. However it was their intention to use this system for any future staff. The induction standards support staff to develop a wider theoretical knowledge of good working practice within the care sector. Records showed current staff had received two week induction training, including observing health and safety procedures, familiarising themselves with policies and procedures as well as shadowing more senior staff. A staff member told us they had found the induction training very useful. They said, "It was very good and introduced me to my role really well. Staff told us they had attended a range of courses including moving and handling, dementia and medication. The provider told us they used an external training organisation which tailored the training to meet the needs of the client group.

The service had appropriate aids and adaptations for people with mobility issues. For example two chair lifts served the two levels of the first floor. A bathroom had been refurbished since the previous inspection and included a specialised bath with a lift to assist people with limited mobility. People had their own walking aids. The service's environment was homely and many people had brought items of furniture from home. One person said, "It's nice having my own things near me. It makes it more homely." There were a variety of seating areas which were clean and comfortable. People told us they liked their bedrooms and these were always warm and comfortable. Rooms were personalised with personal items of furniture ornament and pictures.

Is the service caring?

Our findings

People told us they were happy living at Rosemont. They found it to be a good place to live where staff knew what their needs were and how to respond to them in a kind and caring way. People told us, "I have settled well and the staff are all very caring" "I have everything I need and my family visit quite often and the staff always make them feel welcome" and "Kind and patient. You never have to wait long for someone to help if you need them." A relative told us, "Can't praise them (staff) enough. They all do an excellent job".

Communication between staff and people living at Rosemont was caring, with conversations being held in a gentle and understanding way. Staff were engaging with people at eye level, for example kneeling, or sitting next to the person so they had eye contact. Staff knew the backgrounds of the people they cared for and we noted the staff used this information when they were with them in relevant conversations. For example talking with a person who enjoyed reading and suggesting a number of book titles in the services own library. Staff were heard to ask about people's welfare. For example were they warm enough, did they need a hat to protect them when they went outside.

People's choices were respected and staff were sensitive and caring. Staff were friendly, patient and discreet when providing care for people. For example, a person needed to move from a wheelchair to a lounge chair. Staff asked the person's permission to begin the move. They told the person what was happening throughout the process and provided constant reassurance. The staff ensured they took all precautions to protect the person's dignity.

Staff protected people's privacy and dignity. Bedroom doors were closed when care was being provided for them. Staff assisted people in a sensitive and reassuring manner throughout the inspection visit. People were dressed in clean and coordinating clothes and looked well cared for.

People moved around the service without restriction. For example one person liked to spend short amounts of time in lounge areas before moving to other areas. Staff were observed making sure the person was safe wherever they were in the service in a discreet but respectful way. Some people had limited mobility but staff encouraged them to move around with the use of personalised walking aids. This showed people's independence was supported. For example throughout the inspection visit staff were moving around the service so they were visible to people and could respond to their care needs as necessary. A staff member said, "We work really closely together and make sure we move around so we are there if residents need us." A relative told us, "As a family we can't thank the staff enough for all the support and care they show to (person's name)."

Staff supported people to maintain contact with friends and family. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in the lounge or in their own room. We observed that staff greeted visitors on arrival and made them feel comfortable. Visitors told us, "Always made to feel welcome whatever time of the day we call" and "Visit every day. I can go on holiday knowing (person's name) is safe and being well cared for".

People's religious and cultural beliefs were respected. For example, clergy made regular visits to the service to support people's religious needs.

Is the service responsive?

Our findings

People told us they felt their needs were well met at Rosemont. One person told us, "Staff have got to know my routine and respect that" and "When I came here the manager continued to ask what I needed and what I liked and didn't like. There have been a few grumbles but they have all been sorted out. I am very satisfied with my care now." A relative told us, "They (staff) have been very good at getting things sorted out for (Person's name). Like getting the right equipment and explaining why (Person's name) needs to have more support."

People who wished to move into the service had their needs assessed prior to moving in. This helped ensure staff were able to meet people's needs and expectations. The registered manager and staff were knowledgeable about the level of support people required.

The registered manager regularly reviewed care planning records including risk assessments and had recently introduced a more personalised care plan which was person centred. It focused on the persons specific needs and how they liked to be supported. Staff told us it helped them understand the person and supported them in responding to individual needs.

Staff were responsible for completing daily records about how people were being supported and communicated any issues which might affect their care and wellbeing through shift handovers. Staff told us this system made sure they were up to date with any information affecting a person's care and support. Where people required additional support from specialists, referrals had been made and responded to. Daily notes covered the care provided, the person's mood, any activity they had enjoyed and any visitors they may have had. This information helped staff coming on duty to get an overview of any changes in people's needs and their general well-being.

Staff responded to individual needs based upon information in the care planning and risk records. Risks associated with peoples individual needs were being recorded and regularly reviewed in order to respond to changes. Risk planning covered areas including fall prevention, skin care, communication and responding to hydration and nutritional risk.

Activities were taking place in a way which was responsive to the needs and choices of people living at Rosemont. For example during the morning staff were supporting people on an individual basis by talking with them, choosing music and television channels for people to listen to and watch. Entertainers visited the service on occasions. The registered manager had recently purchased an indoor bowls set, which was designed for people with mobility and dexterity issues. Two people told us they had enjoyed the game when it was first used and looked forward to more. One person said, "It brings us all together and we have a bit of a giggle." There were a range of other activities including board games and cards for reminiscence therapy which supported people who may have limited recall memory. A relative said, "When we call they are often enjoying a game or two. Some people told us they liked to spend time in their room and did not like to join in activities. Staff told us they respected this and said they appreciated everybody has a choice.

The service had the use of a tablet computer which was loaded with applications specifically designed to help people with dementia conditions.

The registered manager worked to establish links with the community. For example, a local lunch club was used. There was involvement with a community directory to inform people of care and health contacts, transport arrangements. Some people using the service were using the lunch club as a social event and others had found the transport directory useful.

There were no on-going or recent complaints in progress at the time of the inspection. Information on how to make a compliment or complaint was available in the service's written literature. People told us they had not had to make a complaint but would approach the registered manager or staff with any worries or concerns.

Is the service well-led?

Our findings

People who lived at Rosemont and their relatives spoke positively about the registered manager and staff. They told us, "The staff are very approachable" and "The manager and staff are always asking if we need anything. I have no complaints at all." Staff told us they felt they could approach the registered manager with any issues and that they felt confident they would be listened to and they would be acted upon. They told us, "The manager listens to us (staff) and I think we have all the support we need" and "We work very well together and the manager always tells us if anything is changing so there are no shocks."

The registered manager had overall responsibility and accountability for the service. People who lived at Rosemont and their relatives told us the registered manager and staff members were there to support them with advice and answer any queries. A relative said, "I have had to make some decisions about (Person's name) and the manager has helped me through it." A staff member told us, "The manager has been very helpful and supported us through a lot of changes."

During the previous inspection we found people were not asked for feedback about the quality of service provided. People told us they couldn't remember if they had attended a residents meeting or completed satisfaction surveys about the service provided. During this inspection the registered manager had taken action to introduce a range of quality monitoring systems to take account of people's satisfaction with the service. This included speaking with people on a regular basis. One relative told us, "I never leave here without the manager or staff letting me know what's going on and if I have any questions I want to ask."

There were regular individual or group discussions with people living at the service. A recent survey showed people were very satisfied with the service they were receiving. The topics included all aspects of living at Rosemont including, food, care, premises, daily living and management. Comments included, "Excellent place to live", "Warm and friendly staff", "Always clean and tidy" and "(Persons name) has all the respect she deserves."

Staff told us the philosophy of the service was to make it as homely for people as possible. One staff member said, "Rosemont is a friendly home and it is just like a home from home for people. That's what they like about it. They tell us all the time". This was supported by people we spoke with throughout the inspection visit. Another staff member told us, "Because it's not a big home we have the time to make sure residents are getting all the care they need".

There were systems in place to support staff. This included regular staff meetings to look at operational tasks. For example, changes in care planning, making sure medicine practices were safe and training updates. Staff told us day to day communication was good and any issues were addressed as necessary. Staff told us they felt confident the provider respected and acted on their views. Comments included, "Working as a team is important and the way we share information between shifts makes sure things don't get missed" and "If there are changes or things we need to know it's shared at handover and written in the daily communication record. Nothing gets missed".

The registered manager worked alongside staff to monitor the quality of the care provided by staff members. The registered manager told us if they had any concerns about individual staff practice they would address this through additional supervision and training. It was clear from our observations and talking with staff that they had high standards for their own personal behaviour and how they engaged with people.

The registered manager attended a range of events and forums in order to keep up to date with any developments in the care sector. For example, they regularly attend a local care forum. They told us this was an effective way of sharing experiences and ideas with other providers in the local area.

The registered manager took operational responsibility for the service. This included reviewing and updating policies and procedures. Most of these had recently been reviewed and updated where necessary. Further audits were carried out in line with policies and procedures. The service was taking action to address recommendations in the most recent fire report, carried out by Cornwall fire and rescue service.