MyCare Homes Limited

Rosewood Care Home

Inspection report

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Date of inspection visit: 31 March and 1 April 2015
Date of publication: 20/07/2015

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

This inspection took place on 31 March and 1 April 2015 and was unannounced.

The home provides accommodation and care for up to 35 older people, some of whom were living with dementia. There were 33 people living at the home when we visited. The home is on one level with all the bedrooms having ensuite facilities. Communal areas include a sitting and dining room as well as a new conservatory. There is an outdoor courtyard area for people to enjoy sitting outside if they wish.

There was a registered manager in place. 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 and associated Regulations about how the home is run.

The registered manager was aware of, and followed, legislation designed to protect people's rights. People's needs were met by sufficient numbers of trained staff.

Summary of findings

There was a recruitment procedure in place which involved getting references and completing checks before new staff started work at the home. The registered manager calculated the staffing levels based on people's needs. People told us they felt safe living at the home and staff were aware of their responsibilities with regard to safeguarding people from abuse. Risks to people's wellbeing had been identified and suitable measures were in place to minimise risks. An example of this was where people needed bed rails to stop them falling out of bed or pressure relieving cushions. People received their medicines safely and as prescribed.

Staff understood that people could make choices about their care and support. People were supported and encouraged to eat and drink adequately and could choose what they wanted.

Staff had positive caring relationships with people living in the home. People's privacy and dignity was respected in the way staff supported them. Visiting healthcare professionals, such as GPs, treated people in their bedrooms to maintain their privacy.

People received personal care that was responsive to their needs. Personalised care was the ethos of the home.

Staff worked in a way which ensured people were at the centre of everything they did. People's needs were assessed before they moved into the home and the information formed part of their individual care plan. People were involved in planning how their care would be delivered. There was a range of activities available and details were displayed on the noticeboard.

People and visitors felt able to complain if they were unhappy with an aspect of the home and knew who to complain to. The provider's complaints procedure was displayed on the notice board in the hall.

The provider and registered manager promoted a positive culture which was open and inclusive. 'Resident's meetings' were held in the home and minutes were written. The meetings were used to keep people up to date with issues which concerned them, such as the building of a new conservatory as well as to seek their views.

People felt the home was well managed and a representative of the provider was often in the home and if there was anything wrong he would deal with it immediately.

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 safe.

There were enough staff on duty to meet people's needs. New staff had undergone recruitment checks before they started work.

People were protected from abuse.

People received their medicines safely and as prescribed.

Good

Is the service effective?
The service was effective.

People were supported by a staff team who were well trained.

People were supported to eat and drink appropriately and enjoyed their meals.

The registered manager understood the Deprivation of Liberty Safeguards and how they should be used to protect people.

Staff ensure people have access to healthcare professionals when they need them.

Good

Is the service caring?
The staff were caring.

People were treated with kindness by staff who had developed caring relationships with them.

People were supported to make choices in their everyday lives.

People's privacy and dignity was maintained and promoted.

Good

Is the service responsive?
The service was responsive.

People received care and support which was responsive to their individual needs.

There was a complaints procedure in place and people felt able to raise any concerns. People's views were sought and acted upon.

Good

Is the service well-led?
The service was well led.

The provider and registered manager promoted a positive culture which was open and inclusive. A representative of the provider spent a lot of time in the home and people were able to give their views to them directly.

There were systems in place to monitor the quality of the care and to support staff.

Good

Rosewood Care 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 home under the Care Act 2014.

We last inspected the home on 24 April 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

The inspection took place on 31 March and 1 April 2015 and was unannounced. One inspector undertook the inspection.

Before the inspection, we reviewed the information we held about the service. This included notifications about important events which the home is required to send us by law and our previous inspection report.

During the inspection we looked around the premises, observed people eating their lunch and socialising. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with seven people living in the home, two visitors, a district nurse and four staff. We looked at a range of records regarding the management of the service and three care plans.

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.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. People's needs were met by sufficient numbers of staff. One person told us, "I can press the buzzer and they come quickly. I have seen someone have a fall and they all run".

The registered manager told us they did not use a specific formula to calculate staffing levels but created the rota based on current needs, adding in extra staffing for jobs such as auditing medication and completing care plans. Extra staff time was also made available for activities, outings and parties held in the home. Staff felt the staffing levels were right to meet people's needs. One said, "We can tell [the provider] we need more staff and we can have them". Any gaps in the rota were filled by other staff where possible. If this was not possible, agency staff were sought who were familiar with the home to ensure the consistency of care and support for people.

There was a recruitment procedure in place which involved getting references and completing checks through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We found the checks had been undertaken before new staff, including agency staff, started work. New staff completed at least two weeks of 'train up' shifts which gave them time to complete an induction of the home's requirements and care practices.

Staff were clear it was part of their role to keep people safe in the home environment in practical ways such as ensuring the home was well maintained, as well as with regard to safeguarding people from abuse. Staff had received training in safeguarding and were aware of what to do if they were to suspect people were being abused. The registered manager had recently reminded the staff team about the whistle blowing policy and staff knew how to refer any concerns. Safeguarding referrals had been made by the registered manager when incidents had occurred between two people living at the home and an action plan put in place to prevent it happening again.

Risks to people's wellbeing had been identified and risk assessments were in place to minimise risks. For example where people needed bed rails to help stop them falling out of bed or needed pressure relieving cushions. People were involved in the risk assessments, as well as relatives where appropriate. The registered manager ensured each person had a personal emergency evacuation plan in place and these were kept where they could be easily reached in an emergency.

People told us they received their medicines correctly and on time. Staff demonstrated their knowledge regarding how medicines were prescribed and when they should be given to people. They gave some medicines before meals and some after food, as necessary. They also said they needed to give some medicines every four hours, such as pain relief.

Medicines were stored safely and securely. Staff monitored the temperature of the fridge daily to ensure medicines stored there were kept at the correct temperature. Medicines, such as eye drops and topical creams showed the date they had been opened and the date they should be used by. They would not be used after these dates to ensure they were safe and effective. Stock checks were undertaken monthly and records matched the amount of medicine in the home, except for one person, where we found the record did not match by half a tablet. Medication Administration Records were kept for each person and staff signed to say people had taken their medicine. These records were completed without any gaps.

There were care plans in place for medicines which were prescribed as 'when required', such as pain relief. Staff could not find care plans for two people who were prescribed medicine for 'agitation' when required, which may have had a negative impact on their health. However, they knew the registered manager had recently written and printed them out. They also said the people this related to were both aware of what the medicine was for and were able to ask for it.

People could keep their medicines to self-administer, if they wished and following a risk assessment. Only trained staff administered medicines. The training included both internal and external training to enable them to be competent to administer medicines. Some staff had not done both parts of the training and therefore did not administer medicines. Staff confirmed there was at least one staff member on each shift who could handle medicines.

Good

Is the service effective?

Our findings

People's needs were met effectively. One person said, "They look after you well here, we get here and start perking up, people look poorly and then start doing things." A visitor said, "The staff seem relaxed and confident."

New staff completed a six month induction which they said was thorough and included how to move and reposition people safely. Staff said the training provided met their needs and that they could discuss what training they would like to do, in supervision. One staff member told us the registered manager observed staff moving and repositioning people and picked up if something was being done incorrectly. More training would then be put in place for that staff member.

The registered manager took into account the balance of staff to have the right skills on each shift. For example, they ensured there was always trained staff to give medicines, both day and night. The staffing also took into account more senior staff who could manage the shift and newer staff who may need support. New staff completed a minimum of two weeks shadowing a variety of shifts as an additional member of staff until the registered manager felt they were competent to work unsupervised.

Staff training began with an induction and included training the provider considered mandatory, such as moving and handling and food safety. A range of other training was completed by staff on an ongoing basis. This included dementia, diabetes and tissue viability. Staff were also able to undertake further training in the form of vocational qualifications. Twenty one staff were either working towards, or had achieved a National Vocational Qualification (or equivalent) in care, level two or three. Throughout our observations of and discussions with staff, we found them to be knowledgeable and applying what they had learnt to their work.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. The registered manager had applied for sixteen approvals and, to date, two had been granted. The local authority was in the process of considering the other applications. Staff were aware this meant some people could not leave the home on their own and told us of a spreadsheet which detailed the progress of the applications. A programme of training was being rolled out through the local authority and staff had received other training which covered this topic.

Staff understood that people could make choices about their care and support. Mental Capacity Act assessments were in place where decisions needed to be taken in people's best interests. The Mental Capacity Act 2005 provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. People were asked for their consent to care and treatment and their decision respected. We observed an example of this between one person and a staff member, regarding the use of a specialist piece of equipment.

People had a choice of food. One person said, "They will make you something if you don't like the menu, like tomatoes and bacon." Another said, "If you don't want it, you can say what you'd rather have." People enjoyed mealtimes, which were relaxed and sociable. People were encouraged to interact, even across different tables. We heard people being offered a choice of drinks, both during and after the meal. Staff supported people to eat when this was needed, talking to them about the food on their plate. If people did not seem interested in the food in front of them, other food was offered. Independence was promoted where possible; for example, we saw one person had a special plate which had a rim around it so they were able to eat independently.

For some people, food and drink could put them at risk of allergic reactions or choking. However, staff were clear about people's food allergies and these were displayed where staff could see them at mealtimes. A staff member said they accessed external healthcare professionals, such as a dietician.

People were able to continue their relationship with their existing GP when they moved into the home if they wished. Healthcare needs were met by a range of visiting professionals such as a district nurse, occupational therapist and phlebotomist. One person said, "My legs have improved since I came here, I am able to rest more." The District Nurse visited the home during our inspection and confirmed staff contacted them appropriately for support. They also said staff completed a range of assessments

Good

Is the service effective?

regarding people's nutrition and pressure area needs. The District Nurse also completed assessments on a six monthly basis which help to ensure people's health needs were identified and treated.

Good

Is the service caring?

Our findings

Staff had positive caring relationships with people living in the home. One person said "The staff are always nice to us, I've never known anyone to be nasty or rude." We asked another person whether they thought staff were caring and they replied, "Absolutely, very much." We spoke with a visitor who was impressed with the way staff spoke to their relative "nicely, directly, not through us." People's birthdays were noted and celebrated. We saw a poster in the hallway for two people who were over one hundred years old. The poster showed a photo of them with a birthday message; one said 'We are very lucky to have the pleasure of caring for [name of person]."

During lunchtime we observed a person who kept leaning over whilst they were eating. Staff replaced and adjusted the cushion repeatedly and patiently as they said they were worried about the person's ribs being hurt and bruised. Another person started to cough persistently and all the staff present were visibly concerned and went to assist. One staff member told us about the impact dementia training had had on them. They said some people got upset when they got [the staff member's] name wrong and so they did not correct them. The staff were therefore visibly concerned about people and their welfare and wanted to do their best for them.

People made choices about their care and support. One person said, "I choose to go to bed after tea and lights out at nine." We saw people were given choices during the day, for example, what to eat and drink, what cutlery they wanted and where they wanted to sit. We heard people and staff interacting in a sociable way and people were involved in the business of the home. A visitor said staff treated everyone "as an individual, they say 'would you like to?' not forcing them".

One of the staff was designated as a 'dignity champion' and had attended a 'dignity group' run by the local authority. The staff member was responsible for asking people to complete a relevant questionnaire, completing a 'dignity audit' and promoting dignity. This role ensured the subject was discussed regularly at staff meetings. One outcome from the dignity programme was the creation and use of signs on doors which said "personal care in progress". These were used to enable staff and visitors to know when not to enter a room, even when knocking.

People's privacy and dignity was respected in the way staff supported them. Visiting healthcare professionals, such as GPs treated people in their bedrooms. Staff explained how they undertook personal care which ensured their dignity was maintained. Staff knocked on people's doors before entering. We saw a staff member speaking discreetly and quietly to a person to ask if they wanted to use the bathroom. We did not hear what was being said but staff later explained this is what they were saying. During lunch staff offered aprons to some people; one was heard to say, "to keep your lovely dress clean". We saw staff cleaning one person's fingers after they had eaten and brushing crumbs from another person's lap to ensure they were clean after their meal. People's privacy was also maintained by staff ensuring the care plans and medicine records were kept in a locked room so they could not be accessed by people not authorised to view them.

Good

Is the service responsive?

Our findings

People received personal care that was responsive to their individual needs. One person told us, "I get the right amount of help, I can ask them for what I want". Another said "the carers are extremely helpful." Two people referred to the home as a "five star hotel". A visitor said, "Nothing is too much trouble".

Personalised care was the ethos of the home. Staff were very aware of working in a way which ensured people were at the centre of everything they did. One staff member described this as "taking someone as a whole, knowing what their needs are, knowing what each and every individual needs, likes and dislikes. We make sure the residents are happy and getting the care they need."

People's needs were assessed before they moved into the home and the information formed part of their individual care plan. People were involved in planning how their care would be delivered. Any changes in people's needs were addressed promptly. A staff member gave us an example of noticing that a person was struggling with an ordinary cup so they offered them a two handled cup. The person responded well to this which meant they could continue to drink independently.

There was a range of activities available and details were displayed on the noticeboard. One person told us, "there are enough activities if people want to join in". Another told us there were quizzes and games such as Scrabble, Ludo and skittles. A visitor was pleased with the programme of activities as their relative had started to be involved whereas they had not "before". The staff member responsible for arranging activities said they looked at people's personal history and asked them what they would like to do. A recent activity had been based around painting pots and planting bulbs as some people had liked gardening. The staff member also explained how, further to their dementia training, they had accessed research and implemented 'doll therapy'. The doll could be cuddled by people (who knew it was a doll and who chose to) and staff had noticed a positive impact. For example, one person who did not verbally communicate started talking to the doll and subsequently spoke to their relative when visiting and called them by their name.

The staff encouraged visitors but did ask that they avoid meal times where possible so people were not disturbed and could concentrate on their meal. We spoke with a visitor who was happy with this arrangement and understood the reason why.

People and visitors felt able to complain if they were unhappy with an aspect of the home and knew who to complain to. The home's complaints procedure was displayed on the notice board in the hall. A staff member said they had heard people raising issues with the manager which had then been addressed. The manager used the team meetings to discuss concerns people had so the service could be improved. There were no recorded complaints from people or their visitors.

'Resident's meetings' were held in the home and minutes were written for anyone to refer to. The meetings were used to keep people up to date with issues which concerned them, such as the building of the new conservatory as well as to seek their views. Menus were discussed along with ideas for activities and trips out. During one meeting the registered manager reminded people about the complaints procedure and about the role of the dignity advisor. The meetings were well attended, one record showed 29 people were there.

Similarly, when the last satisfaction questionnaire was sent out to people and their visitors, 24 out of 40 were returned. The results had been analysed and showed a positive response with the highest scores attributed to the manager and staff attitudes.

Good

Is the service well-led?

Our findings

People felt the home was well managed and one said a representative of the provider was often in the home and if there was anything wrong he would deal with it immediately. A visitor said the manager was "lovely, she knows her stuff and explains everything. She made us welcome, it was a lovely atmosphere when we walked in."

The provider and registered manager promoted a positive culture which was open and inclusive. There were notice boards displayed in the main hallway with a range of information. There were results of questionnaires where views had been sought from people and their relatives as well as what action was planned as a result of suggestions. An example of this was a suggestion that staff should wear name badges and we saw staff were wearing them. Other information included the last inspection report, information for relatives (carers) and how to access organisations such as the Citizens Advice Bureau. There was also information regarding how to access advocacy services. Each person had their own copy of the 'Service User Guide' which provided information about the home.

Visitors felt welcome in the home, which was part of the local community. Volunteer groups visited, sometimes taking people out. Church services were undertaken in the home for those who wished to attend. Visitors were invited to parties and fetes. One of the activities co-ordinators spoke of their plans to get more speakers in to talk about their field of expertise, such as a local museum.

The registered manager ensured the home met registration requirements. This included sending notifications of any reportable incidents when necessary to the Care Quality Commission.

The registered manager had systems in place to support staff. These included regular staff meetings, shift handover meetings, one-to-one supervision, annual appraisal and encouragement to complete vocational qualifications. The manager told us staff had key roles within the home to encourage empowerment. We heard about this when we spoke with staff, who were enthusiastic about their roles. Staff said the home was well managed and they felt valued. One said the home was "run really well, we all know our different roles and any new information is available to us. Seniors are good at knowing who is doing what and when. One said "[the registered manager] is a very good manager, you can approach her with anything. She takes everyone's views on board, listens to everyone. [The provider] is a good proprietor, whatever you request he will buy it, for example all mattresses are now pressure relieving."

There were systems in place to monitor the quality of the care. The registered manager undertook regular audits which included medicines, health and safety, fire safety, dignity in care, accidents and incidents and staff training. The provider contracted with an external company which undertook a range of quarterly audits and worked with the provider to formulate an action plan. The registered manager told us this process had led to new areas being included in their audits, such as care plans. The provider and registered manager had learnt from the system of audit. The registered manager told us they had developed a robust medicine management system which included weekly and monthly audits and checks and stock monitoring. Further, charts for topical creams were kept separate from the medicine charts so that information could be updated more frequently. A named staff member was responsible for the audit and reporting any discrepancies.

In preparation for the new regulations which homes are being inspected under, the registered manager had started to gather information and evidence for meeting each of the five key questions. The registered manager worked collaboratively with the local authority who completed their own quality audits of the quality of care.