

Mrs Carol Taylor

Rosegarth Residential Home

Inspection report

5 Clifton Road
Ilkley
West Yorkshire
LS29 8TT
Tel: 01943 609273
Website:

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Rosegarth Residential Home on 5 November 2014. The inspection was unannounced.

The last inspection was in October 2013 and the service was meeting the regulations we inspected.

This is a care home without nursing. It provides accommodation and personal care to a maximum of 18 older people and people living with dementia. It is a converted property located in a residential area and within a short distance of the town centre and local

amenities. The service is owned and managed by an individual and therefore is not required to have a registered manager. On the day of the inspection there were 16 people using the service.

People who lived at the home and people's relatives told us they were well cared for and safe. They said the staff were kind. Staff had been trained in safeguarding and whistle blowing and knew how to recognise and respond to allegations or suspicions of abuse. Throughout the day we observed staff were kind and compassionate in their interactions with people.

Summary of findings

There were enough staff to meet people's needs. At night there was one member of staff on waking duty and another sleeping on the premises to provide additional support if necessary. These staffing numbers had been raised with the Commission as a concern but we found no evidence to support the concern or indicate people's needs were not being met.

People were supported to have their medicines safely. However, there should be written guidance for staff to follow in the use of "as required" medicines to reduce the risk of inconsistencies.

The home was clean, free of unpleasant odours and well maintained. There were clear procedures for staff to follow in the event of an emergency.

People who lacked capacity were not always protected under the Mental Capacity Act 2005 and the service was not meeting the requirements of the Deprivation of Liberty Safeguards. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

People's care plans were up to date and included information about their assessed needs and their preferences. There was information about people's past lives and interests which helped staff to get to know people as individuals. Staff were able to tell us in detail about the care and support needs of people who lived in the home.

People told us they enjoyed the food and we saw people were offered drinks and snacks throughout the day. The menus showed people were offered a varied diet. People's relatives were invited to join them for meals if they wished.

The home offered a varied programme of activities to support people to maintain their interests. The visiting arrangements were flexible to support people to keep in contact with their family and friends. People were able to see their visitors in private.

The people we spoke with told us they had no reason to complain. However, they said they were confident they would be listened to if they had any concerns. There was a complaints procedure in place.

The management team told us they had an open door policy and encouraged people to talk to them if they had any concerns or worries. People who used the service, relatives and staff told us the management team were readily available and approachable.

The provider had systems in place to regularly monitor the quality of the services provided and we saw action was taken in response to any shortfalls identified. In addition to informal consultation people living in the home and their representatives were given the opportunity to share their views in meetings and by completing questionnaires.

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. People who lived at the home and the relatives we spoke with told us they felt safe. Staff had received training about safeguarding and whistle blowing and were aware of how to recognise and respond to allegations or suspicions of abuse.

There were enough staff to meet people's needs. Overnight the service had one waking staff and one sleeping on the premises who was on call to provide additional support when needed.

Medicines were managed safely and people received their medication at the right times. However, there were no clear instructions for the use of medicines prescribed to be taken on an "as required" basis. This meant there was a risk they would be used consistently.

The home was clean, free of unpleasant odours and well maintained.

Good



Is the service effective?

The service was not always effective. People who lacked capacity were not always protected under the Mental Capacity Act 2005 and the service was not meeting the requirements of the Deprivation of Liberty Safeguards.

Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

People's nutritional needs were met. The menus offered variety and choice and provided a well-balanced diet for people living in the home.

The records showed people had regular access to healthcare professionals, such as district nurses, tissue viability nurse specialists, dieticians and GPs

Requires Improvement



Is the service caring?

The service was caring. People who lived at the home and their relatives told us the staff were kind and caring. This was confirmed by our observations, which showed staff displayed warmth and compassion towards people and were attentive to their needs.

Staff were able to tell us in detail about the care and support needs of people who lived in the home.

People's relatives could visit at any time and could have a meal if they wished.

Good



Is the service responsive?

The service was responsive. People's care plans were up to date and included information about people's assessed needs and preferences.

There were activities on offer to support people to maintain their interests and spend their time in a meaningful and enjoyable way.

Good



Summary of findings

There was a complaints procedure in place and people told us they were confident they would be listened to and action would be taken if they had any concerns.

Is the service well-led?

The service was well led. The management team was made up of the registered provider, a care manager and a business manager who were available in the home on a daily basis. People living in the home, relatives and staff told us they were approachable and during the inspection we observed there was a good rapport between the management team, people who lived in the home and staff.

People who lived in the home and their relatives were given the opportunity to share their views of the service by way of meetings and quality assurance questionnaires.

The management team carried out audits to check the quality of the services provided and action was taken to address any shortfalls identified.

Good



Rosegarth 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 carried out 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 5 November 2014 and was unannounced.

The inspection was carried out by two inspectors, one of whom was a bank inspector.

Before the inspection we reviewed the information we held about the home. This included information from the provider, notifications and speaking with the local authority contracts and safeguarding teams. We asked the

provider to complete 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. The provider sent us the PIR within the agreed timescale.

On the day of the inspection we spoke two people who lived at the home and one relative. We spoke with two care staff, the cook, the housekeeper, the care manager, the business manager and the registered provider.

We spent time observing care in the lounges and observed the meal service in the dining room at lunch time. We looked around the building including a random selection of people's bedrooms, communal bathrooms and toilets and the lounges and dining room. We looked at records which included three people's care plans, three staff recruitment records, staff training records, records relating to the management of the home and policies and procedures.

Is the service safe?

Our findings

One person who lived at the home told us they felt safe and said the staff were, “Kind”.

The staff we spoke with were able to describe the different types of abuse and what they would do if they suspected abuse. They told us they would report any concerns to a senior care worker or the manager. They were aware of local safeguarding procedures and knew how to get the contact details for the local authority should they need them. Staff told us they had no concerns about the safety and well-being of the people living at Rosegarth. Staff were aware of the whistleblowing policy and procedure and said they would not hesitate to use this if necessary. They told us they would question practice if they witnessed anything which was not safe or appropriate. They told us they had no concerns about the care practices within the home. This demonstrated staff were aware of the systems in place to protect people and raise concerns

The service had policies and procedures for managing risk which were easily accessible to staff. The manager and maintenance person carried out risk assessments of the premises and environment. The management also undertook a weekly health and safety walk round of the building where any issues identified were reported to the maintenance person to be dealt with. We looked at the servicing and maintenance records for the premises and all the equipment and these were up to date. The service had an up to date emergency plan. It contained details of arrangements in the event of evacuation of the premises. Staff were aware of the location of this plan.

In people’s care records we saw that risk assessments had been carried out in relation to areas of potential risk such as moving and handling, falls, nutrition and pressure sores. When people were identified as being at risk there were care plans in place to show what action was being taken to reduce or eliminate the risk of harm.

We looked at the accident and incident records. They were detailed and had been reviewed by the care manager who created a summary log of accidents and incidents and actions taken. Information about accidents and/or incidents was also recorded in people’s individual care

plans. The manager analysed falls on a monthly basis and, where concerns or trends were identified, referrals were made to the appropriate professionals, for example, the district nurses.

The provider had a robust recruitment policy and procedure in place. We looked at three staff files and saw they contained all of the required documentation. Application forms were completed and contained a full employment history; references had been obtained and Disclosure and Barring checks had been carried out prior to new staff starting work. The DBS (Disclosure and Barring Service) formerly the Criminal Records Bureau (CRB) carries out checks to make sure people do not have a criminal conviction which would make them unsuitable to work in the caring profession. This helped to make sure people who lived at the home were protected from individuals who had been identified as unsuitable to work in a care home.

At the time of the inspection the service had vacancies for a part time cook and a part time housekeeper and they were recruiting. Five members of staff had left the service in the past year: these were part-time tea-time assistants who were typically school pupils or university students who were moving on with the careers.

We looked at the duty rotas for four weeks, including the week when the inspection was carried out. They showed there was one senior care worker and two care workers on duty between the hours of 08:00 and 22:00 with one care worker on duty overnight from 22:00 until 08:00. There was a member of staff who was employed to sleep over each night: this person was not a care worker but had undertaken the appropriate training to enable them to assist should the care worker require help to support people during the night.

Throughout the day we observed staff were available to support people and they were attentive to people’s needs. We talked to the manager and provider about the night staffing levels as people had expressed concerns about this to the Commission in the past. They assured us they constantly reviewed the night staffing levels to make sure they appropriate and would provide additional staff if necessary. They said they carried out a very thorough assessment of people’s needs before they moved into the home to make sure they had the right resources to meet their needs. The staff we spoke with who had worked nights told us they did not have any concerns about being

Is the service safe?

able to meet people's needs. People who used the service and their relatives did not raise any concerns about the care and support provided at night. When we looked at the incidents/accident records we did not see any evidence to support the concerns.

None of the staff were subject to disciplinary action at the time of the inspection. The manager told us two members of staff had been dismissed within the past year. One had been referred to the appropriate authorities because of concerns about their suitability to work in a care setting.

During the inspection we looked at the systems for the ordering, storage, administration and disposal of medicines. We found medicines were stored securely and there were appropriate arrangements in place for the safe management of controlled drugs. There were suitable arrangements in place for ordering repeat prescriptions and for obtaining medicines which were prescribed for people outside of the normal monthly cycle. Any medicines carried over from one month to the next were accounted for to make sure there was an accurate record of the amount of each medicine in stock.

Senior staff told us if people refused to take prescribed medicines they were referred back to their GP for a medication review. They told us medicines were not hidden, disguised or crushed so that people did not know

they were taking them. No one using the service was administering their own medicines at the time of the inspection. All the staff who were involved in the administration of medicines had been trained and had annual training updates. The records showed people's medicines were reviewed by their GP on a regular basis.

There were no care plans in place to guide staff on the use of "as required" medicines, this meant there was a risk medicines prescribed in this way could be given inconsistently. The senior care worker who was administering medicines on the day of the inspection was aware of the precautions that needed to be taken when people were prescribed Paracetamol to be taken "as required". There were no other medicines prescribed on an "as required" basis at the time of the inspection. This meant the home was not working in accordance with their medicines management policy dated December 2013. This was discussed with the manager who said they would take action to address this potential risk.

The home was clean and free of unpleasant odours. The Local Authority infection control team inspected the service in July 2014 and gave them a compliance score of 94.45%. This showed there were suitable arrangements in place to protect people from the risk of infection.

Is the service effective?

Our findings

The provider told us two staff had completed training on the Mental Capacity Act (MCA) 2005. On the day of the inspection the manager told us there were 12 people living in the home who were living with dementia and whom they considered lacked the capacity to make decisions about their care and treatment.

The manager told us they were aware of the recent Supreme Court ruling which could mean people who were not previously subject to a Deprivation of Liberty Safeguards (DoLS) may now be required to have one. They told us they had submitted a DoLS application for one person earlier in the year. However, since then they had not carried out capacity assessments for people living with dementia to determine if DoLS applications should be made. The provider told us they had been advised by the Local Authority not to send all the DoLS referrals at once. However, at the time of the inspection there was no evidence the provider had a risk based approach to submitting applications in place. Following the inspection the provider told us they had made DoLS applications for all the people living in the home. They said they were confident they had suitable arrangements in place for acting in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

However, as these arrangements were not in place at the time of the inspection we found this was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The manager told us staff employed by the service received their training from an external training provider. We looked at the staff training records together with the training matrix which confirmed this. The staff we spoke with told us they received the training they needed to help them understand and meet people's needs. They told us they were well supported by the management team.

The home had a four weekly menu cycle. The manager told us the menus were changed every six months or in response to feedback from people living in the home. There was one main meal on the menu at lunch time; however, the cook told us alternatives were offered to people who did not want or like the meal on the menu. The cook was able to tell us about people's individual dietary needs and preferences. For example, how they catered for people with

diabetes. They also told us they worked to the guidelines provided by the speech and language therapist for people who needed a soft diet because of swallowing difficulties. They told us how they supplemented food for people who were nutritionally at risk, for example by adding cream to porridge and soup.

We observed the meal service in the dining room at lunch time. The tables were nicely set with table cloths, napkins and condiments. We saw people were offered a choice of cold drinks, fruit squash or water with their meals. The food was well presented and looked and smelled appetising. The meal service was pleasant and relaxed with people being given ample time to enjoy their food. We observed staff gently encouraging and supporting people to eat where necessary. People told us they enjoyed their lunch.

We saw drinks and snacks were served mid-morning and in the afternoon. We observed staff offering people drinks throughout the day.

When we looked at people's care plans we saw risk assessments had been carried out to check if people were at risk of malnutrition. The records showed people's weights were checked at either monthly or weekly intervals depending on the degree of risk. We saw that people were referred to the district nurse, their GP or the speech and language therapy service if there were any concerns about their nutrition. We saw people had been prescribed dietary supplements to improve their nutritional intake and food diaries were used to record and monitor what people were eating and drinking. This showed there were suitable arrangements in place to make sure people's dietary needs and preferences were catered for.

Staff told us they worked closely with the district nurses and GPs to make sure people's health care needs were identified and met. We saw people had access to the full range of NHS services. Visits from health and social care professionals, such as district nurses, tissue viability nurse specialists, speech and language therapists and GPs were recorded in people's care plans. We saw people had been provided with appropriate equipment such as pressure relief cushions and mattresses and mobility aids to support their health and well-being. There were clear procedures for staff to follow when people needed medical attention outside of the normal surgery hours. This showed there were appropriate arrangements in place to make sure people were supported to meet their health care needs.

Is the service effective?

Following the inspection we spoke with a district nurse who visited the service regularly. They told us they had no concerns about the care people received at Rosegarth. They said the staff always contacted the district nursing team promptly, if they had any concerns about people's health, and acted on their advice. They told us the staff

were always very eager to learn. For example, in the last 12 months they had delivered training on pressure area care which the staff had responded to positively and as a result they had seen improvements in this aspect of the care provided to people.

Is the service caring?

Our findings

People living at the home and their relatives told us the staff were kind and caring.

People looked well cared for. We saw people's clothing was clean and well fitting and people's hair had been combed. When we looked around we saw people had personal belongings in their rooms such as pictures, ornaments and items of furniture. People's bedrooms were clean and tidy which showed that staff respected people's belongings.

We observed staff were compassionate in their interactions with people who lived in the home. For example, when one person who lived at the home became distressed and tearful at lunchtime staff sat with them offering comfort and reassurance.

We observed all the staff were respectful when talking with people who lived in the home. For example, when supporting a person to take their medicines we saw a care worker sat down so that they had face to face contact with the person. They asked the person if they wanted to take their tablets, explaining what they were, and stayed with the person supporting and encouraging them until they had taken all the medicines.

The staff we spoke with were able to tell us about people's individual needs and preferences and how they supported people to meet their needs. They explained how they supported people to maintain their privacy, dignity and independence. For example, by making sure daily routines were flexible to meet people's needs.

We observed one person come to the dining room at approximately 10.30am. The person told us they liked to stay in bed a bit later; we saw the person was offered a choice of what they wanted for breakfast. We saw another person who lived at the home spend time walking around the grounds in the morning. Staff told us the person liked to go out for a walk most mornings. The person told us they enjoyed their daily walks around the grounds.

During the visit we observed a lot of friendly and caring interactions between staff, people who lived in the home and visitors.

The home had an open visiting policy; visitors were welcome at any time that was convenient for people who used the service. People were able to receive their visitors in private either in their bedrooms or in the conservatory next to the dining room. The manager told us people's relatives were invited to join them for a meal if they wanted to.

People were supported to practice their religion in accordance with their wishes. The home's Statement of Purpose explained that Christian festivals were celebrated in the public areas for those who wished to take part. On the day of the inspection there was a Christian religious service in the lounge which a number of people chose to attend.

We spoke with one health care professional who told us they visited the home every day. They described the staff as, "Very caring and committed". They said the service was, "Pleasant" and had a homely atmosphere and added the people who lived at Rosegarth and the staff seemed happy there.

Is the service responsive?

Our findings

Two people who lived at the home told us they were well cared for. One person said they had not been there very long but felt safe and added the staff were, “Kind”. During the visit we spoke with the relative of one person who lived at the home. They told us they had no concerns and felt their relative was well cared for. Before the inspection a relative of a person who lived at Rosegarth contacted the Commission to tell us they had, “Nothing but praise” for the care provided to their relative and other people who lived at the home.

We looked at three people’s care records. People’s needs were assessed before they moved into the home to make sure the service could provide the care they needed. The information obtained during the assessment process was used to develop care plans which included information about the support people needed with all aspects of their day to day lives. We saw care plans were reviewed on a monthly basis to check if any changes needed to be made to the way people’s care and support was being delivered.

People’s care records contained information about their preferences, likes and dislikes. The records also contained information about people’s past lives and personal histories. This helps staff to get to know people as individuals and provide care and support which is tailored their needs.

The care plans were computerised and were password protected to maintain confidentiality. The home also maintained paper copies as a backup. The care manager told us they made sure the paper copies were up to date by

printing them out whenever changes were made to the computerised records. Staff told us they kept up to date with change in people’s needs by reading the care plans and through handover meetings at the start of every shift.

The home had an activities organiser and offered people a varied programme of activities. On the afternoon of our inspection two people who lived at the home went into town to a church singing group. They told us this was a regular weekly outing which they looked forward to and enjoyed. On the evening of the inspection the home was celebrating bonfire night, there was a pie and pea supper which was to be followed by a firework display. We saw a number of people’s relatives arriving to join in the festivities.

The service had a complaints policy and procedure which was displayed in a prominent place. We looked at two complaints which the service had received, one in 2012 and one in 2013. Both had been investigated and resolved in a timely manner and to the satisfaction of the complainant. Staff we spoke with were aware of this procedure and knew what action to take should they receive a complaint. We spoke with people who used the service, none of whom had any complaints. They told us if they had a complaint they would speak to the manager. The manager told us they shared findings from complaints with staff at staff meetings and supervisions. We saw evidence of this in minutes of staff meetings. This showed us the service had procedures in place to recognise and respond to concerns or complaints from people who used the service.

The manager told us the service had received 10 written compliments in the last 12 months.

Is the service well-led?

Our findings

The registered provider was in day to day charge of the home and was supported in this role by a care manager and a business manager. The management team were a visible presence in the service and were available for staff, people who used the service and their visitors at any time.

From our observations and discussions with them it was evident that the management team knew the people who used the service and their families well. We also observed there was a good positive rapport between the management team, staff and people who used the service.

The care manager understood their responsibilities and told us they had the support of the registered provider at all times. They had recently implemented changes to improve the quality monitoring systems. These included the introduction of daily health and safety checks for each room and the delegation of additional responsibilities to senior care staff.

Regular audits were carried out which included a daily walk round of the building to identify any issues that needed attention and monthly care plan and medication audits. We saw the findings of the audits had been discussed in staff meetings in June, July and October 2014. For example, we saw that further training was being organised on the safe management of medicines because the audits had identified some staff were not clear about the procedures for receiving medicines which were received outside of the routine monthly delivery. Until the training was delivered staff had been informed that any medicines received in this way should be given to a senior care worker or the care manager to be booked in.

There were meetings for people who used the service to give them the opportunity to have a say about the running of the home. The last meeting was in August 2014 and the topics discussed included housekeeping, meals, staff and activities.

The provider sent questionnaires to people's relatives once a year to give them the opportunity to share their views of the service. We saw three questionnaires which had been completed in May 2014. The feedback was positive, one person wrote "We are all very pleased with the facilities, staff and homeliness of Rosegarth. X (person's name) tells us about staff being kind and helpful to her and responding to her if she calls for help during the night". Another person wrote "I am delighted with the physical care and mental stimulation Mum gets at Rosegarth. Staff are really lovely with her. She gets affection as well as practical care".

The manager told us the questionnaires were reviewed and action was taken to address any areas of concern.

There was evidence of learning from the investigations carried out in response to any complaints, concerns, accidents or incidents. For example, the provider had recently purchased a hoist to be used to support people following a fall.

This showed us the provider had effective systems in place to monitor and assess the quality of the services provided and to identify and manage risks to the health, safety and well-being of people who used the service, staff and others.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>Consent to care and treatment</p> <p>The registered person did not have suitable arrangements in place for establishing and acting in accordance with the best interests of service users who lacked capacity.</p>