Rosemary Care Home Limited

Rosemary Care Home

Inspection report

13 Newhey Road
Milnrow
Rochdale
Lancashire
OL16 3NP

Tel: 01706650429

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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

Rosemary Care Home is located in Milnrow, Rochdale. It is a service which provides accommodation and personal care for up to 24 older people, some of whom are living with dementia. There were 23 people living at the home on the day of our inspection.

Rating at last inspection:

At the last inspection, in April 2016, the service was rated Good. At this inspection, we found the service remained Good.

Why the service is rated Good:

People continued to have their health needs met. People had access to a range of healthcare professionals, when required. Changes in people's health and wellbeing were responded to.

People, relatives and staff continued to be positive about the registered manager and the running of the home. Staff felt motivated and valued in their roles.

People continued to enjoy positive and respectful relationships with staff. People's independence was promoted, as much as possible. People's privacy was respected.

People were able to express their views and make suggestions, and these were acted on. Complaints were investigated, responded to and used to improve practice.

There were enough staff on duty to meet people's needs. People received their medicines safely.

Further information is in the detailed findings below.

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 is safe.

People received their medicines safely, and as prescribed. Risk assessments were reviewed and updated to reflect people's changing needs and how to keep them safe.

There were enough staff to meet people's needs.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Rosemary 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 checked 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 was a comprehensive inspection, which took place on 3 August 2017 and was unannounced.

The inspection team consisted of one Inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had knowledge and experience of care for older people.

Before our inspection, we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on any statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

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. This information helped us to focus our inspection.

We spoke with nine people who lived at the home and seven relatives. We spoke with the registered manager and six members of staff, which included housekeeping staff, carers, a senior carer, the activities coordinator and the cook. We also spoke with a GP. We looked at two people's care records, which included healthcare information, capacity assessments and risk assessments. We also looked at feedback and complaints received, medication administration records, and a sample of the registered manager's audits.

We observed people's care and support in the communal areas of the home and how staff interacted with people. We did this to gain an understanding of people's experience of the care and support they received.

Good

Is the service safe?

Our findings

At our previous inspection in April 2016, we found the provider was in breach of Regulation 12 (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.This was because people's risk assessments were not always updated. At this inspection, we found that people had monthly reviews of their care, which included reviews of their risk assessments. Risk assessments were updated to reflect any changes in people's needs. For example, one person was at risk of self-injurious behaviour. This was monitored, and recently a piece of jewellery had been removed as this was marking the person's skin. Risk assessments were in place for areas such as epilepsy; mobility; self-administration of medicines, and skin health. Staff we spoke with were knowledgeable about people's risk assessments and how to care for them safely.

Also at our previous inspection, we found the provider was in breach of Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was no system for recording the administration of prescribed creams; night staff were not trained to administer medicines, which meant people could not have their 'as required' medicines; and the controlled drug register did not always correspond with people's prescriptions.

At this inspection, we found the provider was no longer in breach of this Regulation. Night staff were now trained in medication; prescribed creams were recorded and signed for; and the controlled drug register tallied with people's prescriptions. People told us they received their medicines, as required. One person told us, "I get my medication regularly." Another person told us, "My medication is managed well."

People told us they felt safe and secure, and that there were enough staff to meet their needs. One person we spoke with told us, "There's always someone around if I need anything." Another person told us, "I feel safe here. If I use the buzzer, particularly at night, they (staff) come within two or three minutes." A relative we spoke with told us, " I can go home at night knowing [person] is safe and happy." We saw throughout tour inspection that there were enough staff to respond to people's needs quickly, as well as to spend time chatting with people. The registered manager told us staffing levels were determined by the needs of the people living at the home. When the amount of people living at the home had reduced, staffing levels had also been reduced from three carers to two. However, feedback from staff, people and relatives to the provider at the time was that this reduced level was insufficient. The registered manager told us staffing levels had subsequently been re-assessed and the provider had reverted back to the higher staff ratio.

Before staff members were allowed to start work, checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses, they could start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care.

People continued to be protected from abuse and harm. Staff knew how to recognise signs of abuse, and told us they would report any concerns to either the registered manager or to the Care Quality Commission. One member of staff told us, "[Registered manager] would never tolerate poor practice or abuse. I would tell

them straightaway if I had any concerns." People told us they would feel comfortable raising any concerns they had about the way they were treated. One person told us, " I would always speak up if anything is wrong. All the staff would listen to me. I have never felt frightened here."

Staff and the registered manager understood the need to promote people's freedom, as much as possible. People told us they felt there were no unnecessary restrictions in place. One person told us, "I'm perfectly happy with everything and don't feel that I have any restrictions." Another person told us, "I don't feel restricted and staff respect my choices." The registered manager told us that one person chose to take the stairs instead of the lift. They told us that initially, some staff members had tried to discourage this as felt it was unsafe. However, they now understood the importance of respecting this person's choice and freedom of movement, whilst continuing to monitor their safety.

Good

Is the service effective?

Our findings

The majority of people and relatives we spoke with continued to feel that staff had the necessary skills, training and abilities to do their roles. One person we spoke with told us, "They do a good job. They all seem to buzz around effectively." However, one relative we spoke with told us, "I'm not sure that the staff here are trained to support people who've had strokes." Another relative we spoke with expressed a view that staff's knowledge and understanding of dementia was variable. We discussed this with the registered manager, who told us they and the staff team were always receptive to input, training and guidance from other specialist organisations, and they would establish further links with the Alzheimer's Society and Stroke Association.

People told us they continued to have their health needs met. One person we spoke with told us, "If my back is hurting me, they will get cream from the GP. Also, they will get me eardrops when my ears get blocked." On the day of our inspection, a GP was visiting a person at the home whom staff had raised concerns about. We saw in people's care plans they had access to a range of health professionals, including Neurological Rehabilitation Teams, dieticians and specialist nurses, such as Parkinson's nurses.

We saw that people's individual eating and drinking needs had been assessed and were known by staff. A dementia mealtime assessment tool had been recommended by a nutritionist who had delivered training to staff, and this was in use. This tool assisted staff to look at areas such as whether people seemed distracted during mealtimes; whether they ate too fast, and whether they found it difficult to keep their food on the plate. Following assessments of people's needs, action had been taken to assist people with their eating and drinking needs. For example, the use of plate guards, plastic-coated spoons and double-handed mugs. During the lunchtime meal, we saw staff supported people who needed 1:1 support to eat and drink.

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. Staff we spoke with had a good understanding of the Act. One member of staff told us that people's capacity could fluctuate and that at present, one person who usually had capacity did not due to illness. Staff also understood the importance of assuming capacity, unless there were reasonable grounds not to.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).Staff we spoke with were able to tell us who had DoLS in place, and the reasons for these restrictions. They also understood that even where a DoLS was in place, it was still important to look at the least-restrictive options. For example, one member of staff told us, "We always look at ways of doing what they want to do. [Person's name] can't leave the home by themselves. But when they want to go out, I go with them."

Good

Is the service caring?

Our findings

At this inspection, we found people continued to enjoy positive and respectful relationship with staff. One person we spoke with told us, "I am treated with dignity and respect. Staff are very caring, and they listen." Another person we spoke with told us, "The staff are caring and seem to know us all. I do feel they listen to me and act on what I say." People told us staff understood their individual preferences and choices, with one person telling us that staff understood and respected their need for privacy and to spend time alone. We saw that people were relaxed and comfortable with staff, with lots of laughter and animated conversations throughout the day. One member of staff told us, "I like having a good laugh with them (people living in the home), I have a good relationship with them all." A GP we spoke with told us people received a "good level of care."

Staff continued to promote people's independence. One person told us, "They try to maintain our independence as much as possible. They leave me to do things. I get myself dressed in the mornings and come down to breakfast." Another person told us, "I can make a lot of every day choices. I have chosen the clothes I am wearing today." Staff we spoke with understood the importance of respecting people's independence, whilst also maintaining their dignity. One member of staff told us, "A few people like to wash and dress themselves. [Person's name] likes to think they are fully independent, but they do need our help. So what we do is, we wait until they have washed and dressed themselves and then we discreetly check afterwards and clean the bits [person] has missed."

People's care plans reflected people's choices in respect of how they wanted to be cared for. For example, "my positive outcomes" meetings had taken place with one person to look at what their short and long-term goals were. One of the person's goals had been to re-establish contact with a friend, which staff had helped the person to achieve. We spoke with this person, who told us they were happy to have their friend back in their life.

Staff understood people's individual communication styles and preferences. For example, one person's care plan said the person needed clear, verbal prompts and instructions, and that a personal belonging of the person could be used to aid communication. Staff we spoke with knew this person's needs, as well as the communication needs of the other people living at the home.

Good

Is the service responsive?

Our findings

People continued to receive care which was tailored to their individual needs and preferences. People and relatives told us, and we saw that, staff knew people well- both in terms of their health and wellbeing needs, as well as their life histories and personal preferences. A relative we spoke with told us staff had a "good understanding" of their relative. A GP we spoke with told us that staff were, "Very sensitive to people's needs. They treat people as individuals." People's care plans set out their individual morning and evening routines; what help people needed, and when; and their life histories. Staff we spoke with knew people well. One member of staff told us, " [Person] loves their earrings, so we sit and look at those and chat about which ones to wear today. Another person used to be [job role], and so we talk about that a lot, which they enjoy."

Residents' meetings were held regularly, which were used as an opportunity for people to give feedback on their care, as well as to make comments and suggestions. We saw that at a recent meeting, people had asked for a dart board. The registered manager told us one would be bought and would be kept in a room, which was to become an activities lounge. A relative we spoke with told us, "[Person] has asked for a dart board, and that will get sorted. They do act on what people want." One person had raised in a residents' meeting that they missed going to the football. After raising it, staff took the person to see their team play.

People's changing health and wellbeing needs were responded to. A GP we spoke with told us staff were quick to notice any changes of concern and to seek medical advice. A relative we spoke with told us, "They are on top of any changes in [person's] health or mood." Handover meetings took place between at the end of a shift and the start of the next in which staff discussed any concerns they had about a change in people's health or emotional state. This was to ensure any concerns could be monitored and acted upon.

There continued to be a system in place for capturing, monitoring and responding to complaints. A relative told us they had complained recently about hot days and the radiators still being on. They told us they could now turn the radiator off in their relative's bedroom, which they were happy with. We saw where complaints had been received, these had been investigated and, where appropriate, apologies had been given by the registered manager. The registered manager told us, "We don't claim to be perfect; I don't think any home is. We discuss all complaints in staffing meetings and discuss the lessons learnt."

Good

Is the service well-led?

Our findings

People, relatives and staff continued to be positive about the running of the home. One person told us, "[Registered manager] here is very pleasant and approachable. I feel I can speak to them about anything." Another person we spoke with told us, "I ran two businesses before I retired and I know what good teams look like; this is a good team." One relative we spoke with told us, "There is a very happy atmosphere and it seems well-led. [Registered manager] is very approachable." We saw people knew the registered manager well and that they were comfortable and relaxed when speaking with them. A relative we spoke with told us, " [Registered manager] is [person's] best mate." The registered manager told us they made sure they spent a lot of time with people and staff, rather than staying in the office. They told us, "It's important for people, staff and relatives to see me on the floor."

Staff told us they felt motivated and valued in their roles, and that staff morale was high. One member of staff told us, "[Registered manager] is unbelievable, best manager we've had. You can bring anything to their attention, and it gets sorted. We all trust each other and work well as a team." The registered manager told us it was important to recognise staff's hard work, such as through the provider's "carer of the month" award, which was voted for by people, relatives and staff. The registered manager told us staff meetings were used as a way of discussing ideas for the home and looking for ways to continually improve. The registered manager told us, "I learn things every day from my staff."

We looked at how the registered manager and provider assessed the quality of care provided to people. A range of audits were in place in areas including care plans; medication; falls; weights and risk assessments. This information was used to make sure people continued to receive the care they needed. For example, weights audits were used to respond to any concerns about people's weight loss or gain and make referrals to the appropriate health professionals.

The registered manager told us they were supported in their role by the provider, and the provider was also supportive of the plans for development the registered manager had. These ideas included having a section on the home's website written by people to give a 'resident's perspective'; sourcing electronic tablets for people so they could have access to the internet and communication methods such as Skype; and moving to an electronic care planning system, with the aim of freeing up staff time for the benefit of people living in the home.