Rosemount Care Home Ltd

Rosemount Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection was carried out over three days on the 16, 17 and 18 January 2017. Our visit on 16 January 2017 was unannounced.

At the last inspection on 18, 19, 20 and 21 July 2016 we rated the service as 'Inadequate' which meant the service was placed in 'special measures.' At that inspection we identified multiple regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014, which related to medication administration, fit and proper person's employed, safe care and treatment, staffing, person-centred care and good governance.

Following the inspection the provider sent us an action plan detailing how the identified breaches would be addressed and a monthly update on the implementation of the action plan. This inspection was to check improvements had been made and to review the ratings.

Rosemount Care Home is a residential care home based in Edgeley, Stockport. The accommodation is arranged over two floors accessed via the stairs or a stair lift.

The communal areas include an open plan lounge and dining area. There is a garden to the rear of the property, which is not enclosed and offers limited off road car parking. No en-suite facilities are available.

Rosemount Care Home is registered to provide care and accommodation for up to 17 older people some of whom may also have a diagnosis of dementia. At the time of our inspection there were 12 people living in the home.

There was no registered manager at the time of the inspection; however there was a manager in post who was in the process of registering with the Care Quality Commission (CQC). Confirmation was received following this inspection that the manager was registered with CQC on 31 January 2017. 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.

During this inspection, we found significant improvements had been made; the manager was responsive to our feedback and was committed to further improving the service delivered to people living at Rosemount Care Home.

We observed staff giving kind and caring support to people. We saw that people's privacy and dignity was respected and people were relaxed in the company of staff.

Medicines were managed safely and people were receiving their medicines in line with the prescriber's

instructions.

From looking at the training record and speaking with staff, we found improvements had been made to ensure staff were properly trained and future training had been planned.

Staff spoken with understood the need to obtain verbal consent from people using the service before a task or care was undertaken and staff were seen to obtain consent prior to providing care or support.

Although some areas of the home were tired and dated in appearance, the home was clean and we saw staff had access to personal protective equipment (PPE) to help reduce the risk of cross infection.

Since the previous inspection the service had improved the recruitment processes to ensure only suitable staff were employed and staff were now receiving on-going supervision and dates for annual appraisals had been arranged.

Staff understood how to recognise and report abuse which helped make sure people were protected. People living at Rosemount, the visiting relatives and two healthcare professionals spoken with all said they thought safe care and treatment was provided.

People had access to healthcare services and we saw specialist advice was sought in a timely manner, for example from the district nurse, dentist, optician and chiropodist. People were supported to attend hospital appointments as required.

Attention was paid to people's diet and people were supported to eat and drink in a way that met their needs. People living at Rosemount were complimentary about the food provided and there was plenty of it.

People were supported by a caring staff team. However, we found there was not a systematic approach to determine the number of staff and range of skills required to meet the needs of the people who used the service. This meant the registered provider could not be sure that the staffing levels and skill mix of staff were sufficient to meet the assessed needs of people living at Rosemount Care Home. We made a recommendation that they implement the use of a staffing tool.

A notice informing people how to make a complaint was displayed in the main entrance of the home and information was also displayed on the back of people's bedroom doors. Details of how to make a complaint were also detailed in the home's statement of purpose and service user guide. There was a system in place for receiving, handling and responding to concerns and complaints. The people living at Rosemount who we asked and all of the visiting relatives we spoke with told us they had never raised a complaint but thought the manager would be responsive if they did.

Since the previous inspection improvements had been made to the systems used to monitor the quality and safety of the service. For example reviews of accidents and incidents had been carried out, along with reviews of staff recruitment files, staff training and general cleanliness and infection control within the home. There was a monthly audit of all aspects of medication administration and regular staff and resident/relatives meetings had been implemented.

The two visiting healthcare professionals we spoke with told us they had no concerns for the people living at Rosemount Care Home and they said that they could see improvements since the new manager had taken up post.

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.
There were appropriate systems in place for the effective ordering, control, management and administration of medicines.

The home was clean and personal protective equipment was available to staff to help reduce the risk of cross infection.

Appropriate checks had been undertaken to ensure suitable staff were employed to work with vulnerable people.

People told us they felt safe, and relatives told us they felt their relatives were safe in the home.

Is the service effective?

Good

The service was effective.

Staff training had significantly improved since the last inspection.

Staff understood the need for and sought consent from people before providing care or support.

Other health and social care professionals were appropriately accessed for advice when needed.

Is the service caring?

Good

The service was caring

Staff were seen to be kind and caring in their interactions with people.

People looked content and well cared for.

Visitors spoken with told us they thought their loved ones were well cared for.

Is the service responsive?

Requires Improvement

The service was not always responsive

Some care record instructions were vague and did not include details of exactly what assistance the person required to meet their assessed care needs.

We saw that people's needs were assessed prior to admission to ensure the home could meet their individual needs.

There was a system in place for receiving, handling and responding to concerns and complaints.

Is the service well-led?

Requires Improvement

The service was being well-led and improvement's must be sustained.

At the time of the inspection the manager was not registered with CQC although they successfully registered with CQC following the inspection.

There was clear leadership and structure in the home and the manager had made positive improvements since the last inspection.

Staff had confidence in the manager.

New systems had been implemented to monitor the performance of staff and the quality and safety of care provided.

The manager understood their legal obligation to inform the Care Quality Commission of any reportable incidents that had occurred at the service.

Rosemount 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 service under the Care Act 2014.

This inspection was carried out over three days on the16, 17 and 18 January 2017. Our visit on the 16 January 2017 was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. This included previous inspection reports, the provider's' action plan and the monthly update of its implementation following the last inspection. We also reviewed notifications that the provider is required to send to us so that the Care Quality Commission (CQC) can assess if appropriate action had been taken and the relevant people had been alerted in relation to certain incidents such as the death of service user, a safeguarding matter or a serious injury.

We sought feedback from Stockport Healthwatch, Stockport's local authority quality assurance team and the Control of Infection Unit. We had received feedback from Stockport's quality assurance team on several occasions since the last inspection and the Control of Infection Unit shared reports of their most recent monitoring visits to the service. All information received was positive regarding the changes implemented by the new manager. We considered this information as part of the planning process for this inspection.

We did not ask the provider to complete a Provider information return (PIR) prior to the inspection on this occasion although we did prior to the previous inspection in July 2016. 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.

During our visits, we spoke with the manager, one senior carer, three care staff, one cook, and two visiting health care professionals, four visitors and seven people living at Rosemount Care Home.

We looked around the building including some bedrooms, all of the communal areas, toilets, bathrooms,

the kitchen and the garden area.

We examined the care records for four people living at Rosemount Care Home. We reviewed a sample of medicine administration records, the recruitment and supervision records for four staff, training records and records relating to the management of the home such as the quality assurance systems.

Good

Is the service safe?

Our findings

People who lived at the home told us they felt safe. One person said "Yes I feel safe, I can't fault the staff they are a great crowd and I am getting well looked after." Another person said "The staff are very good they look after me very well."

All of the visiting relatives that we spoke with told us they were confident their relatives were safe. One relative said "The staff are great, I have no worries at all about [their relatives] safety." Another relative said "I think [their relative] is safe and well cared for."

Both of the visiting healthcare professionals we spoke with during this inspection told us they thought people living at Rosemount were safe and well cared for. They both said they had never seen or heard anything of concern or witnessed any poor practice.

Staff we spoke with had an understanding of their role in protecting people and making sure people remained as safe as possible. Staff had access to a safeguarding adults policy and a copy of the local authority's multi-agency safeguarding adult's policy. In addition we saw relevant contact telephone numbers on display on the staff notice board should staff wish to report any issues of concern, which included the Care Quality Commission's Whistle Blowing helpline.

We saw staff had access to a Whistle Blowing policy. The Whistle Blowing policy is a policy to protect an employee who wants to report unsafe or poor practice. All staff spoken with said they would feel confident to report poor practice.

No allegations of abuse had been made during 2016. The manager was aware of the appropriate action to be taken should an allegation of abuse be made and had copies of the harm log that would be sent to the local authority should a safeguarding incident or an allegation be made.

At our previous inspection in July 2016, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) in relation to medication. At this inspection, we found improvements had been made.

Since the last inspection we found the medication room had been reorganised and was tidy and well-ordered. We looked at medication storage and found the storage cupboards were secure and they did not have excessive stocks of medication.

We saw a system in place to record the temperature of the medication fridge and room temperatures to ensure medication was stored at the correct temperature. However we did see some gaps in temperature recordings. For example there were seven gaps in November 2016, three gaps in December 2016 and one gap in the recording of the temperatures during January 2017. This was discussed with the manager who said they would address the issue with the relevant staff who were on duty at that time.

The home operated a Monitored Dosage System (MDS) for administering medicines. This is a system where the dispensing pharmacist places medicines into a cassette containing separate compartments according to the time of day the medication is prescribed.

We saw medicines had been checked on receipt into the home, administered as prescribed and safely stored and any surplus medicines were disposed of correctly.

We saw that since the previous inspection a laminated A4 photograph of each person had been placed in the medication administration file to help with easier identification of the person being administered medication. This helped to minimise the risk of medicine errors. We also saw that any know allergies or intolerances to certain medicines had been recorded on individual records.

We saw there were appropriate policies and procedures in relation to medication administration which staff had access to. Medicines were administered by care staff who had received appropriate training in storing, checking and administering medicines. Care staff were not allowed to administer medication until they had received the appropriate training and had been assessed as competent.

We saw that creams and ointments were prescribed and dispensed on an individual basis. Since the previous inspection we saw the implementation of care plans directing the application of creams had been put in place. These plans of care included the use of a body map that clearly identified the name of the cream or gel, what it was being used for and where it was to be applied.

At the time of our inspection, we were told that no person using the service was administering their own medications and nobody was prescribed controlled drugs. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs.

We saw that there were monthly audits of the use of controlled drugs and medication administration to ensure that people safely received their medication as prescribed by their doctor.

At our previous inspection in July 2016, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) because the registered provider did not have robust recruitment process in place to ensure suitable staff were employed. At this inspection we found appropriate improvements had been made.

Since the previous inspection we were told, and evidence was seen, that all staff files had been reviewed and reorganised. We saw that staff had resubmitted proof of Identification (ID), proof of address, completed an application form so up to date details were on file and new references had been applied for or a risk assessment had been completed. Revised procedures also ensured that staff recruited had the appropriate qualities to care for and protect the safety of people who used the service. This meant that the provider had taken additional measures to ensure only suitable staff were employed.

We looked at four staff files, two of which related to staff that had been recruited since the previous inspection. The files contained job descriptions, proof of identity and an application form that documented a full employment history and accounted for any gaps in employment, a medical questionnaire, a job description, references and interview notes. Pre-employment checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

At our previous inspection in July 2016, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) because not all safety checks had been undertaken to help keep people safe and there were shortfalls in relation to infection control. At this inspection, we found appropriate improvements had been made.

We reviewed the safety certificates for the building and found all relevant safety and maintenance checks had been carried out, and certificates were in order, which meant that the building and the equipment including the lift and moving and handling equipment were well maintained and safe to use. For example we saw evidence of gas and electric safety certificates, Legionella testing, a waste management contract, chair stair lift and hoist servicing and portable appliance testing (PAT).

At the previous inspection we saw that a baby intercom monitor was in use because there was no call bell station on the first floor of the building. This meant there was a risk that staff could not hear the buzzer should somebody require assistance. At this inspection we saw there was now a call bell station on the ground and first floor of the home. This meant that staff could easily identity which person was buzzing for assistance.

Since the previous inspection the manager had implemented a monthly safety check and risk assessment of each bedroom which included checks of the window restrictors, any identified hazards in the room and the cleanliness of the room. The manager told us that it was their intention to add an additional safety check that any free standing wardrobes were fixed to the wall. Temperature checks of hot water that people using the service had access to were being tested on a weekly basis to ensure they were safe and people were not at risk of scalding. We found that monthly checks were being carried out to make sure that the call bell system was working efficiently.

Risk assessments were in place and covered areas such, nutrition, moving and handling, skin care and the risk of falls. These provided information to staff on how to manage identified risks. For example, manual handling assessments detailed the method of transferring people who had limited mobility, any equipment to be used and the number of staff required.

We were told that all people who were accommodated on the first floor of the home, with the exception of one person who was able to walk up the stairs, used the stair lift but a risk assessment for its use had not been undertaken. The manager assured us this would be done as a matter of urgency for all the people who used the stair lift.

Monthly checks of the fire extinguishers, emergency lighting, emergency exits and fire alarm checks were being carried out. There was an emergency evacuation procedure and everybody had a Personal Emergency Evacuation Plan (PEEP). These plans detailed the level of support the person would require in an emergency situation. There was a floor plan in the main entrance of the home and an evacuation sledge on the first floor of the building. Since the previous inspection we saw a fire drill policy had been put in place which stated a fire drill would be undertaken every six months. We saw one had been undertaken on 30 September 2016 and was next due at the end of March 2017. This meant in the event of an emergency evacuation, staff would be able to effectively evacuate the home and any risk to people being evacuated would be reduced.

We saw the staff rota clearly identified the first aider working on each shift in case of a first aid emergency. This meant the first aider on shift would lead any emergency situation should one arise.

We looked around the home, at all the communal areas, toilets, bathrooms, the kitchen, all the bedrooms

on the ground floor and a sample of bedrooms on the first floor. We found the decoration and furnishings of the home to be worn and tired in appearance but were clean and free from any unpleasant odours. Much of the paint work was marked and chipped and the wallpaper was ripped and marked in places. We saw the ill-fitting carpet in the lounge, identified at the previous inspection, had been re-laid, as had the edge of the carpet at the top of the stairs. It was noted that the carpets in the lounge, corridors, bedrooms and stairs were stained and marked in appearance. We were told by the manager that replacement carpets would be considered as part of the refurbishment plan for 2017. We saw the maintenance schedule which demonstrated the replacement of bedroom and communal carpets would be considered in April 2017.

People living at Rosemount Care Home and visiting relatives told us they found the environment was kept clean and tidy. We saw that the home employed the services of a part time domestic who worked sixteen hours per week Monday to Friday. Outside of these times care staff assumed the responsibility of maintaining the cleanliness of the home.

We were told that one of the senior care staff had taken on the role of infection control lead. This meant they were responsible for ensuring a high standard of cleanliness is maintained throughout the home we found that staff were following the Department of Health prevention and control of infection in care homes guidance

We saw an infection control file that included a number of infection control policies. These included a waste management policy, environmental cleaning, non-touch techniques, hand hygiene and a linen policy. During our inspection, we saw personal protective equipment (PPE) such as disposable aprons and gloves were available throughout the home as was hand sanitiser, which would help reduce the risk of cross infection.

All cleaning products were stored locked in the cellar to ensure people's safety. We saw that since the previous inspection Substances Hazardous to Health (COSHH) safety data sheets had been obtained for the for the cleaning materials used in the home and a copy was kept in a file that was accessible to staff. COSHH is the regulation that requires employers to control substances that are hazardous to health.

We saw that Stockport Metropolitan Borough Council Health Protection and Control of Infection Unit had undertaken an audit in July 2016. No major issues had been identified.

We saw cleaning schedules were in place for staff to record the cleaning undertaken which included an individual daily cleaning record for each bedroom. Since the previous inspection we saw that the manager had implemented a six monthly infection control audit to ensure high standards of cleanliness were maintained.

An established staff team supported people who lived at Rosemount Care Home which meant that people were cared for by staff who knew then and had worked with them for some time and had got to know them well.

From looking at the staffing rotas and speaking with the manager we saw staffing levels in the home consisted of three care staff during the day, two care staff in the evening and two care staff for night duty. The manager told us they were in the process of recruiting another full time carer and once they were in post it was their intention to increase the number of care staff to three in the evening. The care staff we spoke with all said they felt people's needs were safely met by the number of staff on duty but felt that the third member of care staff was definitely needed in the evening. One member of care staff we spoke with said that sometimes on an evening shift if two care staff were attending to a person in their bedroom or

bathroom then no staff were available to supervise people who were sat in the lounge. This information was shared with the manager.

We were told there was no formal tool used to determine the number of staff and range of skills required in order to meet the needs of people using the service and keep them safe at all times. Staffing levels and skill mix must be continuously reviewed to respond to the changing needs and circumstances of the people using the service.

Although we did not see that anybody had to wait for staff assistance we recommended that the provider implements the use of a staffing tool so that the registered provider could be assured that the number of staff and skill mix safely meets all the needs of the people living at Rosemount Care Home at all times.

Good

Is the service effective?

Our findings

At our previous inspection in July 2016, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) in relation to staff not receiving an annual appraisal and on-going supervision.

At this inspection we saw improvements had been made. We saw that since the last inspection in July 2016 all staff had received one formal supervision session. We saw that the manager had implemented a Supervision/Appraisal planner for 2017, which detailed that staff would, as a minimum receive an annual appraisal and three supervision sessions a year. Appraisals and supervision are important as they ensure staff are supported and able to discuss their personal development and further training needs. The staff we spoke with told us they felt very well supported by the manager.

At our previous inspection in July 2016, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) in relation to staff training. During this inspection we saw significant improvements had been made.

The manager told us that they actively encouraged staff to identify areas of interest in relation to their individual training and staff spoken with confirmed this. We saw that staff had an individual training file that included their certificates of achievement and a list of training attended. In addition we saw an up to date training matrix (record). We saw staff had undertaken moving and handling training, food hygiene, fire safety training, dementia care, health and safety, infection control training, first aid training, medication administration training, COSHH training and catheter care training provided by Stockport NHS Trust had been accessed for February 2017. In addition we saw that all care staff were enrolled or had completed National Vocational Qualifications (NVQ) level three or level five. In addition we saw that four care staff were enrolled on a palliative care foundation course at a local hospice. The manager confirmed that the majority of staff training was completed on line and the manager logged onto the system on a weekly basis to review and update the training record. This meant the registered provider had ensured staff had the knowledge and skills to carry out their duties to a high standard and had recognised where there had been gaps in training and addressed this.

The manager told us that all newly employed staff would be expected to undertake an induction to the service. We saw the there was an induction training checklist and we were told that newly employed staff worked on a supernumerary basis until they felt confident to deliver care unsupervised. Working supernumerary involved the carer working alongside an experienced care worker who could teach, or help the new carer to learn new aspects related to the job role before they were included in the staffing numbers to deliver care. We saw from the training matrix that the two staff employed since the previous inspection had undertaken induction training.

From April 2015, staff new to health and social care should be inducted using the Care Certificate. The Care Certificate is a set of standards for social care and health workers to ensure they have the same induction, learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The Care Certificate was developed jointly by Skills for Care, Health Education England and Skills

for Health and whilst undertaking the care certificate is not mandatory it is considered good practice. The manager told us that by the end of January 2017 all newly recruited staff would be enrolled on the Care Certificate.

Visiting relatives told us they thought the staff were well trained and competent. One person said "I have picked up that training has improved since [the new manager] took up post."

It was apparent from speaking with staff that they had a good understanding of how and why consent must be sought to make decisions about specific aspects of people's care and support and we observed staff obtaining verbal consent from people during our inspection. For example at lunch time, we observed staff asking if people would like to come to the dining room for lunch and we saw staff ask people what they would like to eat. Staff also talked about the importance of getting to know people and how they liked things to be done.

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 Deprivation of Liberty Safeguards (DoLS). By law, the Care Quality Commission (CQC) must monitor the operation of any deprivations and report on what we find. We checked whether Rosemount Care Home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager told us, and we saw information to show that applications to deprive people of their liberty had been authorised by the supervisory body (local authority), or were awaiting authorisation. CQC had been informed where authorisations had been granted.

We saw a tracker document which included details of when the request had been made, when it had been authorised and when it was due to expire. This meant there was a central list that acted as a reminder to seek renewals when necessary.

We found that the home maintained records to record where a person had appointed a Power of Attorney (POA) to act on their behalf and obtained copies of the original documents. A POA is a way of giving someone you trust the legal authority to make decisions on your behalf in relation to health and welfare or finances if you lack mental capacity to make decisions for yourself.

Staff told us they communicated well with each other and staff handover meetings were held at the start of each shift. In addition there was a written handover sheet and a communication book available for staff to look at. This helped to ensure that staff were given an update on a person's condition and behaviour and ensured that any change in their condition had been properly communicated and understood.

In addition we saw that since the previous inspection the manager had implemented bi-monthly staff meetings for all staff employed. The dates of these meetings were displayed on the staff notice board and then the minutes were saved in a file so they were easily accessible to staff. We saw minutes of the last team meeting held in December 2016 included discussions around staff rotas, paperwork and missing staff

signatures, the medication administration policy and the last CQC inspection visit.

Care records we looked at showed that the service involved other healthcare professionals to meet the health needs of people who used the service such as speech and language therapist, visiting chiropodists, opticians, district nurses and the practice nurse. The service also supported people to attend hospital and doctor appointments. Visiting relatives we spoke with all confirmed that the staff were prompt in contacting them if they had a concern about their relative or informing them if their relative had been unwell. One person said "They certainly do keep us informed they are on the phone immediately and they are very good at getting the GP (general practitioner) out if [their relative] is unwell."

We spoke with two visiting healthcare professional who both visited the home on a regular basis. They both told us that they thought the service had improved since the new manager had taken up post and they were confident that prompt and appropriate healthcare referrals were being made. They told us care staff were knowledgeable about the people living at Rosemount and any specific care instructions or recommendations they made about a person were followed by the care staff.

We spoke to the cook who had a good understanding of people's personal dietary preferences, including their likes, and dislikes. They were able to clearly describe which people had special dietary requirements such as soft diets or thickened fluids. We saw the cook ask people what they would like for their lunch and evening meal and accommodated the requests received.

All of the people we spoke with were complimentary about the meals provided and we were told there was more than enough food and drink available. One person said "The food is very nice; we have got a marvellous cook. The food is always nice and hot and nicely arranged on the plate and is freshly cooked." Another person said "You get plenty of food and drink and the there is always a choice."

As part of our inspection we observed lunch being served. We saw that people were given the option of where to eat their lunch, for example in the dining area, in their bedroom or in the lounge. The meal served looked and smelt appetising. We saw staff assisting people who required some help in a dignified and unhurried manner.

Good

Is the service caring?

Our findings

We observed staff interactions with people and we saw they were good at respecting people's privacy and dignity and the relatives we spoke with confirmed this. For example we saw staff discretely ask people if they required the toilet and we saw that doors were closed to ensure privacy if personal care was to be delivered.

The people we spoke with who were living at Rosemount Care Home told us they were happy and felt well cared for. One person said, "I can't fault the staff, they are a great crowd who are very hard working and I am getting well looked after." Another person said, "They look after me very, very well and I am not restricted in any way." This person explained to us how they had felt unwell during the night and the how well the staff had looked after and cared for them. They went on to tell that us due to their disturbed sleep they had enjoyed a lie in that morning and had a late breakfast. Other people living at Rosemount told us there were no restrictions placed on them. For example, the time when they went to bed, when they got up and what they did in the home.

The visiting relatives we spoke with told us they were very happy with they care their relative received. One relative said "The staff are great and look after [their relative every well." They told us that their relative was always clean and well dressed. They said their relative had settled in very well and was happy living at the home. Another person said "The staff are fantastic and [their relative] always looks clean and well cared for."

One healthcare professional we spoke with told us that staff were "Caring, considerate and committed to their job." Another comment was that they had seen improvements since the new manager had taken up post and care was provided by a caring, stable staff team.

We saw that people were all well-groomed and appropriately dressed. Staff were observed to demonstrate a good knowledge of the people who used the service and their individual personal preferences. The atmosphere felt relaxed and people who were able were seen to be freely moving around the home. People looked comfortable and content in their surroundings and in the company of staff.

Staff and relatives we spoke with said there were no restrictions as to when people could have visitors and we saw visitors coming and going throughout the inspection. The staff appeared to know the visitors and have good relationships with them. We saw that visitors were offered a cup of tea on arrival. One relative said "We are always made to feel welcome when we visit and we are always offered a cup of tea or coffee." Another relative told us they enjoyed coming to the home to visit their relative and said "It is not a five star building but it is definitely five star care."

We saw that staff were kind, patient and respectful in their interactions with people. One of the healthcare professionals we spoke with said "You can see the staff clearly care for the residents."

Information was present in people's care records about their individual likes and dislikes, hobbies and

interests. For example, preferred retiring and getting up times and what their hobbies and interest were. This personalised information helped staff to provide care and support based on people's personal preferences. Information on people's lives such as what their hobbies and interest were, their adult life and work life was available to help staff better understand the individual.

Care plans contained information in relation to supporting effective communication with individuals. This included information on any communication aids such as glasses or hearing aids that the person might require to help them engage in conversations and activities.

The manager told us that at the time of this inspection nobody was receiving End of Lifer care but it was a service they did provide. We saw that since our previous inspection in July 2016 a further seven care staff had undertaken End of Life training and as already stated in this report a further four staff were enrolled on a foundation in palliative care course at a local hospice.

Since our last inspection the home had developed a resident/ relative information and seating area, which contained various information /advice booklets for people to access at their leisure, including The Dementia Guide produced by the Alzheimer's Society, Love Your Independence by Age UK and information about the local free home library service.

The manager told us that no one using the service was currently using the services of an advocate although details of local services were available in the resident/relative information area. An advocacy service provides an independent advocate who is a person who can help access information on a person's behalf and / or represent a person's wishes.

We saw that people's belongings were treated with respect. When we looked in bedrooms, we saw that a high standard of cleanliness was maintained, and clothes were hung appropriately in wardrobes.

Information held about people who used the service was locked in a secure room when not in use.

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection in July 2016, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) because accurate and complete records were not kept in relation to the care and treatment of people who used the service. During this inspection we found there were still some shortfalls.

The manager told us that since our previous inspection a senior carer had been given lead responsibility for reviewing and updating each person's care file. We saw that a new care file format had been developed and at the time of our inspection one care file and been reviewed and the new format had been implemented. Following our inspection the manager informed us that, the senior carer who was the lead on care files was going to work supernumerary to concentrate on reviewing and updating all care files and implementing the new format. We were told that once all the care files had been updated it was the intention of the manager to implement a monthly audit of the care files.

During this inspection we examined four people's individual care records and care assessments and saw some improvements had been made. We saw that monthly reviews had been undertaken and as already stated in this report the care records contained personal information about the person.
The manager acknowledged that because a full review of all the care files had not been undertaken some shortfalls were still evident in the care files we looked at. For example we saw some parts of the plans of care were vague and did not give specific, personal details for care staff to follow. For example, one plan of care identified that the person required assistance with their washing and dressing but did not give any details of exactly what assistance was needed. In another care file we saw there was no plan of care to reflect a person's medical history and in another care file where medical advice had been appropriately sought, when a person became unwell no short-term plan of care had not been implemented to address this care need.

During our discussions with the manager and staff we found they were aware of people's individual care needs, preferences, likes and dislikes around their daily lives and the importance of this. We found that although some parts of the plans of care lacked details care staff were able to clearly describe people's individual care needs and how they met those needs. This meant that accurate, complete and contemporaneous plans of care were not being kept.

The above examples demonstrate a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care.

During our inspection we heard staff and people living in the home communicating well with each other and we saw people freely expressing their needs. We saw that staff responded appropriately in supporting people.

We saw that people's needs were assessed prior to admission. This information helped to ensure the home could meet the individual assessed needs of the person. The manager said people were encouraged to

come and have a look round the home and, if it was appropriate and the person was able, they would be invited to visit the home and perhaps have lunch and meet the staff and other people living at the home before they made a decision about moving in. This was confirmed by a visiting relative who told us they came and had a look round the home before a decision was made about their relative moving in. We were told the manager had been very supportive with the move and the settling in period for their relative.

We saw that a service user guide and a statement of purpose were available for people, which included key names and contact numbers, the organisational structure of the home, the aims and objectives of the home, information regarding the facilities available including meals, the complaints procedure, plus other relevant information people who lived at the home and people who may be considering moving to the home needed to know.

Staff and the people we spoke with who worked and lived at Rosemount said some activities were available. We saw that people had an activity plan of care and an individual record of activities undertaken. We saw that people had enjoyed a Christmas pantomime during December 2016, one visiting relative told us they had attended the pantomime and really enjoyed it. We saw that in house activities included nail painting, jigsaws, singing, dancing and a fund raising coffee and cake afternoon that had been held in aid of Macmillan cancer support. We also saw that a representative from a local church visited the home on a weekly basis. The manager told us it was their intention when the vacant carer position had been filled that three afternoons a week would be designated to providing activities. They also told us when the weather improved it was their intention to organise some day trips for example a Marple canal trip, some trips out to local garden centres including Buxton garden centre.

During the inspection we saw staff sat chatting with people and singing and dancing with other people.

A copy of the complaints procedure was on display in the main entrance of the home, on the back of people's bedroom doors and in the service user guide, which was given to people on admission. The procedure explained who to contact should they need to raise a complaint and the timescales for action in response to the complaint.

All of the people and visiting relatives we spoke with told us they had never made a complaint but would do if they had any concerns. One person said the manager "Was absolutely great and always available to speak with about anything." The manager told us they made themselves available and encouraged people to raise any issues or concerns at an early stage individually or at the three monthly resident/relatives meetings so they could be swiftly dealt with.

We looked in the complaint file and saw no complaints had been recorded since the last inspection.

Requires Improvement

Is the service well-led?

Our findings

A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. At the time of our inspection there was no registered manager. However a manager had been in post since 4 June 2016 and at the time of this inspection was in the process of registering with us. Following this inspection it was confirmed that the manager had successfully registered with CQC. It is a condition of Rosemount Care home's registration that a manager registered with CQC manages the service.

People living at Rosemount told us they were happy with the care they received and thought all the staff were very good and were always cheerful. The visiting relatives we spoke with spoke highly of the manager. One person told us that before their relative moved into Rosemount they had spoken with the manager who was nothing but supportive. They said "[the manager] has been absolutely great and is always available if you need to talk." Other comments were "[the new manager] is doing a great job and has made improvements" and "Everything has improved since [new manager] came to the home."

All of the staff we spoke with were positive about the management of the home and told us improvements had been made at the home since the new manager took up post. We were told that the manager was supportive of staff, that they promoted transparency and team playing. We were told that the atmosphere had improved for residents and staff and that care given to people had improved and was more organised. Staff told us that the new manager had made improvements in staff training, staff supervision, had implemented regular team meetings and they encouraged staff to sit and talk with people.

Two health professionals who visited the home on the day of the inspection told us that since the new manager had taken up post, "Everything is much better and more organised." We were told that the staff "Did a good job and were more attentive."

We observed throughout our inspection that the manager was visible within the home, interacting with people, their relatives and visiting health professionals

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The staff were welcoming on our arrival and the atmosphere felt calm and relaxed.

At our previous inspection in July 2016, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014 because we found the registered provider had failed to establish and operate effective systems to assess, monitor and improve the quality of the service.

During this inspection we found significant improvements had been made. There had been systems put in place to monitor the quality and safety of the service delivered, this included audits of all key functions of the home including staff training, staff personal files, medication management, infection prevention and control and accidents and incidents.

Part of a registered manager's or registered provider's responsibility under their registration with the Care Quality Commission (CQC) is to have regard to, read, and consider guidance in relation to the regulated activities they provide, as it will assist them to understand what they need to do to meet the regulations. One of these regulations relates to the registered managers/registered provider's responsibility to notify us of certain events or information. We checked our records before the inspection and saw that accidents and incidents that CQC needed to be informed about had been notified to us by the manager.

The manager was in the process of reviewing the policies and procedures and personalising them to Rosemount Care Home. This meant that staff would have access to up to date good practice guidance.

We saw that regular staff and resident/relatives meetings had been arranged and the manager had developed good professional relationships with other agencies and health professionals who were involved in the care of people at Rosemount Care Home. This allowed them to work collaboratively to achieve the best outcomes for people in terms of their health and welfare needs. For example they had been working closely with Stockport commissioners and attending the local care home forums. This helped to develop relationships with other managers of care homes in the area who had different backgrounds and areas of expertise to share ideas and areas of good practice to bring about improvements.

The manager was aware of the importance of seeking the feedback of people using the service and their families. We saw that service user and relative's satisfaction questionnaires had been sent out during July and August 2016 asking people to comment on the quality of the service provided. We saw that the results had been collated and a summary of the findings had been produced and distributed to people during the resident /relative meeting in September 2016 or posted to relatives who were unable to attend the meeting.

Some of the comments from the survey included: "Can see improvements day by day," "Unable to improve on the staff they are all excellent" and "We are happy with {their relatives] care and wellbeing." One comment made thought a coordinated staff uniform would be useful. We saw that the manager had taken note of this and had taken action by introducing a colour coordinated staff uniform and the use of name badges. The manager also told us they were in the process of discussing with staff the idea of having staff photographs and job titles on display to help visitors and new admissions to the home easily identify who staff were.

The manager told us that further quality questionnaires had been developed, in an attempt to obtain feedback from visiting health care professionals on the service being delivered. We were told that once these had been returned it was their intention to analysis the results and produce a short report.

Stockport Together (a partnership between the health and care organisations in Stockport) had a launched an awards campaign to find Stockport's best care home and home-based care staff. We saw that Rosemount Care Home had reached the finalist stage following two nominations, one for best care Home and one for best carer. The awards ceremony is due to be held on the 2 February 2017.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to ensure accurate, complete and contemporaneous records in respect to each service user. Regulation 17 (2)(c)