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?	**Requires Improvement**
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 19, 20 and 21 April 2017. Our visit on 19 April 2017 was unannounced.

At the last inspection on 16, 17 and 18 January 2017 we rated the service as requires improvements. At that inspection we identified one regulatory breach of the Health and Social Care Act 2008 (Regulated Activities) 2014, which related to good governance.

Following the inspection the provider sent us an action plan detailing how the identified breach would be addressed. This inspection was to check improvements found at the last inspection had been sustained, to see if any further 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 a smaller quiet area. There is a garden to the rear of the property, which at the time of this inspection was not fully enclosed. Limited off road car parking is available at the front of the property. 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 13 people living in the home.

Since the last inspection in January 2017 the manager had registered with the Care Quality Commission (CQC) and was present throughout the three days of inspection. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

During this inspection, we found the majority of improvements that had been had been made at the last inspection had been maintained and further improvements had also been made. However we did identify two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager was responsive to our feedback and was committed to further improving the service delivered to people living at Rosemount Care Home.

At the last inspection we saw the service had improved the recruitment processes to ensure only suitable staff were employed and staff were receiving on-going supervision and an annual appraisal. However during this inspection we saw that a temporary member of non- care staff had been working at the home without going through a recruitment process. This meant that appropriate safety checks had not been undertaken to protect people who used the service from receiving unsafe and inappropriate care. Once this

was discussed with the registered manager they immediately stopped this person from working at the home.

We observed people receiving person-centred care but we found that there continued to be some shortfalls in the written plans of care. This was because some parts of the plans of care were vague and did not include details of exactly what assistance the person required to meet their assessed care needs.

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.

There were systems put in place to monitor the quality and safety of the service delivered. However during this inspection we found shortfalls in the lack of recruitment for a temporary member of non-care staff, missing staff signatures on medication storage records and medicine administration sheets for the application of topical creams and ointment and some care records did not provide a contemporaneous record of care required and delivered to people, although staff were aware of individuals needs and people confirmed their care needs were met.

From looking at the training records and speaking with staff, we found training was being undertaken 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 internal 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 to people. We saw that the home had won an award from the local authority Health Protection Unit for the 'Most Improved for Infection Control' following an infection control assessment undertaken by a Health Protection Nurse.

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

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 said there was plenty of it.

People were supported by a caring and stable staff team. We saw that since the last inspection the number of staff employed on the evening shift had increased from two staff to three staff.

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 registered manager would be responsive if they did.

At the last inspection we saw 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, plans of care and general cleanliness and infection control within the home. However, these had not been effective at identifying the issues we found during this inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

A temporary member of non-care staff had been working at the home without the appropriate recruitment safety checks being completed.

There were appropriate systems in place for the effective ordering, control, management and administration of medicines, although staff signatures were missing from some medicines related records.

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

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 members had received an annual appraisal, supervision and training to help make sure people were provided with care and support that met their needs.

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 not always well led.

The service had a manager registered with the Care Quality Commission (CQC).

Systems in place to monitor the quality and safety of the service had not been effective at identifying the issues we found during the inspection.

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

Staff and people using the service spoke positively about the registered manager who they told us had made improvements and was supportive and approachable.

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 the 19, 20 and 21 April 2017. Our visit on the 19 April 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 following the last inspection in January 2017 and monthly updates sent to CQC We also reviewed notifications that the provider is required to send to us of certain incidents for example the death of a service user, a safeguarding matter or serious injury, so that the Care Quality Commission (CQC) can assess if appropriate action had been taken and the relevant people had been alerted.

We sought feedback from Stockport Healthwatch, Stockport's Local Authority Quality Assurance team and the Control of Infection Unit and they shared reports of their most recent monitoring visits to the service. All information received was positive regarding the changes implemented by the registered 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. 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 registered manager, one senior carer, two care staff, one cook, one domestic, two visitors and five 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 of 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.

Requires Improvement

Is the service safe?

Our findings

During our last inspection in January 2017 we found improvements had been made to the recruitment processes in place to ensure only suitable staff were employed.

During this inspection we looked at the recruitment files of four members of staff all of whom had been recruited since the last inspection. The files were organised and contained a completed application form, two references, interview notes, and proof of identity, proof of address, a job description and a medical questionnaire. 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.

However during a discussion with the registered manager it became apparent that the home had recently employed a temporary member of non-care staff who had not been through a recruitment process and a DBS had not been carried out. This member of staff did not have direct contact with people living at Rosemount Care Home and following our discussion we were assured that this member of staff would cease employment immediately.

This meant that not all appropriate checks had been undertaken to ensure all the people working at the home were suitable to be employed.

The above example demonstrates a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw a system was 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 the temperature recordings. For example in February 2017 there were four gaps, in March 2017 there were four gaps and up to the 19 April 2017 there was one gap in the temperature recordings. This meant there was a risk that medication may not have been stored consistently at the correct temperature which could compromise the stability of the medicines stored.

We saw that accurate Medication Administration Records (MAR) were not being maintained of some prescribed creams being administered to people This meant that we could not be sure that people had received their topical creams as prescribed. We were assured that the topical creams were being applied although not always being recorded. We discussed the missing signatures at length with the registered manager who during the course of the inspection implemented a daily check sheet to ensure all signatures would be checked before any staff left the home at the end of a shift. In addition we were given assurances that the shortfalls would be addressed with individual staff members during supervision sessions.

We saw that a senior carer had been assigned the responsibility of undertaking monthly audits of the use of controlled drugs and medication administration to help ensure people received their medication safely as

prescribed by their doctor. We saw that the medication administration audit had identified the gaps in the above staff signatures relating the administration of topical creams and the shortfalls had been discussed at the team meeting in December 2016. However we saw that there were still shortfalls relating to staff signatures.

The above issues have been discussed further in the 'well led' section of this report.

During 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 found this good practice was continuing at this inspection.

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. The registered manager told us they were in discussions with a local pharmacist with a view to using their services. The pharmacist operates 24 hour service supplying medicines to care homes. In addition they offer independent medication administration training for staff which would include an individual competency assessment and in the first three months of the service they would undertake a monthly mediations administration audit and then a twice yearly audit thereafter.

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 medicines had been checked on receipt into the home and safely stored and any surplus medicines were disposed of correctly.

We saw that 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. This meant that the risks associated with the administration of medicines had been minimised.

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. Controlled drugs are prescribed medicines frequently used to treat conditions such as severe pain. These medicines are liable to abuse and for these reasons there are legislative controls for some drugs and these are set out in the Misuse of Drugs Act 1971 and related regulations. Part of the controls require services to make entries of any controlled drugs stored and administered in a separate register as well as on the MAR sheets

People who lived at the home told us they felt safe. One person said "I am being very well looked after. They are a great crowd and I can't fault them in any way, shape or form." Another person said "I do feel safe; I have no worries at all."

The visitors we spoke with told us they were confident that people were kept safe from harm. One relative said "I have no worries about {their relatives} safety, nothing is too much trouble for the staff they are just

lovely." Another visitor when asked about safety said "I don't have any worries."

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.

CQC had been notified of one allegation of abuse sine the last inspection which had been appropriately referred to the local authority and had not been substantiated.

We saw staff had access to a Whistle Blowing policy and understood the 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.

At our last inspection we found significant improvements had been made to the safety checks being undertaken. At this inspection, we found those improvements were being sustained.

We reviewed the safety certificates for the building and found all relevant safety and maintenance checks had been carried out, and up to date safety certificates were in place. This meant that the building and the equipment including the stair 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, the stair lift and hoist were serviced during the course of this inspection and we saw portable appliance testing (PAT) had been done.

We saw monthly safety checks were in place for the call bells, wheelchairs and shower chairs, window restrictors and water temperature delivery testing. This was to ensure people were safe and were not at risk of scalding. During the course of this inspection we saw that all free standing wardrobes were secured to the wall to minimise the risk of injury to people.

We saw weekly checks of the fire extinguishers; emergency lighting, emergency exits and fire alarm checks were in place. 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 which would help aid an effective evacuation in the event of an emergency. We saw that the fire drill policy sated that fire drills would be undertaken every six months. We saw one had been undertaken on 30 September 2016 and one was planned for 28 April 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.

During the inspection we were given assurances by the registered manager that a glass tube emergency lock was to be fitted to a fire exit door in the quiet lounge area which would help to ensure nobody could leave the home via that door without staff being alerted.

Risk assessments were in place and covered areas such as, nutrition, moving and handling, skin care, the use of the stair lift 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 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, and a sample of bedrooms on both floors of the home. We saw that the kitchen was clean and there were adequate supplies of food. We saw that appropriate safety checks had been undertaken. For example fridge and freezer temperatures were recorded and there was a cleaning schedule in place for the kitchen. We saw colour coded chopping boards and separate meat knifes were in use to reduce the risk of cross contamination. Although we did not see any opened food in the fridge the cook told us that any opened food in the fridge would be covered and would have a recorded date of opening to ensure that people were not put at risk of eating out of date food.

As identified at the last inspection we found much of 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. It was noted that the carpets in the lounge, corridors, bedrooms and stairs were stained and marked in appearance. We were told by the registered manager that replacement carpets were being considered as part of the refurbishment plan for 2017. The registered manager had applied and had successfully secured a grant from Stockport Council and part of the grant money would be spent on replacing the ground floor corridor and lounge carpets.

We saw that since the last inspection a fence and gate had been erected on one side of the garden and we were told that plans were in place to secure the other side of the garden to ensure the garden area would be safe and secure for people living at Rosemount to use. The registered manager told us that part of the grant money was going to be spent on refurbishing the garden area by creating a planting area for people living at the home. In addition the registered manager planned to purchase new garden furniture and there were plans to build a summer house and BBQ area for people to enjoy in the warm weather. We were also told the outside steps leading down to the laundry area were going to be fenced off to reduce the risk of anybody falling down the stairs while using the garden area.

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 Monday to Friday. These hours had been increased since the last inspection. Outside of these times care staff assumed the responsibility of maintaining the cleanliness of the home.

We were told that a senior care staff was the infection control lead. This meant they were responsible for ensuring a high standard of cleanliness was maintained throughout the home and 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.

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. In addition we saw that the home had won an award from the Health Protection Unit for the 'Most Improved for Infection Control' following the infection control assessment undertaken by the Health Protection Nurse.

All cleaning products were stored in the locked 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 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.

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 registered manager we saw since the last inspection the staffing levels in the evening had been increased from two care staff to three care staff. This meant that there were now three staff during the day and two care staff for night duty. The care staff we spoke with all said they felt people's needs were safely met by the number of staff on duty.

During the inspection we did not see that anybody had to wait excessive length of times for staff assistance.

Good

Is the service effective?

Our findings

Since the last inspection we saw that staff had received an annual appraisal and were receiving ongoing supervision sessions. The registered manager told us and we saw from the staff supervision planner that supervision had been planned a minimum three times a year. Appraisals and supervision are important as they ensure staff are supported and are able to discuss in private their personal development and further training needs. Staff we spoke with told us they found supervisions useful and said they felt they received good support from the registered manager.

We saw that all newly employed staff undertook an induction to the service. We saw the there was an induction training checklist and we were told that newly employed care 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 rota to deliver care to people. We saw from looking at the staff files of four people who were recruited since the last inspection that they had all 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. We saw that the staff who had been employed since the last inspection were undertaking the Care Certificate training.

The registered 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 and COSHH training. 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 care staff were enrolled on a palliative care foundation course at a local hospice and had received continence product training in March and April 2017. The registered manager confirmed that the majority of staff training was completed on line and staff 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 recognised where there had been gaps in training and addressed this.

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 we observed people being asked what they would like to eat. Staff were able to describe the importance of getting to know people and how

people they liked things to be done.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need safely and where there is no less restrictive way of achieving this.

We checked whether the service 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 registered 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 to ensure that people were not deprived of their liberty unlawfully.

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 had 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 we saw 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.

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 therapists, visiting chiropodists, opticians, district nurses and the practice nurse. The home 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 always phone if anything is wrong with [their relative]."

We spoke with 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 "Excellent food, very, very good and always well cooked." Another person said "The food is excellent and home cooked as well. There is more than enough food and drink." One of the visitors we spoke with said I am amazed at how good the food is and I see that the meals meet individual preferences."

As part of our inspection we saw lunch being served over the three days. The meals served looked nutritious and 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 people's privacy and dignity were respected and the visitors we spoke with confirmed this. We saw that staff were kind, patient and respectful in their interactions with people. For example we saw staff speak with people in a discrete and respectful manner. We saw one member of staff chatting and reassuring a person who was due to be moving out of the home and was clearly anxious about the move.

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, "They are a great crowd, I can't fault them in any way shape or form." Other comments included "They take really good care of me," "It could not be better in any way we are very happy here," "The staff are marvellous, if you want something then they are there" and "The staff are very friendly and very kind."

The visitors we spoke with told us they were very happy with the care their relative received. One relative told us that they felt their relative was well cared for and was happy and content living at the home. They told us they thought their relative looked a lot healthier than when they moved in. They also told us they thought Rosemount was a "Nice friendly, homely place to live." They said "The staff were lovely and a lot of chat goes on and they all have a good sense of humour." Another visitor said "The staff are all friendly and caring and [the person they visited] always looks well cared for."

Staff told us they thought that people were well cared for. One staff member said "This is a homely, happy place and people are well cared for." Another member of staff said "The resident's always come first and their privacy and dignity is always respected." Another comment was "We are a happy team and we have a calm and nice atmosphere in the home."

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 was relaxed and happy. 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 visitors 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. Both of the visitors we spoke with said the staff always made them feel welcome when they visited.

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 the majority of staff had had undertaken End of Life training and as already reported in the effective domain of this report a staff member had been enrolled on a palliative care course at a local hospice. End of Life care is centred on the individual person and is geared towards helping the person to have as much control as possible about decisions relating to future care and end of life needs.

We saw there was resident/ relative information 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. This demonstrates that the home strives to keep people informed of up to date information that is available.

The registered 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 advocate is a person who represents people independently. They are able to assist people in many ways; such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them.

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 last inspection in January 2017, 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 registered manager told us that 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 the care files had been reviewed and reorganised. We saw that since the last inspection the use of short term care plans had been implemented where medical advice had been sought when the person had become unwell. For example if the person had been prescribed anti biotics for a chest infection.

During this inspection we examined four people's individual care records and care assessments and found continuing shortfalls. We saw that monthly reviews had been undertaken but as found at the last inspection 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 stated the person 'may suffer pain' but did not give any further details of where they may suffer pain or what action to take if they did. In another care file we saw the person 'requires 2 members of staff with all transfers from bed to chair to wheelchair", but there were no further details of exactly what assistance was required. We saw that topical creams and ointments were prescribed and dispensed on an individual basis. At the last inspection we saw the implementation of individual plans of care 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. However it was unclear how often the cream or ointment were to be applied because the MAR stated 'Apply when required' and the plans of care did not include details of how often they were to be applied. 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.
The continued breach of regulation 17 was discussed at length with the registered manager who made assurances that as a priority all care plans would be reviewed and rewritten to include specific and person centred information for care staff to follow.

As found at the last inspection during our discussions with the registered manager and staff we found they were fully aware of people's individual care needs, preferences, likes and dislikes around their daily lives and the importance of this and care staff were able to clearly describe people's individual care needs and how they met those needs.

The visitors we spoke with said that the staff had got to know their relative very well and met their individual care 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 registered 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 into Rosemount. 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 registered 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. The registered manager told us both documents were currently in the process of being reviewed and once completed CQC would be sent the updated Statement of Purpose as required under Regulation 12 of the Care Quality Commission (Registration) Regulations 2009.

Staff and the people we spoke with who worked and lived at the home 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 in house activities included nail painting, jigsaws, singing and dancing. The registered manager told us that during March 2017 some local primary school children came into the home and spent time meeting and talking with people .and the home were in the process of negotiating this on a more permanent basis.

The registered manager told us with some of the grant money they had secured from Stockport Council it was their intention to create an entertainment room with a cinema screen and games for people to enjoy. In addition the home was in the process of recruiting two volunteers from a local college to provide extra activities. The registered manager 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 playing dominos with 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 visitors we spoke with told us they had never made a complaint but would do if they had any concerns. One visitor said "I have never needed to make a complaint but I know if I did they would listen and would sort it out." As reported at the last inspection we saw the registered manager made themselves available if anybody wanted to speak with them. They also told us they encouraged people to raise any issues or concerns at an early stage individually or at the 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 the manager had been registered with CQC since 31 January 2017and was present throughout the three days of inspection.

During this inspection we found the improvements made at the last inspection had been maintained. There were 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, medication management, people care files, infection prevention and control, complaints and accidents and incidents.
However during this inspection we found shortfalls in the lack of any recruitment checks for a temporary member of non-care staff. In addition we also found some staff signatures were missing on medication storage records and on some medicine administration sheets for the application of topical creams and ointment. Even though the shortfalls had been identified through the medication administration audit and had been discussed at a team meeting in December 2016, the shortfalls continued to be found in the records looked at during this inspection and therefore had not been effectively dealt with.

We also found continued shortfalls in some of the care plans reviewed as they did not always contain a contemporaneous record of peoples care needs and how these needs had been met by the staff. This is detailed further in the Responsive domain of this report.

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

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 registered manager.

Staff and people living at the home spoke very positively about the registered manager's leadership of the service. The staff we spoke with told us they had seen big improvements since the registered manager had taken up post. We were told the home was much more organised and staff were now encouraged to sit and talk to people who used the service. Staff told us the registered manager was receptive to new ideas and they were fully involved in all the day to day goings on. One staff member said the registered manager "Was approachable and really does listen, they are one of the best managers we have ever had." All the staff we spoke with told us they felt they were well supported by the registered manager and were happy in their work.

Visitors and people using the service expressed satisfaction with the service provided. One person we spoke with told us "They work really hard; they are a great team and work well together."

We observed throughout our inspection that the registered 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.

As found at the last inspection the registered manager was in the process of reviewing all of 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.

The registered manager told us that they had staff team meetings approximately every three months. We saw minutes of a meeting held in December 2016 on display on the staff notice board and there was a poster adverting a meeting for 27 April 2017.

We saw that regular 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 good practice to bring about improvements.

The registered 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 given out during October 2016. The results had been analysed and shared with people at the resident/relatives meeting in January 2017. Some of the comments from the survey included: 'The home is comfortable and pleasant, nicely decorated and homely,' 'generally clean and tidy sometimes crumbs on the floor,' 'the staff are all lovely, patient, kind and considerate,' 'I have been coming to the home for the last 5 years and I love it, everyone is kind and thoughtful,,' 'pleasant atmosphere and staff' and 'staff committed to good care of resident's and open to suggestions for improvement.'
In addition we saw a 'summary of what's happened in the last three months' information leaflet had been produced and given out to relatives and people living at the home. The information included details of the CQC inspection in January 2017, the future plans relating of the schedule of work for the physical appearance of the building and the collated results of quality questionnaire that had been received.

The registered manager told us that since the last inspection quality questionnaires had been given out to visiting healthcare professionals in an attempt to obtain feedback about 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 launched an awards campaign to find Stockport's best care home and home-based care staff. At the last inspection 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 was held in February 2017 where they came in the top three for the best care home in Stockport nomination.

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 Systems to monitor the safety and quality of the service were not effective at ensuring compliance with the regulations. Regulation 17(1) The registered provider had failed to ensure accurate, complete and contemporaneous records in respect to each service user. Regulation 17 (2)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed We found that the provider had not ensured all people working at the service had been subject to a robust recruitment procedure. Regulation 19 (2)