

Pleasantly Limited

Roselands Residential Home

Inspection report

Cackle Street
Brede
East Sussex
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Roselands Residential Home is a care home for up to 35 older people that require support and personal care. At the time of the inspection there were 34 people living in the home. The home is owned by Pleasantly Limited and is located in Brede, East Sussex.

Roselands Residential Home provides personal care and support to people with increasing physical frailty. There had been recent changes to the directors and senior management of Pleasantly Limited. The registered manager has plans to retire as soon as a new manager has been recruited.

At the last inspection, the service was rated Good. At this inspection we found the service remained good and met all relevant fundamental standards.

The registered manager ensured that quality of care was maintained through continuous monitoring on a day to day basis and through monthly meetings with staff, families and people who lived in Roselands. It was acknowledged that the quality assurance systems needed to be developed to drive continuous improvement. There were a range of quality assurance audits but these had not been used to their full advantage. This had not impacted on the care delivery or people's safety at this time due to the depth of knowledge the registered manager and staff had on the people they supported. We were assured by the new area manager that the organisation will be introducing new quality assurance systems immediately to provide an overview of the service. be introduced and developed.

Staff knew how to recognise the signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm.

Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced. Appropriate steps had been taken to minimise risks of falls for people.

There was a sufficient number of staff deployed to meet people's needs. Thorough recruitment procedures were in place to ensure staff were of suitable character to carry out their role. Staff received essential training, additional training relevant to people's individual needs, and regular one to one supervision sessions.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

Staff knew each person well and understood how to meet their support and communication needs. Staff communicated effectively with people and treated them with kindness and respect.

Peoples' care plans were person centred and enabled staff to meet their individual needs. Personal records

included people's individual plans of care, life history, likes and dislikes and preferred activities.

People were supported to have choice and their independence was promoted by staff who understood their individual needs. Staff supported people in the least restrictive way possible and the policies and systems in the service supported this practice.

The staff provided meals that were in sufficient quantity and met people's needs and choices. People told us they enjoyed the food. Staff knew about and provided for people's dietary preferences and restrictions.

People were promptly referred to health care professionals when needed. The activities provided were varied and met people's social needs.

The management team were open and transparent in their approach. They placed emphasis on continuous improvement of the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

Is the service effective?

Good ●

The service remains Good.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Is the service caring?

Good ●

The service remains Good.

Staff communicated clearly with people in a caring and supportive manner and it was evident that they knew people well and had good relationships with them. We observed that people were treated with respect and dignity.

Is the service responsive?

Good ●

The service remains Good.

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved in the initial drawing up of their care plan.

Is the service well-led?

Good ●

The service remains Good.

There was an open culture, and people and quality care were at the heart of the service.

Roselands Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 21 April 2017 and was unannounced.

Before our inspection we looked at records that were sent to us by the registered manager and the local authority to inform us of significant changes and events. We also reviewed our previous inspection report. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

We spoke with 12 people living at the service, three of their relatives and one visitor. People were able to converse with us; however two people had communication difficulties and were not able to. Therefore we also used the Short Observational Framework for Inspection (SOFI) for these persons. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how care was delivered and how staff interacted with people.

We spoke with the area manager, the registered manager, four care workers, kitchen assistant and one housekeeper. We consulted a local authority case manager who oversaw a person's welfare in the service, and one GP who visited the service regularly, to gather their feedback. We also spoke to one district nurse.

We looked at four sets of records relating to people's care and their medicines. We looked at people's assessments of needs and care plans and observed to check that their care and treatment was delivered

consistently with these records. We reviewed documentation that related to staff management and two new staff recruitment files. We looked at records concerning the monitoring, safety and quality of the service, menus and the activities programme. We sampled the service's policies and procedures.

Is the service safe?

Our findings

People told us they felt safe living in the service. They said, "The staff are excellent; they answer bells quickly; there are alarms everywhere, by my bedside and in the bathroom, no risks are taken," "Very nice and secure here" and, "If I need them in the middle of the night they are here in a flash." One person also said, "Every night they check us and make sure we are safe." Relatives told us, "Our relative is really unwell, they have everything here to make sure X is safe and comfortable."

There were sufficient numbers of staff on shift to meet people's needs in a safe way. The provider had increased staffing levels at night taking into account people's specific needs. Staff confirmed there were enough staff to respond to people's needs. Staff had time to spend with people outside of their tasks. Staff rotas for the previous and current months indicated that the number of staff on shift was appropriate and we observed that people's requests for help were responded to without delay.

People were protected from abuse and harm by staff who had received safeguarding training and who understood the procedures for reporting any concerns. All of the staff we spoke with were able to identify different forms of abuse and were clear about their responsibility to report suspected abuse.

Medicines were managed safely in the home and people received their medicines in a timely manner and as prescribed. There was an appropriate system in place for the storage, administration and management of medicines. People's medicines were kept in secure lockable cabinets in their bedrooms. Each room had a thermometer so staff could check daily that the room was at the correct temperature (21degrees Celsius) to keep medicines safe. Staff acted in line with the service's medicines policy, followed correct protocols and completed medicines administration records (MARs) appropriately whilst dispensing medicines. Medicines to be given 'as required' were appropriately administered. All drops and creams were dated on opening and their expiry dates monitored. The use of topical creams was guided by individual body maps and effectively recorded. The registered manager undertook annual staff competency checks in regard to the administration of medicines.

Accidents and incidents were being appropriately monitored to identify any areas of concern and any steps that could be taken to prevent accidents from recurring. The registered manager carried out a monthly analysis of any accidents and incidents to identify any common trends or pattern, documented what actions had been taken, and reflected on their efficiency. As a result the position and accessibility of the call bells for some people had been reviewed. This had decreased one persons' falls.

Thorough recruitment and disciplinary procedures were followed to check that staff were of suitable character to carry out their roles. All relevant processes were appropriately documented and fully completed. Therefore people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Individual risk assessments were in place for people who were at risk of falls or skin damage; who had bed rails and who may experience a decline in their mental health. Control measures to minimise risks were

clear, appropriate and followed by staff in practice.

The premises were safe for people because the home, the fittings, the lifts and equipment were regularly checked and serviced. There was a comprehensive range of environmental risk assessments, and checks that had been completed to ensure that staff were aware of the steps they needed to take to keep people safe. As a result of a health and safety audit, slings had been replaced. People had updated personal evacuation plans in place that took account of their needs in case of an evacuation. The service held an emergency contingency plan that was comprehensive, regularly reviewed and updated.

Repairs were undertaken in a timely manner and staff confirmed that they were able to get equipment repaired as and when required. An organisational maintenance team oversaw the maintenance of the home and effectively monitored all repairs until completion to ensure people were safe.

Is the service effective?

Our findings

People and their relatives were complimentary about staff's effectiveness and capability. They told us, "The staff seem very competent", "They ensure you are not left alone; when I was ill they sent for the GP and rang my family; there are no problems", "I have a key worker and I also have the local GP who knows everything about me." A person told us, "Really nice food." The visitor told us, "The food smells wonderful, you can smell fresh baking." All feedback about the food provided was very complimentary, using terms such as, "wonderful", "tasty" and, "excellent."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All appropriate applications to restrict people's freedom had been submitted to the DoLS office as per legal requirements. The manager had considered the least restrictive options for each individual.

Consent to care and treatment was sought in line with the law and guidance. Processes were followed to assess people's mental capacity for specific decisions, for example when a person did not wish to live in the service and when it was unsafe for them to return home. Meetings to reach decision on behalf of people and in their best interests were carried out appropriately.

People received effective care from trained and knowledgeable staff. Staff received an appropriate induction that included shadowing more experienced staff until they could demonstrate their competence. Newly recruited staff studied to gain the 'Care Certificate'. This certificate was launched in April 2015 and is designed for new and existing staff, setting out the learning outcomes, competencies and standard of care that care homes are expected to uphold.

All staff received regular one to one supervision sessions and were scheduled for an annual appraisal of their performance. The registered manager acknowledged that they were behind because she had intended to retire in February 2017 but had stayed on until a manager had been successfully recruited. We were assured that these were scheduled. Staff were up to date with essential training that included moving and handling and attended regular refresher courses. Additional training was available through. Further training was selected in accordance to people's specific needs, such as, 'diabetes', 'stroke care' and 'continence promotion'. Two members of care staff told us, "I am doing my NVQ and all of the staff have offered me support. I have done all my mandatory courses too. The support here is really good" and, "The staff are hard-working and conscientious; I get lots of support and feel very valued." The area manager told us that leads in specialities such as in infection control, dignity, continence and care planning, would be introduced in the near future.

People were supported to eat, drink and maintain a balanced diet. Staff sat with people who needed help or encouragement to eat, in the dining room and in their bedrooms. People were allowed to eat at their own pace and were gently encouraged when appropriate. Alternative dishes were offered to people when they

required this. The catering staff knew of people's food allergies, specific dietary requirements and preferences. Staff were able to describe to us who needed support, the type of food they favoured and how they liked their food served. People told us, "The cook talks with us, they are very involved and keen to please us" and, "They make sure there is an alternative if you don't like the main meal.". Hot and cold beverages with snacks or cakes were offered to people throughout the day.

People were supported to maintain good health. They were weighed monthly or two weekly when there were concerns about their health or appetite and their food and fluid intake was recorded and monitored. They were repositioned regularly in bed when there were concerns about their skin integrity. People were routinely offered influenza vaccinations.

Access to healthcare professionals was effectively facilitated. People were referred appropriately to specialised clinics, local GPs, speech and language therapists (SALTs), dieticians, and a mental health community team. Another person had been referred to a SALT team when staff had noted they were experiencing difficulty in swallowing.

The premises had been designed and adapted to meet people's needs. Bedrooms were comfortably furnished, with en-suite facilities. Corridors were wide and included sturdy banisters for people to use when moving around. The dining rooms and lounges were inviting and spacious. There was ample choice of quiet sitting areas throughout the service, including conservatories and landscaped gardens that included garden troughs for easy gardening. A person told us, "This place is in peaceful surroundings, beautiful."

Is the service caring?

Our findings

All the people and their relatives we spoke with told us that they liked the staff and described them as, "Absolutely lovely," "Very considerate" and "The very image of kindness." A person told us, "The staff are particularly caring." Two relatives told us, "Great place– they all work and support each other" and, "You could not find better care anywhere else – they are gentle, caring and fun."

Positive caring relationships were developed between people and staff. Staff addressed people respectfully and with kindness throughout our inspection. People were encouraged, praised and appropriately conversed with during mealtimes and activities; appropriate banter was part of conversations. A person told us, "The staff are very kind, very caring."

Staff spent time with people and gave them one to one attention. They ensured people were comfortable and offered explanations ahead of any interventions, such as when using equipment to help them move around. Staff promoted people's independence and ensured walking aids were provided when necessary. They were encouraged to do as much for themselves as they were able to. Attention was paid to enhance people's experience in the service. People's wishes were respected, such as having a late breakfast or remaining in bed.

People were involved as much as possible in decision making about their care and treatment. They participated in an initial assessment of needs, care planning, and reviews of these needs when changes occurred. Before any review of care plans, each person's family was invited to participate by the registered manager, with people's permission. A person told us, "I am asked regularly if I want anything changed to the way my care is provided." People were well informed about the service, menus and upcoming events and meetings.

Staff promoted people's privacy and respected their dignity. People could have a bath as often as they wished; staff knocked on people's bedroom door and announced themselves before entering; People's continence needs were met quickly and in a discreet manner, as staff helped people use the toilet facilities, drew curtains and closed doors while helping them with any personal care.

People could be confident that best practice would be maintained for their end of life care. When people had expressed their wish regarding resuscitation or had made any advance care planning, this was appropriately recorded and acted on. The service and its staff were well supported by GPs and a local hospice palliative care specialist team who offered guidance when needed and ensured pain management was effectively delivered. Staff remained with people when they approached the end of their life when families were not available. Staff told us how they supported people at this important time, this included, careful positioning, mouth care and regular comfort checks

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs. They told us, "I go to bed when I like," and "They [staff] know what I like and what I don't like." A GP who visited the service regularly told us, "The staff respond well to any emergencies; they refer appropriately, seek guidance and act on it" and, "The staff seem to be genuinely sensitive to the residents' needs." A local authority case manager who oversaw a person's wellbeing in the service told us, "This is a nice home; they listen to the residents." A district nurse told us, "Very responsive to directives, we visit to dress wounds and take blood and the home is clean, people are happy here."

People received personalised care that reflected their likes, dislikes and preferences about food, activities, routine and communication. If a person liked to have a bath or shower daily, this was implemented. People's files included vital information that helped staff understand individual perspectives, such as their past life history and what was important to people. Care plans were in place and staff were aware of these plans and implemented these in practice.

We were told that activities, exercise classes and visiting entertainers were arranged and were always available. People could choose what they did every day. Staff told us, "We don't do an everyday formal activity plan as everyone has different hobbies and interests, but there are activities offered such as craft sessions." One person told us, "I spend time doing what I enjoy, we have activities if we want and I go out for walks in the grounds." Another person said, "Plenty of things to occupy me, I have made friends here, I meet my friends for chat and company at coffee and lunch time."

Consideration was given to people's music and television preferences. People were asked what they wanted to watch and as a group came to the most popular choice. The home provided people with a choice of daily newspapers that certain people valued. People were seen to request to return to their room at a time that was decided by them. One person said, "I like to return to my room in the afternoon, I read my paper or just watch television, I really do like to spend my time on my own." Group activities took place during the week on certain days but not every day as people currently living in Roselands Residential Home expressed their preference to follow their own plans for their day. Others in the lounge told us, "I don't need to be entertained, I'm too old for games, its peace I enjoy." Another said, "I read the newspaper and I have regular visitors, we have entertainers." People we spoke with enjoyed staying in their room, either reading or watching their television. Special events were planned and people enjoyed attending them, such as visiting entertainers.

People were invited to participate in monthly 'resident meetings' and relatives in monthly 'resident and relative meetings, where they could make suggestions about any aspect of the service. People were kept informed when changes were implemented in response to their feedback. People, visitors and staff were provided with minutes of the meetings and of actions taken of their suggestions. People had requested the return of the in-house shop and the registered manager confirmed that this was being re-instated.

People and their relatives knew about the service's complaint policy and procedures which was displayed in

the service. They told us they were confident that any complaints would be promptly addressed in line with the policy. A person told us, "If I have anything to grumble about, they would see to it straight away for sure." No complaints had been received by the service over the last 24 months.

The service coordinated with other services such as GPs, physiotherapists, specialist nurses and psychiatric services, when people's needs increased. Reviews of people's care were held in partnership with the local authority and the service liaised with hospitals and hospices to ensure a successful transition. Updated information about people's needs was effectively provided to other services to ensure continuity of care.

Is the service well-led?

Our findings

There was a registered manager in post. 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.

People, their relatives and staff told us they appreciated the registered manager's style of management, describing it as, "Kind" and, "Compassionate". People described the registered manager as, "lovely" and, "approachable." The registered manager spends time on the floor working alongside staff and talked with each person living in the service, operated an open door policy and welcomed people and staff' comments and suggestions. Staff told us, "The manager is ever so approachable and understanding; it helps that she has been here so long and knows everything about the home and she appreciates the demands of the work."

The registered manager ensured that quality of care was maintained through continuous monitoring on a day to day basis and through monthly meetings with staff, families and people who lived in Roselands. It was acknowledged that the quality assurance systems needed to be developed to drive continuous improvement. The senior management team discussed plans of the introduction of new paperwork and the work they planned to do to ensure the documentation supported the care delivered.

A positive person-centred culture was promoted. People's individual needs, moods and wishes were effectively discussed at handovers to ensure continuity of personalised care. A member of staff told us, "This home is all about our residents, it is not task-oriented; residents and what they want are the priority here." One person said, "It's a home, I'm content and happy here." A relative told us, "Excellent, could not ask for more." We were also told, "This is truly a very nice home; good food, good staff, such a good place to be."

The provider and the management team sought feedback from people, their representatives and staff about the overall quality of the service. Suggestions for improvement were welcome and acted on, such as naming laundry items, ideas for activities, outings and specifically requested meals. Annual satisfaction surveys were sent out, collated and acted on as necessary. One relative said, "I give feedback all the time, laundry was one area that I thought could be improved, so I mentioned it and it was rectified. They are very responsive staff."