

Minsa Care Limited

Roselands Residential Care Home

Inspection report

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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 Care home provides accommodation and personal care for up to 18 older people some who were living with dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service comprises of a terraced three-storey building, which was converted from two private houses into a residential care home. There is passenger lift at the service. At the time of the inspection, 17 people were using the service and one person was in hospital.

At the last inspection, the service was rated Good.

At this inspection, we found the service remained Good.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff sought people's consent before providing care. People who were unable to make decisions about their care received the support they required to do so.

People were happy about the care they received at the service. Staff knew how to keep people safe from abuse. Staff understood the provider's safeguarding policies and procedures to enable them to protect people from the risk of potential abuse. The registered manager assessed and reviewed risks to the safety and well-being of people using the service. Staff had sufficient guidance and followed good practice to provide safe care to people in line with the identified risks. The provider and the registered manager had responded promptly to correct issues identified by local authority and fire service inspections in 2017.

People's care was provided by staff who underwent an appropriate recruitment process. There were sufficient numbers of staff deployed to meet people's needs.

People received the support they required to take their medicines. Staff followed the provider's procedures to manage, administer and store medicines safely. The premises were well maintained and people lived in a clean environment. Staff knew how to minimise the risk of infection.

New staff underwent an appropriate induction and received support to undertake their roles. People were supported by staff who received supervision and appraisal to develop their practice. Staff received training and refresher courses to equip them with the skills required to meet people's needs. Staff benefited from additional training specific to the needs of people living in the home.

People received sufficient food and drink. People had their nutritional and hydration needs met. Staff supported people to access healthcare services when needed.

People using the service and their relatives were happy with the compassionate and caring manner in which staff provided care. People enjoyed good relationships with the staff who supported them. Staff involved people in planning their care. People were supported to maintain relationships with relatives, friends and others who mattered in their lives. People were treated with respect and staff supported them to maintain their privacy and dignity.

People's care needs were assessed and reviewed regularly. Staff had sufficient guidance about how to meet people's needs. People received care that was responsive to their needs. People's need for stimulation and social interaction were met.

People had information about how to make a complaint and were confident about raising concerns at the service. The provider investigated and resolved complaints to the satisfaction of people using the service and their relatives. People's views and feedback were sought and used to develop the service.

People benefitted from a person centred culture at the service. Staff were valued at the service and teamwork and morale was good.

The registered manager was passionate about providing high standards of care. People's care was subject to audit and checks. The quality assurance systems were used effectively to identify and resolve any shortfalls in care delivery. Collaboration between the provider and external agencies and other health and social care professionals resulted in improving the quality of care people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Roselands Residential 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.

The inspection took place on 1 November 2017 and was unannounced. The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we reviewed the information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We reviewed the Provider Information Return (PIR) form sent to us. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection. We used this information to plan the inspection.

During the inspection, we spoke with 13 people who used the service, two relatives and two healthcare professionals who were visiting the service. We spoke with the registered manager and five members of care staff.

We undertook general observations and formal observations of how staff treated and supported people throughout the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at 10 people's care records, their medicine administration records and risk management plans.

We reviewed five staff files including recruitment, training, supervision, appraisals and duty rotas. We read management records for the service and quality assurance reports. We checked feedback the service had received from people, their relatives and healthcare professionals.

After the inspection, we received feedback from two health and social care professionals.

Is the service safe?

Our findings

People were safe from the risk of harm. One person told us, "I do feel safe here." Another person said, "I am safe. I feel looked after." Staff knew how to identify and report abuse and understood the provider's safeguarding procedures. Records confirmed staff received training and refresher courses in safeguarding to help keep people safe. Staff told us they would not hesitate to whistleblow on poor practices or unresolved cases of abuse to the registered manager or external agencies to protect people. The registered manager understood their responsibility to make a referral to the local authority safeguarding team when they had a concern about a person's well-being. There were no safeguarding issues at the service at the time of our inspection.

People continued to receive care in a manner that minimised the risk of avoidable harm. Staff had sufficient guidance about how to manage identified risks to people's well-being. Healthcare professionals were happy with how staff assessed and managed risks to each individual person and other people using the service. There were appropriate arrangements to assess, review and manage risks to people to keep them safe. People using the service, their relatives (where appropriate), health, and social care professionals were involved in regularly assessing and reviewing risks to their well-being. This ensured people received safe care to meet their needs. Staff encouraged positive risk taking without restricting people's freedom unlawfully.

People were supported by a sufficient number of suitably skilled staff to meet their needs. One person told us, "I call the buzzer if I am worried and the staff come quickly." People's support needs were reviewed regularly to determine the number of staff deployed. Staff told us and records confirmed that the registered manager covered absences due to training, annual leave and sickness. Additional staff were made available to support people attend health and social care appointments or reviews of their healthcare needs. Appropriate arrangements were in place to enable business continuity in the event of high levels of unplanned staff absence. We observed that staff responded promptly to call bells and people's requests for support.

People continued to receive the support they required to take their medicines. Risk assessments identified each person's ability to manage their medicines. Staff were trained and competent to manage people's medicines. Medicines administration records (MAR) were completed accurately and audited regularly to ensure staff followed the provider's procedures and best practice guidance. Medicines stocks we checked tallied with the balances recorded on the MAR.

People lived in a clean and well-maintained environment. One person told us, "Staff clean my room daily." Staff understood how to minimise the risk of infection. They were able to describe how they practiced good hygiene using personal protective equipment such as gloves, aprons before and after handling food, medicines and delivery of care. Cleaning checks and audits were carried out to ensure delivery of high standards of cleanliness. We observed the premises were clean and free from unpleasant odours.

People benefitted from improvements made in response to incidents at the service. Staff told us and records

confirmed the registered manager discussed with them incidents that had affected people's health and well-being in team meetings and individual sessions. The registered manager reviewed procedures and ensured staff understood how to deliver care in a manner that minimised the risk of a recurrence.

Is the service effective?

Our findings

People continued to receive care that met their individual needs. Assessments were carried out before a person started to use the service to ensure staff were able to provide appropriate care. People using the service, their relatives and health and social care professionals were involved in assessing their needs. The involvement of health and social care professionals ensured care provided was in line with best practice and current legislation. Care plans were person centred and reflected people's background, medical and social needs, likes and dislikes and preferences about how they wanted their support to be delivered.

People continued to receive care from trained and skilled staff. People using the service, their relatives and health and social care professionals were confident that staff were knowledgeable about their roles. They said staff delivered care that met their needs. Staff attended the provider's mandatory training and received refresher courses to keep up to date with their knowledge and skills. Staff said they benefitted from the training offered which enabled them to support people with their specific health needs. People were supported by staff who underwent regular reviews of their practice. Staff told us and records confirmed they received regular supervision and had an annual appraisal of their performance. They said this enabled the registered manager to provide support and guidance to help develop their practice. Staff benefitted from attending team meetings where they discussed current practices and best ways to support people.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions to deprive a person of their liberty were being met. We found that people using the service received care in line with the MCA and DoLS.

Staff had a good understanding of the MCA and were able to describe to us how they applied the principles of the legislation when delivering care. They told us they sought people's consent before they provided care. Staff informed the registered manager when they had a concern about a person consistently refusing care to enable them to get appropriate intervention from health and social care professionals. Five people who were subject to restrictions placed on their liberty received appropriate support as stated in the DoLS authorisations granted by the local authority.

People enjoyed the meals provided at the service. One person told us, "I like the food. The lunch has lots of choices and staff come round in the morning to ask me what I would like." Another person said, "The food is always on time and always nice." Staff involved people in menu planning and recorded their food preferences, likes and dislikes. Records confirmed people had a choice of meals. Staff encouraged people to include fresh fruit and vegetables for a healthy diet. Staff knew people's dietary needs and monitored people's food and fluid intake when required. They made a referral to healthcare professionals when they had concerns about a person's weight or observed that a person had difficulty swallowing. We observed meals times were pleasant and food was well presented. Refreshments, fruit and snacks were available to people.

People continued to receive the support they required to maintain their health and well-being. Comments from people included "Staff remind me of hospital appointments", "I see the GP when I am sick" and "Great that the doctor comes around regularly and yes we can ask for the dentist and anyone else to come in." Healthcare professionals commented that staff made timely referrals when they had concerns about people's health and followed their guidance to ensure each person received appropriate treatment. Staff supported people to access healthcare services in line with their health action plans. People had health reviews and had been seen by healthcare professionals such as their GP, dentists, opticians, dentists, community nurses, psychologists and chiropodists.

People could access all parts of the accommodation. People who used mobility aids had access to a passenger lift to various parts of the home. The premises had a ramp leading to the garden. However, a part of the ramp was slightly uneven. The registered manager was aware of this and it was part of the refurbishment exercise, which was currently underway. Staff were aware of that issue and said they knew how to support people safely into the garden.

Is the service caring?

Our findings

People were happy about the care and support they received at the service. One person told us, "The staff are good and very caring." People enjoyed positive working relationships with staff who provided their support. The atmosphere at the service was relaxed and we observed staff interactions with people were cordial and respectful. Staff had time to chat to people and were patient when responding to their questions and explaining what activities were taking place.

People were supported by staff who knew them well and understood how they wanted their support to be provided. This enabled staff to provide care that met each person's individual needs. The care staff team was stable and regular which aided them to develop meaningful relationships with people using the service.

People were supported in making decisions about their care and treatment. Staff had daily interactions with people and asked them how they wanted to receive care and respected their choices. An assigned member of staff acted as a keyworker to each person. The keyworker acted as a link between the person, their family and health and social care professionals. People had regular key working meetings with staff where they discussed the progress they were making and any additional support they required. Staff informed the registered manager and other health and social care professionals of any concerns raised at the key working meetings to enable a review of the person's care. Care records and support plans were updated to reflect changes people required. Staff understood the communication needs of people using the service and had guidance about how to involve them in planning for their care and support. There were regular "residents" meetings and relatives contacted staff and the registered manager about how to provide care to people using the service.

People were supported to maintain their privacy and dignity. One person told us, "I can lock my door when I am in bed." People told us staff sought permission to enter into their bedrooms, spoke to them in a dignified manner, provided care behind closed doors and respected their choices and preferences about how they lived their lives at the service. People's bedrooms were individualised and decorated to their preferences. Staff supported people to develop and maintain daily independent living skills such as carrying out personal care, laundry, managing finances and accessing the community. People's information and records were securely stored and accessible to authorised staff. Staff understood their responsibility to maintain people's confidentiality and to share information with third parties with their permission or with healthcare professionals on a need to know basis.

People received the support they required to maintain relationships with their families, friends and health and social care professionals who were involved their care. People told us their visitors were welcomed at the service and they could visit without restriction. People told us they received information about the service in a format they understood. Staff told us they worked closely with family members who provided information about how people wanted to receive their care. The registered manager told us and records confirmed they supported people to access advocacy services when needed.

Is the service responsive?

Our findings

People received care that met their individual needs. Regular reviews were carried out on people's needs. Support plans were updated to ensure staff had current guidance on how to deliver care to people in a safe and effective manner. People received care that responded to their individual needs. For example, staff involved health and social professionals in a timely manner when a person's mental health declined.

People had opportunities to provide feedback about their care. Staff held "residents meetings" and one to one key working sessions where they encouraged people to contribute their views on how they wanted care delivered. People told us the registered manager valued their views and acted on their feedback. The provider sought people and staff's views about the service from annual surveys and made improvements when needed.

People knew how to make a complaint and were happy the registered manager took their concerns seriously. People using the service and their relatives had access to the provider's complaints procedure in a format they understood. One person told us, "I will raise any issues with the [registered] manager or staff." The complaints procedure provided people with information about how to take their concerns to external agencies if they were not resolved. The registered manager told us and records confirmed they had investigated and resolved complaints raised at the service. The registered manager discussed complaints received in team meetings to ensure staff learnt from them and to take action to prevent a reoccurrence.

People's needs were managed well during transition between services. The registered manager ensured they had sufficient information about a person and adequate resources to enable staff to understand their needs and to provide effective care. The registered manager maintained close working relationships with other health and social care professionals involved in people's care to ensure people received appropriate support for example, a suitable bed and mobility equipment after a hospital discharge. Records showed staff monitored each person's progress after their placement to enable them and other healthcare professionals to determine the suitability of the service and their ability to respond to people's needs.

People using the service and their relatives had mixed views about the activities provided at the service. Comments included, "I do get bored." "They do nothing in the lounge just sit and watch television." "The staff take me out for walks they are very good and take me around the area." "I do go out on outings." "I like it when the staff help me with my quizzes; it is nice and peaceful here." "The garden is lovely and you can just walk in there when you want to, always something to do and something to see." We discussed this issue with the registered manager who explained that each person had an activity schedule, which people helped develop. They said they would continue to encourage people to engage in activities they liked. Records showed staff encouraged people to take part in activities and recorded when people declined. Staff told us they encouraged people to try new activities at home and in the community and supported people as they wished.

People at the end of their lives received appropriate care. Staff were trained in end of life care by nurses from the local hospice with which there was a service level agreement. Staff knew and respected people's wishes

about where they wanted to spend the rest of their lives. Records confirmed discussions were held with people and their families where possible, about their preferences in relation to their end of life care, and where they wished to die. Advanced care plans (ACPs) were in place. People were visited by staff from the hospice and the district nurse reassured patients that their symptoms would be managed as they approached the end of life. The registered manager had established good relations with the palliative care team who enabled arrangements to be put in place quickly when a person's health deteriorated. The home created a small memorial book for people who died, with a photograph of the person. The registered manager and staff wrote their memories of the person in the book, and relatives were able to do this too.

Is the service well-led?

Our findings

People benefitted from a person centred culture that put them at the centre of decision making at the service. One person told us, "The [registered] manager is very committed and has made a number of improvements in his time as manager. He is very visible in the service and wants us to have the best care possible." One member of staff told us, "We provide care that meets the needs of each individual. It's not about a one size fits all." Staff said teamwork and morale was good. Communication about people's needs was effective and daily handover meetings between staff ensured they had up to date knowledge about each person's health and support needs. The registered manager acted on staff concerns regarding people's welfare in a timely manner.

There was a registered manager in post. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager complied with the requirements of their registration with the CQC. In addition, they had notified the CQC of significant events or incidents as required by law. Staff told us the registered manager encouraged them to be open and transparent about the care they provided and to learn from their mistakes. This was in line with the requirements in relation to the registered manager's duty of candour.

People using the service, their relatives and staff said the registered manager was supportive and "hands on." Comments received included, "Yes he is so good, he comes and sees me most days. He knows what is going on." "Yes is very good, he helps people when you have a problem. He helps you with anything" and "He is around all the time, every day, he is very easy to talk to" "Since the new [registered] manager took over, it's so much better he is in charge and has a great relationship with the staff and everyone" and "All the staff seem much happier now."

Staff understood their roles and responsibilities and were clear about the reporting and management structure at the service. Staff understood the provider's value of having "dignity at the heart of everything." Staff said the registered manager was approachable and available to provide guidance. The registered manager held regular meetings with staff to gather their views about the service and to discuss how to improve the quality of care. Staff told us the registered manager valued their ideas and acted on their feedback. Appropriate arrangements were in place to report, record and monitor incidents and accidents. This enabled staff to learn from them and how to minimise the risk of a recurrence. People's records were well-organised, provided clear guidance to staff about people's care and accessible when needed.

People continued to receive good standards of care. The registered manager checked and audited the quality of care regularly. The provider developed an improvement plan to address any shortfalls identified. Records confirmed up to date audits on medicines management, health and safety, care planning and reviews, record keeping and staff training and development. This ensured people received high standards of care from staff and continued to live in a safe and clean environment.

People using the service and their relatives were involved in plans to improve their care. The provider ensured people completed an annual survey to understand their experiences of using the service. The provider made improvements when necessary.

People received support that benefited from the close working relationships of the registered manager and healthcare professionals and external agencies involved in their care. The registered manager ensured staff followed guidance received from other healthcare professionals to deliver effective care in line with best practice.