

YAM 110 Limited

Rosegarland Residential Care Home

Inspection report

846 Thornton Road
Bradford
BD8 0JN

Tel: 01274543054






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04 April 2019

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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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service:

Rosegarland Care Home is a residential care home in Bradford. The home provides accommodation and personal care for older people and people living with dementia. At the time of our inspection there were 11 people living at the home and one person staying for a planned short break.

People's experience of using this service:

People and relatives told us the service was caring and safe.

People received person centred, good quality care.

Some safety checks were in place but we identified they were not all up to date. The provider took immediate steps to address this. We have made a recommendation about safety checks.

Medicines were being administered safely and people's dietary and health care needs were being met.

Staff were consistent and knowledgeable and received training and supervision to ensure they could carry out their roles effectively.

Staff were caring and compassionate. They knew people well and people's choices and privacy were respected. Information about people's care and support was up to date and person centred.

A range of quality checks were in place. It was not possible to review their effectiveness as the system had only recently been introduced.

The manager provided people with leadership and was visible and approachable. The manager was in the early stages of registering with the Care Quality Commission. 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.

Rating at last inspection:

This was the first inspection carried out since the service had registered with a new provider.

Why we inspected:

The inspection was part of our routine scheduled plan of visits.

Follow up:

We will continue to monitor the service to ensure people receive safe, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report, which is on the CQC website at www.cqc.org.uk

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 was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Rosegarland Residential Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

The service is a residential care home providing accommodation and personal care for up to 18 people. There was a manager in post who was in the early stages of registering with the Care Quality Commission.

Notice of inspection:

The inspection was unannounced and took place on 4 April 2019.

What we did:

We reviewed information we had received about the service.

We asked for feedback from the local authority and commissioning teams.

We spoke with the manager, cook and four staff.

We spoke with four people who lived at the home and three relatives.

We spoke to a health care professional.

We reviewed three people's care records and other records and audits relating to the management of the service.

We asked the manager to send us further documents after the inspection. This was provided in a timely manner and this evidence was included as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Safety checks were in place and regular checks of the environment and equipment were undertaken. However, we identified the gas safety checks and scheduled lift maintenance were out of date. Though this had the potential for risk we found no impact on people related to this issue and the provider made immediate arrangements to address this. We recommend that the service consider improved systems for monitoring the maintenance of equipment in the home.
- The service had recently commissioned an external fire risk assessment and all the recommended actions had been completed promptly.
- Risks to people were identified through individual risk assessments. Appropriate risk management plans were incorporated in to care plans. These were detailed and provided care staff with information which ensured they delivered care in the safest possible way.
- Accidents and incidents were reviewed to identify any learning which may have helped prevent a reoccurrence.
- Care plans and risk assessments were reviewed and updated after any incidents.

Systems and processes to safeguard people from the risk of abuse

- People told us the service was safe. Comments included, "I feel safe here, there is always someone around."
- Staff said they had received safeguarding training. They had a good understanding about how to raise concerns. Staff could give a range of examples when they would raise a concern.
- Safeguarding referrals had been made appropriately.

Staffing and recruitment

- Staff recruitment procedures were in place to ensure only staff suitable to work in the care profession were employed.
- Staffing levels were maintained and people received regular and timely support.
- The provider had recently employed a handy person and a housekeeper. This increased the effectiveness of the team.
- Support to people was provided by a small and well-established staff team. This meant people received consistent support and fostered trusting relationships. One staff member said, "[the service] isn't too big or impersonal – we provide the personal touch."

Using medicines safely

- Staff completed training in medicines administration and their competency was checked.
- Medicines systems were organised and people were receiving their medicines when they should. The

provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- Staff completed training in infection control. Gloves and aprons were available and waste was disposed of correctly.
- We observed staff supporting people wearing appropriate protective equipment.
- The home was clean, tidy and odour free. People's comments included, "They [staff] keep my room lovely and clean."

Is the service effective?

Our findings

Effective - this means that we looked for evidence that people's care and treatment and support achieved good outcomes and promoted a good quality of life, based on the best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Anyone thinking of making Rosegarland their home could go and spend the day there to see what it was like.
- A full assessment of people's needs was made before they moved into the home and a care plan was put in place. This made sure staff knew about a person's needs and preferences and how to care for them.
- The format of people's care plans had all been updated recently and reflected people's needs and choices.
- Staff said care plans were clear and updated if people's needs changed. One staff member said, "[The manager] has updated everything. I know everything about what people need and like."

Staff support: induction, training, skills and experience

- People received effective care and support from competent and skilled staff who had the relevant qualification and skills to meet their needs.
- Staff received regular training and were supported to undertake qualifications.
- Staff had regular recorded supervisions with the manager in which they could discuss a range of subjects.
- People and relatives were confident in the abilities of staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with a choice of food and drinks which met their needs and preferences.
- People liked the food and said there was a choice available. Comments included, "The food is very nice. I like a bacon sandwich for my breakfast." "If I want something to eat I just ask the staff and they will get it for me."
- The cook had a good understanding of people's dietary needs and menus showed a choice and variety of meals. People were offered a choice of drinks and snacks throughout the day.
- People's weights were monitored for any changes. People who had lost weight had been provided with a fortified diet and had been referred to the GP.

Adapting service, design and decoration to meet people's needs

- People were involved in decisions about the premises and individual's preferences, culture and support needs were reflected in the environment. The service supported people's independence using technology and equipment.
- The service had recently adapted a bathroom to install a walk-in shower facility. This provided improved options for people. Staff told us this had been very positive for people.
- People were supported to personalise their room.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- People told us they received regular visits from healthcare professionals such as the GP, chiropodist and district nurses and this was confirmed in care records we reviewed.
- Staff worked together as a team to provide consistent care to people. Handover meetings between shifts gave staff opportunities to discuss people's care and informed them of any changes
- A district nurse told us they were confident staff followed their instructions. They also said staff were vigilant and involved the district nurse team appropriately. They had been involved in the recent updates of care plans. They described the home as having, "a welcoming and calm atmosphere."
- People and relatives said communication was good and messages were passed on. One relative said, "[the staff] always keep me up to date and contact over the little things. It's very personal."

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLs)
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff spoke with people before any care and support was delivered to get their consent.
- The registered manager understood the principles of MCA and how to protect people's rights.
- DoLs applications had been submitted when people had been assessed as not having capacity to consent to their treatment and support.
- Assessments had been completed when people lacked capacity and a best interest meeting was used to agree and record the decision. These included professionals and relevant others to support the process.
- Where relatives had the appropriate legal authority, they had been involved in the decision-making process. Where this authority had not been in place the best interest decision making process had been used.

Is the service caring?

Our findings

Caring - this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's comments about their care included, "The staff are all kind and helpful." One care worker said, "Everyone [staff] wants to do their job and really wants to care for the people living at Rosegarland."
- We observed staff were calm and warm in their approach to people. Staff knew people and their support needs well.
- People's care plans were clear about communication needs. One care plan stated, [Person] likes staff to sit and face her when talking to her – likes appropriate touch – staff need to be mindful that [person] lives with dementia and may be distracted by background noise."
- We received a range of positive feedback from people and relatives. One relative said, "[Staff] care for her very well. They go out of their way to help and support her."
- We saw the service had received many thank you cards and compliments about the care and support. One said, "I am very happy with the care my mum receives, always clean and well looked after. Staff are always friendly and helpful."

Supporting people to express their views and be involved in making decisions about their care

- Staff had formed good relationships with people who used the service and engaged positively with people. We observed staff offering people choices. We saw one person who was anxious. Staff sat with them and offered gentle and patient reassurance which helped the person become less anxious.
- Care plans were detailed and incorporated people's views.
- People said they felt listened to and included in their care.
- Staff were committed to working in partnership with relatives and friends of people. We observed people being given a warm and friendly welcome. Relatives described the home as being "family orientated."

Respecting and promoting people's privacy, dignity and independence

- People were supported in a respectful and dignified manner.
- Staff were conscious of maintaining people's dignity and gave a range of person-centred examples of how they respected people's privacy and dignity.
- Staff spoke about promoting people's independence. We were told breakfast toast racks and condiments had been a recent addition to the dining area. This meant people could make daily choices and be involved in preparing their own food.
- People and relatives gave examples about how they had been supported in a respectful and dignified manner.

Is the service responsive?

Our findings

Responsive - this means that we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care from staff who knew them well.
- People's care needs and preferences were reflected in their care plans.
- Staff understood people's communication needs. These were identified, assessed and recorded in people's care plans.
- Relatives said the care people received was responsive. One relative said, "It's not regimented – if someone wants something they get it there and then."
- Care records were reviewed monthly or if people's needs changed.
- Activities were in place and reflected what people enjoyed doing.
- Consideration was given to people's religious and cultural needs. Close links were in place with the local church and a Ukrainian priest. The home was in the process of planning a traditional Ukrainian egg-blowing activity which supported the cultural heritage of some people living at the service.

Improving care quality in response to complaints or concerns

- A clear complaints procedure was in place. This was discussed with people and relatives when they started using the service.
- People told us they knew how to complain and would feel comfortable talking to the staff or the manager if they had any concerns. One person said, "the staff at the home are absolutely marvellous, nothing is too much trouble and they always listen if you have any concerns."
- We saw changes had been made to people's care plans because of suggestions they had made.

End of life care and support

- People's end of life wishes were sought and documented in their care plan.
- The manager told us relatives could stay overnight, if they wished, so they could spend as much time as they wished with their loved ones.
- We saw a recent thank-you card as follows, "Thank you for the love and care you provided for [Name] The 4.5 years they lived at Rosegarland you really made their last few years comfortable. I'm sure they felt safe. I really appreciate everything you did. It's a really hard job you all do, but you do it so cheerfully."

Is the service well-led?

Our findings

Well-Led - this means we looked for evidence that service leadership, management and governance assured high quality, person centred care; supported learning and innovation; promoted an open, fair culture

Service management was not always consistent. Leaders and the culture they created did not always support the delivery of high-quality, person centred care. Some regulations may or may not have been met.

There was not a registered manager in post. The previous registered manager left in September 2018. The current manager commenced in September 2018 and had submitted her application to the Commission to be registered.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The home was generally well run and organised.
- The manager had recently introduced a range of detailed audits. It was not possible to assess the effectiveness of the audits as they had only recently been introduced. We identified some essential servicing of equipment had not been carried out. We recommend that the service has improved oversight on the maintenance and servicing of all the equipment in the home.
- Incidents and accidents were monitored and analysed for service improvement.
- We observed the manager had developed a positive rapport with people and relatives since she had been at Rosegarland. One relative said, "I know I can talk to [the manager] whenever I need to and [my relative] knows she can tell them anything too."
- Staff told us the quality of care had improved since the new manager commenced. Staff told us morale was good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager and staff we spoke with were clear about their roles and responsibilities and had a good knowledge of the service.
- Statutory notifications had been received appropriately by the Commission.
- Staff praised the manager and said she was supportive and approachable. Comments included, "[The manager] does everything properly. She cares. It's all about the residents." "[The manager] is very professional. You can go with any problem."
- People and relatives said they would recommend the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were listened and responded to.
- The manager had recently identified champion roles for some staff. This meant people's strengths were being used to develop the team and improve quality.
- The manager had carried out an annual survey with residents, families and visiting professionals. The

feedback was positive.

- Staff had received regular supervisions.
- Staff meetings were held regularly. Staff said this was a good opportunity to share ideas and improve the service.

Continuous learning and improving care;

Working in partnership with others

- The registered manager understood her legal responsibilities.
- The manager and provider had developed a comprehensive action plan which demonstrated their drive for improving care. They had a clear vision for the service.
- The manager was keen to develop increased links with the local authority and other providers in the locality.