

Rosemary Limited

Rosemary Retirement Home

Inspection report

65 Vicarage Road
Wollaston
Stourbridge
West Midlands
DY8 4NP

Tel: 01384397298

Date of inspection visit:
28 December 2016

Date of publication:
15 February 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 28 December 2016 and was unannounced. At our last inspection on 15 and 17 September 2015 we found that the provider 'required improvement' in all five questions, namely safe, effective, caring, responsive and well-led and was found to be in breach of regulation 17 of the Health and Social Care Act 2014.

Rosemary Retirement Home provides accommodation and personal care for up to 23 older people. At the time of the inspection there were 23 people living at the home.

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.

At the last inspection on 15 and 17 September 2015 we asked the provider to take action to make improvements (regarding the audits in place to assess, monitor and drive improvement in quality and safety of the services provided and to seek and act on feedback from people using the service). We saw that these actions had been completed.

People's dignity was not always respected when receiving care and support. People described staff as kind and caring and supported them to make their own decisions on the support they received. People were supported to retain their independence, where possible.

People were supported by staff who had received training in how to recognise signs of abuse and what actions to take should they suspect someone was at risk of harm. Staff were aware of the risks to people on a daily basis and how to manage those risks.

Staffing levels were based on people's dependency levels and were reviewed on a regular basis. People were supported by staff who had been safely recruited. There were systems in place to ensure people received their medicines safely.

People were supported by staff who received an induction that prepared them for their role and were provided with the training they needed to meet people's needs.

Staff understood the importance of obtaining people's consent prior to supporting them and ensured they offered people choices throughout the day in line with their personal preferences.

People were supported to have sufficient amounts to eat and drink and their dietary needs were adhered to.

People's healthcare needs were met and they were supported to access a variety of healthcare professionals

to ensure their health and wellbeing.

Efforts were made to obtain more information about people's interests in order to introduce activities that were of interest to them. People had requested for more activities and plans were in place to extend the number and variety of activities on offer. People were involved in the planning of their care and were regularly asked for feedback on the service.

People were aware of how to make complaints and were confident that if they did raise a concern it would be dealt with to their satisfaction

The registered manager had a number of quality audits in place to identify any areas of improvement that were required within the service. Where areas were identified, action plans were put in place to address any issues.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff who had been safely recruited and were aware of their responsibilities to keep people safe from harm. Staffing levels were based on people's dependency levels and were reviewed on a regular basis. People were supported to receive their medicines safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained to meet their care needs. Staff sought people's consent prior to supporting them. People were supported to have sufficient food and drink and access healthcare services.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People were supported by staff who were kind and caring, but people did not always experience care that respected their dignity. People were actively involved in making decisions about their care delivery on a daily basis.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff who knew them well. Some activities were in place for people to participate in and there were plans for these to be extended. People were confident that if they raised a complaint it would be dealt with to their satisfaction.

Is the service well-led?

Good ●

The service was well led.

People considered the service to be well led and were complimentary about the registered manager. Staff felt supported and listened to. There were a number of audits in place to regularly assess and improve on the quality of the service delivered.

Rosemary Retirement 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 took place on 28 December 2016 and was unannounced. The inspection was carried out by one inspector.

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 reviewed information we held about the provider, in particular, any notifications about accidents, incidents, safeguarding matters or deaths. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection. We spoke with two people who lived at the service and five relatives. We spoke with the registered manager, provider, three members of care staff and the cook.

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 to us.

We reviewed a range of documents and records including the care records of four people using the service, five medication administration records, two staff files, accident and incident records, complaints, minutes of meetings, quality audits and action plans.

Is the service safe?

Our findings

At our last inspection we noted that there was no tool in place to assess staffing levels. The registered manager said, "In response to the last inspection we appointed an additional member of staff". We saw that there was a system in place that identified people's needs and dependency levels. The registered manager told us, "I know we have enough staff because I can see myself. I would speak to [provider's name] if we needed more staff. We assess on need. We have a system in place to identify how many staff are required for each person" and we saw evidence of this.

On the whole, people told us they felt there were enough staff in place to meet their needs. One person told us, "I don't think there are enough staff" but was unable to provide us with a reason why they felt this. One relative told us, "Sometimes there aren't enough staff on" but other relatives spoken with were happy with the staffing levels and comments received were, "If the call bell is rung, they [staff] come in an adequate amount of time", "There does seem to be enough staff when I visit" and "It is organised, there are enough staff". A member of staff told us, "I think we have enough staff, there's always someone about, I always have a walk round to make sure they [the people who lived there] are all ok". We observed that there were short periods of time during the day when staff were not present in the main lounge because they were supporting other people. However, at lunchtime, we observed there were enough staff available to support people with their meals and staff did respond to people's needs in a timely manner. Staff told us that there was no system in place to allocate responsibility for certain tasks during each shift. A member of staff told us, "We work out allocations amongst ourselves, we work well together and support one another". This lack of formal allocation of work may explain why staff were not always available in the lounge. We discussed this with the registered manager who agreed to look into this. We saw that there were no staff vacancies and any staff absences were covered by the existing staff group.

At our last inspection we saw that there were gaps in MARs [Medication Administration Records] which had not been identified by audits. At this inspection we checked the MAR for five people. We saw that what had been administered to people tallied with what was in stock. We noted that people were protected from the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. For example, a colour coded system had been introduced, which highlighted different levels of dosage of a particular medicine to ensure staff were mindful of this fact when administering this. We saw that medicines were stored and secured safely, audited regularly and the registered manager observed staff practice on a regular basis to ensure they were competent in administering medicines.

People told us they received their medicines on time. They told us that if they were in pain, then pain relief was offered and we observed this taking place, for example, a member of staff approached one person and said, "Morning [person's name], I've been looking for you, for your tablets, would you like some painkillers for your arm?" During the medicines round, we observed the member of staff speak kindly to people, explaining what their tablets were for and staying with them whilst they took their medicine.

People told us that they felt safe when supported by staff in the home. A relative told us, "I think [relative] is safe here, she is putting on weight and is better than when she came in" and another said, "Safe?"

Absolutely!" People were supported by staff who had receiving training on how to keep people safe from harm. Staff were aware of the different types of abuse people may be at risk of and what actions they should take, should they suspect someone was at risk of harm. One member of staff told us, "I would speak to [manager's name] about it, she's very good, she would act on it". They went on to tell us that if the registered manager wasn't available, they would inform the provider. Staff told us they were confident that people in the home were safe.

We saw that people's care records identified the potential risks to them on a daily basis. Staff were aware of these risks and how to support people safely, one member of staff told us, "[Person's name] has slowly deteriorated, we support her with two staff now for her safety and comfort, I'm confident that she is safe when we are hoisting her".

Where accidents and incidents had taken place they were recorded appropriately and acted upon. Accidents and incidents were analysed and audited monthly to assess if there were any trends. For example, one person who suffered two falls during one month, these were analysed and potential cause identified. Following consultation with the person's GP, actions were taken and a sensor mat put in place to alert staff to when the person was getting up. A member of staff told us, "It has helped" and went on to confirm that daily checks were in place to ensure sensor mats were in working order.

We saw that there were recruitment processes in place to help minimise the risks of employing unsuitable staff. We spoke with staff who confirmed that reference checks and checks with the Disclosure and Barring Service [which provides information about people's criminal records] had been undertaken before they had started work.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interest and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection we found that staff knowledge regarding MCA/DoLS was inconsistent. Staff we spoke with had received training in the subject and understood what it meant for people living at the home. The registered manager told us, "We don't deprive anyone of their liberty, everyone is given choices, you shouldn't judge a book by its cover, don't just assume someone can't make a decision". We observed that staff obtained people's consent prior to supporting them and people spoken with confirmed this. All staff spoken with were aware of the need to support people to make their own decisions and choices regarding their care needs.

People told us they were happy with the care and support they received and that staff knew them well. A relative told us, "The care my mom has had, has been exceptional and for a nurse to say that is a credit to the girls; I can't fault the care. They got food and fluids down her and she's never had a pressure ulcer or moisture lesion, they are just wonderful". Another relative commented, "[Person] has improved so they must be looking after her".

Staff told us communication amongst themselves was good and if there were any changes in people's care needs, they were informed in a timely manner. One member of staff said, "At handover you can ask if anything happened that we need to know about and they [staff] do report sheets as well. If I've been away I would take a longer look at it".

A new member of staff said, "I feel like I've fitted in lovely and they have been really welcoming". They told us their induction prepared them for their role and involved training days [including manual handling techniques], shadowing more experienced members of staff and observing delivery of care. We saw induction also included completing the Care Certificate. The Care Certificate is an identified set of standards that care staff should adhere to when carrying out their work. The member of staff told us, "I felt confident once on shift and after two weeks of training I got into the swing of things and the support is there if I need it".

People were supported by staff who considered themselves to be well trained and supported in their role. One member of staff said, "I've had moving and handling training, we've had a few [training sessions] this year, we did DoLS as well. Anything you need training on [Provider's name] is very good at organising it". Another member of staff told us, "We recently did dementia training and found it very useful". We saw that staff received regular supervision and an annual appraisal, providing them with the opportunity to discuss

any learning or concerns they may have. One member of staff told us, "[Manager's name] is approachable, she listens". A relative commented, "It's a lovely home, the staff are well trained, I worked for a Council for 26 years doing moving and handling and it was the first thing I noticed here and the training is regular. There isn't a lot of change with regards to staff team that's another plus me".

We saw that people were supported to maintain a healthy diet. A member of staff told us, "I always ask people first. With [person's name] I will sit on a chair and sit closer to her and will encourage her to eat, I'll say, just one more spoonful, just for me". People were weighed monthly to monitor their nutritional intake and we saw no evidence of people losing weight. We spoke with the cook, who had not been in post long, but was aware of people's individual dietary requirements and preferences. We observed that the cook served hot drinks to people individually, in cups and sauces, and was aware of their individual preferences when it came to what biscuits they enjoyed with their hot drink.

People told us that the food was good and we observed people enjoying their meals at lunchtime. Choices were offered at breakfast and a wide selection of sandwiches were available at teatime which were served with condiments, crisps and cakes. For those people who required their food to be pureed to prevent them from choking, this was done but their food was mixed together and prepared in one bowl. We discussed this with the cook who said she was aware that this wasn't the best way to present pureed food and told us she would in future separate each item to make the meal more palatable and presentable for the person eating it.

Although the cook had not been in post long, she was aware of people's preferences and dietary requirements. She told us, "I would like to work on a new menu, I already know people don't like sausage and baked beans, I want to offer an alternative". We saw that for the main meal of the day, there was no choice available. However, the cook was aware of people's individual preferences and alternatives were offered for those who did not want what was on the menu. Staff too, were aware of people's individual preferences and dietary needs and were able to provide us with several examples to confirm this. The registered manager told us, "Some people have been here a long time, so we are aware of their preferences and people will tell you, but you have to bear in mind that they may change suddenly and say 'I like that'". A relative said, "The food seems very reasonable, they [the staff] do go round and ask what they want".

Relatives told us that if their loved one was taken ill, the registered manager acted quickly to call the GP. A relative commented, "If there is anything at all, I get a phone call and they call the doctor. Mom developed a nasty cough and they told me and mom said, 'I don't know why she [manager's name] makes a fuss!'". Another relative told us, "[Person's name] occasionally has to go into hospital. If I take her to an appointment they give me a list of the medication to take with me and after the hospital appointment they phone and check if there are any immediate changes they need to know about".

Staff were aware of people's particular healthcare needs and supported them where necessary, to access healthcare services. We saw that people were supported to see the dentist, chiropodist, optician and a physiotherapist. Where people's healthcare needs had changed, appropriate support and guidance was sought, their care records were updated and staff were made aware of the changes immediately.

Is the service caring?

Our findings

At our last inspection we noted that people's privacy and dignity was not always respected. At this inspection people told us that their privacy and dignity were respected. Comments from relatives received were, "They treat [person] with dignity and respect at the other home they didn't" and, "They [staff] treat [person's name] with dignity and respect". However, we did not always observe this. We saw at breakfast, whilst two people were sitting at a table waiting for their breakfast to be served, a member of staff had placed an incontinence pad on the table next to one person's plate, ready to take them to the bathroom. We raised this with the registered manager, she told us, "That should not happen".

At lunchtime, we observed a member of staff supporting one person to eat their meal. The member of staff stood whilst supporting the person, intermittently chatting with their colleague and did little to engage with the person who they were supporting. The person remained with their eyes closed and the member of staff, on a number of occasions, did not tell the person what they were doing, but just put the spoon against their lips until the person opened their mouth. We raised this with the registered manager who said she would speak to the staff involved. We also observed that some people were offered clothes protectors whilst eating, but others were not given a choice and the protector was routinely placed over their heads. We also noted other staff supporting people with their meals in a kind, considerate manner, talking to people, engaging with them and encouraging them to eat and drink. This meant that the registered manager could not be confident that all people living at the home were consistently treated with dignity and respect by all staff.

People told us that staff were kind and caring and we witnessed a number of friendly interactions between people living at the home and staff who supported them. Staff spoke with kindness and warmth when talking about the people they supported. One member of staff told us, "I love [person's name] and her feistiness, I talk to all different people and they all have their own personalities". Staff were able to provide us with examples of how they maintained people's privacy when supporting them with their personal care. One member of staff said, "I would always close the door and chat with them. I try and make them feel comfortable, you have to think how you would feel in that position".

People told us they were listened to and supported to make their own choices on a daily basis. One person told us, "The girls are very good, I choose my own clothes, I have something different on every day" and a relative told us, "Mom is able to make her own decisions and has always been involved". A member of staff told us, "I always say 'morning' and ask, 'do you want a wash?' If they don't want it you don't do it. I always ask what do you want to wear, it's very important, one lady likes things to match". We observed that people were supported to maintain their individual identity and appearance. People's hair looked well cared for and a relative said, "They have the hairdressers here as well, it's nice, you always feel better for having your hair done don't you?"

Relatives told us they were always made to feel welcome when they visited and we observed many visitors come and go during the course of the day.

People were supported to retain their independence, a relative told us, "[Relative] wanted staff to cut her meat up, but they try and persuade her to do it herself, sometimes she can. They are fantastic with her they do encourage her". We saw for those people who were unable to communicate verbally, picture cards were in place to assist people and staff alike.

We were told that no one in the home currently had an advocate, but if they required one it would be arranged for them and we saw information on display regarding this service.

Is the service responsive?

Our findings

At our last inspection we noted that there was a lack of activities taking place and lack of information regarding people's preferences when it came to activities. At this inspection we noted there was some improvement, but the registered manager confirmed there was still work to be done. A relative commented, "There's hardly any entertainment, I'm happy with the care, but there could be more going on". We saw there was a conservatory at the front of the home that some people enjoyed sitting in and watching the world go by and relatives commented positively on this. There was a smaller lounge where other people chose to sit and watch television and this had a cosy, pleasant atmosphere. However in the main lounge, the television was placed high on the wall and not everyone could see it from the positions of their chairs. We observed periods where there was very little going on and apart from lunchtime, there was very little interaction between staff and people. We saw that there was an activity plan in place and in the afternoon some people were engaged with staff in an activity using balls and nets, which they clearly enjoyed. Another person was given the opportunity to visit a day centre every week and a relative told us, "[Person] joins in [activities] when they are on. If they were on every day, [person] would do it every day, she doesn't read or watch television". Another relative told us they had raised concerns about activities and discussed their relative's love of music and headphones had been purchased to enable them to enjoy the particular music of her choice. They added, "Entertainment has improved".

We discussed with the registered manager what plans she had put in place since the last inspection relation to activities. We saw there was an activity plan in place which included weekly exercise classes, pet therapy and a monthly 'music man'. We saw that a survey that had been sent out to people asking for their views on the service had received positive responses, but people highlighted the lack of activities taking place. We saw this survey was analysed and responded to and plans were in place to increase the amount of activities available to people. A relative confirmed that efforts had been made to obtain more information about people's hobbies, interests and life history. They told us, "We were involved in putting together a life history, they encouraged us to bring in photo albums I sat and went through with them and they [staff] got a little picture of the family. It was comfort for me really, this place is like a home".

We saw at Christmas that children from a local school had visited the home to sing carols. People spoke very positively about this, a relative said, "They did have a choir in a Christmas and they loved it". We were shown a video of this event it was evident that people enjoyed this entertainment, they were seen to be engaged in it, tapping their hands and feet in time with the singing. The registered manager told us she was planning to develop further links with the school in the new year, she told us, "The school want children to get used to older people and people really enjoyed them being here. We want to do more of this".

People told us they contributed to their care plans and reviews of their care and we saw evidence of this. Staff were able to tell us of people's individual likes and dislikes and were able to provide us with a good account of the people they supported and how to respond to their needs. A relative said, "[Person's name] has a routine and they know her routine" and people spoken with told us that staff knew them well. A relative said, "The staff are really good with mom, they know how to handle her, when my father passed away they were brilliant with mom and us".

People living at the home were invited to monthly meetings to discuss any issues or concerns they may have and to share their opinion on the home. Three separate meetings took place, one in each of the communal areas, giving everyone the opportunity to contribute in small groups. We saw that people were asked for their opinion of the quality of the food on offer following the arrival of a new cook. People reported they were happy with the food but would like more gravy with their meals. The cook told us she had been made of aware of this and had acted upon this request.

There were no meetings in place for relatives. The registered manager told us, "I speak to people all the time" and relatives spoken with confirmed this. One relative told us, "We visit every other day and then we chat, there's no need for a meeting as such, I'm quite happy", other relatives spoken with agreed with this. One person told us, "Staff are fantastic, marvellous, really lovely, I couldn't complain" and comments received from relatives were; "If I had cause for complaint I would talk to the manager or a member of staff". We saw there was a system in place to record complaints, but none had been received. People told us they were confident that if they did raise a concern it would be dealt with appropriately and one relative told us, "There was one issue, I had a word with [manager's name] and she dealt with it. I've filled in surveys as well, I suggested they put it in large print for some people and they did".

Is the service well-led?

Our findings

At our last inspection we asked the provider to take action to ensure there were systems and processes in place to assess, monitor and drive improvement in the quality and safety of the services provided and to seek and act on feedback from people using the service. At this inspection we found there were systems were in place to seek and act on feedback from people using the service. We saw that the provider had a number of audits in place to assess, monitor and improve the service. For example, medication and care plan audits, weekly staff competency checks, and levels of training. Where audits or feedback had highlighted areas for improvement, such as increased activities, action plans were in place. Where accidents and incidents had occurred, analysis took place which in turn, meant practice was changed or additional equipment sought in order to improve care delivery. In relation to this, a member of staff told us, "The sensor pads that have been bought in have made a tremendous difference and if we thought of anything else, we could ask for it. The management are friendly and supportive".

People were complimentary about the home and told us they considered it to be well led. One relative told us, "I can't speak highly enough of them [manager and staff group], I honestly don't think [relative] would be here if it wasn't for them". Another relative said, "It's not an institution, it's a home". People described the registered manager as 'supportive' and 'approachable' and were confident that if they had any concerns, they would be listened to and acted upon. One relative told us, "I'm a nurse and the fact that I put my mom here speaks volumes".

Staff told us they felt well supported in their role and were confident in the abilities of the registered manager. A member of staff said, "[Manager's name] is brilliant, if you want her she's there, any problem, same goes for [Provider's name]". The registered manager told us, "If staff have a problem, they know they can speak to me at any time, even when I'm at home". She told us she felt well supported by the provider who visited the home regularly. We saw that staff received regular supervision and the registered manager observed their practice on a regular basis. She told us, "I observe staff giving medicines and their manual handling techniques. Observing staff makes me confident they are caring for people and I do supervisions as well".

A member of staff told us, "I've always liked looking after people, this job is rewarding". A relative commented, "Staff; I think they are a good team, they work well together, they are mindful of people's needs and are very patient". Staff told us they worked well as a team and on the whole we observed this. However, the lack of allocation sheets in place meant there were times when the main lounge was not occupied by staff. We raised this with the registered manager who agreed to look into this. Staff told us that they were aware of the home's whistle-blowing policy, but if they had any concerns they would raise them with the registered manager and were confident that they would be listened to. We saw that staff meetings took place every quarter and staff told us they were able to contribute to these meetings.

The registered manager told us there were plans to recruit an additional member of staff to work directly under her and take on additional work. She told us, "Our biggest challenge is to improve the service, we want our residents to be happy and healthy". She told us she felt well supported by the provider and

commented on how helpful it was that the provider was an assessor for the Care Certificate which meant that she was able to provide additional support to staff who were studying for this.

The provider had notified us about events that they were required to by law and had on display the previous Care Quality Commission rating of the service both at the home and on the provider's website.