

Ablecare Homes Limited

# Rosewood House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Rosewood House is a residential care home without nursing and provides care and support for up to 17 older people. On the day of our inspection there were 15 people resident in the home.

At the last inspection, the service was rated Good there was however one breach of regulations in relation to medicines. At this inspection we found although the service had improved in some areas of medicines they failed to meet the required standard and continued to be in breach of this and another regulatory standard.

A registered manager was in place for the service. 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

The registered manager and provider had quality monitoring systems in place. However these systems had not sufficiently addressed shortfalls in the service.

Not all staff had completed training to ensure they were suitably skilled to perform their role. Staff supervision was not undertaken regularly. The provider had failed to ensure they provided staff with opportunities to discuss their concerns, personal learning and development needs.

There was a robust staff recruitment process in operation designed to employ staff that would have or be able to develop the skills to keep people safe and support people to meet their needs.

People were involved in how the home was managed. Regular meetings took place to give people a chance to have their say; the feedback was used to improve the home and the people's experience of living there.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff and people we spoke with felt the staffing level was appropriate. Staff demonstrated a detailed knowledge of people's needs. Staff understood their safeguarding responsibilities and the whistle-blowing policy and procedures.

There were positive and caring relationships between staff and people at the service. People praised the staff that provided their care. We received positive feedback from people's relatives and visitors. Staff respected people's privacy. We saw staff working with people in a kind and compassionate way when responding to their needs.

Care provided to people met their needs. Care records provided personalised information about how to support people. We saw that the service took time to work with and understand people's individual preferences in order that the staff could respond appropriately to the person. People were also supported to undertake person centred activities and be involved in the local community.

The staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. These safeguards aim to protect people living in care homes from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. Meetings had been arranged in order to enable people's best interests to be assessed when it had been identified that they lacked the capacity to consent to their care and treatment.

People had their physical and mental health needs monitored. The service maintained daily records of how people's needs were met and this included information about medical appointments with GP's and dentists.

There was a complaints procedure for people, families and friends to use and compliments could also be recorded

We found two breaches of regulations at this inspection. We will be asking the provider to send us a report of the improvements they will make.

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?

The service was not always safe.

Medicines were not managed safely.

There were sufficient staff to meet people's needs.

Risk assessments were reviewed and amended appropriately when the risk to a person altered.

People were protected from the risk of abuse. The service had provided staff with safeguarding training and they knew how to report concerns.

The service had safe and effective recruitment systems in place.

**Requires Improvement** ●

### Is the service effective?

The service was mostly effective.

Staff training and supervisions were not undertaken as required.

DoLS applications had been made for those people that required them. The service had carried out capacity assessments and best interest meetings

People had enough to eat and drink and were supported to make informed choices about their meals.

People were supported to access health care services.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People told us staff were kind and caring. Relatives said they were happy with the care and support provided.

People's privacy and dignity was respected. People and staff got on well together and the atmosphere in the home was caring, warm and friendly.

People were supported to maintain relationships with their

**Good** ●

family.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans provided staff with the information needed to provide person centred care.

Staff communicated effectively with people and involved them to make decisions about the support they wanted

The service had involved other health professionals to support people.

The service had a robust complaints procedure.

### **Is the service well-led?**

**Requires Improvement** ●

The service was mostly well led.

The provider and manager had quality assurance systems in place; these systems had not been fully effective.

People told us staff were approachable and relatives said they could speak with the manager or staff at any time.

The provider sought the views of people, families and staff about the standard of care provided.

# Rosewood House

## 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 checked 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 comprehensive inspection took place on 25 April 2017. The inspection was unannounced. This inspection was carried out by one inspector 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

Prior to the inspection, we reviewed information we held about the service including statutory notifications. Statutory notifications are information about specific important events the service is legally required to send to us.

On the day of the inspection we spoke with seven people, three members of staff and three visitors. We looked at three people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, audits and training records.

# Is the service safe?

## Our findings

When we last inspected Rosewood House in 2015 we found that staff had not always been trained adequately or assessed as being competent in the administration of medicines. We also saw that medicine administration records (MAR) were not completed as required. At this inspection we found insufficient improvements had been made.

At this inspection we found that although the service had started to develop suitable arrangements for the training of staff and the administration and recording of people's medicines. Records demonstrated that staff had not fully completed training and competency checks in the administration of the medicines. We carried out an audit of the medicines and the amount in stock did not agree with the administration records.

We found for one person PRN (as required medicine) protocols were not in place; these protocols inform staff when people might require additional medicines such as pain relief and the reasons why. When PRN medicines had been administered the reasons had not been documented on the reverse of the MAR chart nor had the quantity given been recorded as required. This meant that staff could not monitor how often people required the PRN medicine, if there were any trends to their symptoms or how much medicine the person had consumed. We found that liquid medicines were not dated when opened to ensure they remained in date and were fit for consumption.

We also observed an example of poor moving and handling practice by a member of care staff whilst supporting a person to mobilise. The care staff used an unsafe technique and an underarm lift. This care staff member was shadowing an experienced member of care staff who was not present at the time. Post inspection the provider stated that the member of staff had been trained to undertake moving and handling safely and they would address any training needs.

We have asked the provider for further information with regards to their action plan in relation to these failings. We will consider our regulatory response on receipt of this information.

These failings amounted to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

The registered manager explained how staffing levels were assessed and organised in a flexible way to support people for their daily needs, additional activities and appointments outside of the home. Staff told us there were enough staff to meet people's needs throughout the day. We found that the staff rota was planned and took into account when additional support was needed. Relatives we spoke with also felt there were sufficient staff on duty. One relative said "I have no worries regarding staffing levels or my [relative's] safety, she gets 24 hour care."

People told us they felt safe living in the home, people said "I am safe here, I have my own room and can please myself but there is always someone here if I need them", "I am safe, I can call on staff to come if I

need help, but I am well looked after and everything is fine" and "I am safe here, they have given me a frame to help me so I do not fall down." Relatives said "My [relative] is very safe here, everything is under control, there is never a flap or a panic; there appears to be plenty of staff around whenever I come, although Sunday mornings it is quieter."

## Is the service effective?

### Our findings

New staff received training provided by the service when they joined as part of their induction programme. Training subjects included first aid, infection control and food hygiene. The training matrix identified that some staff had not received training relevant to their role before working unsupervised. We saw that many staff had not completed medicine competencies, continence, skin pressure, diabetes, diet and nutrition and Mental Capacity Act and Deprivation of Liberty Safeguards training. Refresher training for established members of staff had also not been completed as expected by the provider.

Staff said they received supervision. We looked at the supervision records of four members of staff. We found that not all staff received supervision every eight weeks in line with the provider's requirements and the registered manager confirmed this. Of the four staff records we looked at we found that three staff had not received supervisions as required. One staff member had received no supervisions since August 2016. Another member of staff had received one supervision in six months. The third member of staff had received one supervision in 12 months. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. The provider had failed to ensure they provided staff with opportunities to discuss their concerns, personal learning and development needs.

These failings amounted to a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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's capacity to make decisions had been assessed and we saw examples of appropriate best interest decisions, for example in relation to people's finances. The service had invited appropriate people such as family members to be involved with best interest meetings which had been documented.

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people's capacity to make decisions had been assessed where needed and appropriate DoLS applications had been made. Staff we spoke with had a variable knowledge of the act when they were asked about the principles of the MCA and DoLS. Care plans held decision making agreements and advised staff how to assist a person to make day-to-day decisions, wherever possible.

People's nutrition and hydration needs were met. People's nutritional assessments had been completed and reviewed. Where concerns had been noted, external guidance had been sought. People were weighed

monthly and if someone was noted to have lost weight, this was discussed with the GP.

We observed that people enjoyed their food during the lunchtime meal. The meals looked appetising and well cooked. People were given a choice of a light cooked meal or sandwiches for tea, and could request a sandwich with their evening drink if they wished. Some people regularly enjoyed a glass of wine at night. Snacks, fresh fruit and hot or cold drinks were also provided at regular intervals during the day. People we spoke with were very positive about the food and drink provided by the home. People said "The food is good, it is home cooked, the sort of thing my [relative] cooked for the family", "We get plenty to eat and drink" and "Food is excellent, it is nice to know someone else has cooked it and has to clear up as well."

People were supported to maintain their well-being and good health. We saw from records that people had regularly accessed health care services. When a person required additional regular clinical support this was provided. There was also evidence of input from the community psychiatric team and GPs in people's records. We saw within everyone's care plan that regular visits or appointments with dentists, opticians and dentists had happened when required and that staff had then acted upon the actions agreed at the respective appointments.

## Is the service caring?

### Our findings

The registered manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. One member of staff described how they would provide care to a person whose behaviour could be challenging. The staff member was able to recall distraction techniques which were effective for the individual. People confirmed that staff knew them well and often stopped to spend time with them talking about their individual interests and hobbies. One relative said "I am very happy with my [relative's] care, they are very attentive and always fussing over her making sure she is alright."

We observed that staff universally demonstrated a kind, caring and compassionate attitude towards people using the service. Staff crouched down when speaking to people so that they were at eye level. They spoke kindly and provided gentle reassurance to people. When we saw staff walking around the building with people, they didn't rush them. They encouraged independence whilst also offering support when it was needed. We observed care staff approaching people and speaking to them discreetly before accompanying them to the toilet.

People told us they were treated with dignity and respected by the staff. People told us that staff were respectful when undertaking their personal care. People said their dignity was maintained. For example one person said "Carers are lovely, I think they like me, we get on well; they knock before they come in and will help me if I need anything but I am quite independent and prefer to do things myself" Other people said "Carers are all lovely, they are friendly and will do anything I ask" and "I am treated with dignity and respect, I would not put up with anything less." A relative said "My [relative] has a good relationship with staff, and is well cared for. My [relative] is treated with respect, although their door is open staff knock and call out before entering, they respect my [relative's] wishes and choices and do not force anything."

Staff were also able to describe how they preserved peoples respect and dignity whilst undertaking personal care. We were told they would close doors, pull curtains, keep the person covered up as much as possible and explain all of the care being undertaken.

Other comments made by people included "Staff are kind, there is nobody nasty" and "They say what they are going to do and then say is that alright?"

Relatives were actively encouraged to visit regularly and people were encouraged to invite their friends and relatives to attend the activities in the home. Relatives told us that the staff regularly communicated with them if there was any change to people's condition. One relative said "I cannot fault the staff in any way, they are very vigilant and spot immediately if there is anything wrong with my [relative] and call the doctor. This happened recently my [relative] was very unwell and we were prepared for the worst, but they cared for her so well, she responded and although very frail is still with us."

Staff told us they enjoyed working at the home and the relationships they had formed with people. One member of staff described how they approached people and used positive language to create a good

relationship with people. Another member of staff said "I treat them as if they were my grandma; I give them love and make them feel happy."

## Is the service responsive?

### Our findings

Each person had an individual care plan which contained information about the care and support people needed. We saw detailed information about people's routines and how people's personal care was to be delivered clearly specifying people's preferences and individual needs. We found that people and their relatives also had input into the care plans and choice in the care and support they received.

Care plans also contained information such as people's medical history, mobility, communication and care needs including areas such as: continence, diet and nutrition. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

Staff recorded the care that had been given to people in care notes. Staff recorded information regarding daily care tasks, including the support that had been provided and personal care tasks that had been carried out. This information provided evidence of care delivery and how staff had responded to people's needs.

We observed how staff responded to people's needs. Staff spent time with people and responded quickly if people needed any support. Staff were vigilant and reacted quickly when a person needed support. Call bells were answered quickly and people confirmed that staff responded in good time.

People and their relatives said they had access to activities they wanted to take part in. We saw that activities staff stimulated people's interests in different ways. Staff organised an activity each morning and afternoon and encouraged all people to participate. A member of staff was delegated to perform this role on a daily basis. Every morning all available staff join in with a music and movement group involving the use of balls, and musical instruments. We observed this session which was lively and interactive. We also observed a game of 'the price is right' using a large commercially made version of this game. This proved to be popular with people. The service used outside entertainers and had links with a local school; children visited the service to paint and interact with residents. There was also involvement with local churches.

Relatives said they were invited to discuss care plan reviews and were always informed of any changes in their relatives care or condition. One relative said "I have gone through a new care plan today, first with the deputy manager, then with my [relative], who is capable of making their own decisions and altered a few things on it to suit them better."

The service had received compliments via email, letter and thank you cards. People and their relatives felt able to complain or raise issues within the home. The home had a complaints procedure available for people and their relatives. People we spoke with said they knew how to complain, and all said they had never had cause to. One relative said they had spoken to the registered manager after their [relative] had told them they had been upset by a member of staff. The relative said the matter was dealt with and there had not been a problem since. The registered manager explained that any complaints were welcomed and used as a tool to improve the service for everyone.

## Is the service well-led?

### Our findings

To ensure continuous improvement the registered manager and provider conducted regular audits to monitor and check the quality and safety of the service. They reviewed issues such as; medicines, care plans and training, their observations identified good practice and areas where improvements were required. There also were systems in place to ensure regular maintenance was completed and audits to ensure that the premises, equipment and health and safety related areas such as fire risk were monitored and that equipment tests were also completed. We saw that where actions were required to improve the service there were action plans in place; these were not however always implemented effectively. For example the last inspection of the service and medicine audits had identified areas for improvement for the service. We found however despite the provider being aware of these issues sufficient action had not been taken to follow up and resolve the issues in a timely way.

We recommend that the provider implements a system of checking that action plans are completed and effective.

The registered manager told us they operated an open door policy and welcomed feedback on any aspect of the service. Staff also said they felt confident people and relatives would talk with them if they had any concerns.

We saw records that demonstrated that relatives and other people important to people living in the home were communicated with through planned meetings and also on the phone if there was anything urgent that they needed to know. We also saw that the home had introduced a monthly newsletter to help keep all families and friends up to date with plans for the service and any upcoming events.

People were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. People who used the service and their relatives were given questionnaires for their views about the quality of the service they had received. We saw the results of surveys had been analysed and comments were positive.

Staff said that they were regularly consulted and involved in making plans to improve the service with the focus always on the needs of people who lived there. We saw records that demonstrated that staff had opportunities to give their views through regular staff meetings. There were also effective communication systems in place regarding staff handovers to ensure that staff were kept up to date with any changes within the home. Staff told us they felt well supported by the registered manager and their colleagues.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. We found that the registered manager had made appropriate notifications.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not managed safely.</p> <p>The service had failed to develop suitable arrangements for the training of staff and the administration and recording of people's medicines.</p> <p>Liquid medicines were not dated when opened to ensure they remained in date and were fit for consumption.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure that staff were trained and competent for the role they were employed for.</p> <p>The provider had failed to provide adequate supervision opportunities for staff.</p>