

Sanctuary Care Limited

The Rosary Nursing Home

Inspection report

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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?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

This inspection was unannounced and took place on 17 and 18 February 2015 and was unannounced.

The Rosary Nursing Home provides accommodation and nursing care to up to 102 people. It specialises in the care of older people including older people living with dementia. The home is made up of two main buildings. One part of the home, known as Primrose provides general nursing care to people. The other building, called Snowdrop, provides care to people living with dementia.

Primrose was divided into two areas called Chiltern and Polden. Snowdrop was divided into two areas called Quantock and Mendip. At the time of the inspection there were 100 people living at the home.

There is 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.

Summary of findings

Although people were happy with the care and support they received some people expressed concerns about staffing levels in the home. We found people had their physical needs met but some people waited for a long time for assistance to eat their meal or to be helped out of the dining room after their meal. Staff did not always have time to provide social stimulation to people who were unable to occupy themselves.

People told us staff were always kind and respectful, however we saw some incidents where staff were not respectful and did not ensure people's dignity was respected. We also observed acts of kindness and compassion throughout our visit with staff taking time listen to people and include them in conversations.

Medicines were securely stored and administered by trained nurses. However some people did not receive their medicines at the prescribed time. There were gaps in the recording of medicines which meant we were unable to verify that people had been given their prescribed medicines correctly.

People received effective care and support because staff were well trained and had the skills to make sure their needs were met. People had access to appropriate equipment to promote their independence and minimise risks. People were happy with the quality of care provided. One person said "They do their very best for me. They are kind to me and I feel very well looked after. I can make choices and they respect me." A visitor told us "It's a really good home and the care is top quality."

Risks of abuse to people were minimised because the home had a robust recruitment procedure which made

sure all staff were thoroughly checked before they began work. Staff knew how to recognise and report any suspicions of abuse. All staff were confident that any allegations would be investigated to make sure people were safe.

The registered manager was open and approachable and people felt confident to raise their concerns. People knew how to make a complaint and staff viewed complaints as a learning exercise to make sure practice was improved.

People were able to make choices about their day to day lives and staff knew how to assist people who lacked the mental capacity to make decisions for themselves. There were systems in place to make sure people's legal rights were protected.

People received good quality compassionate care at the end of their lives. The Rosary Nursing Home was accredited to the 'National Gold Standards Framework.' This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. The home had been awarded 'Beacon' status which is the highest level of this award.

Staff felt well supported and told us they received regular training, supervision and appraisals. Staff were well motivated which led to a happy atmosphere for the people who lived at the home.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 totally safe because at times there were not sufficient staff to meet people's needs in a timely manner.

Risks of abuse to people were minimised because there was a robust recruitment process which made sure all new staff were thoroughly checked.

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place for the recording and safe administration of some medicines.

Requires Improvement



Is the service effective?

The service was effective.

People received care and support from staff who had the skills and knowledge to meet their needs.

People received effective care and treatment to meet their healthcare needs and had access to relevant professionals where appropriate.

People had their nutritional needs assessed and received a healthy diet in line with their assessed needs.

Good



Is the service caring?

The service was caring but improvements were needed to make sure everyone was treated with respect and dignity at all times.

People were able to have visitors at any time and were able to meet with friends and family in private.

People were involved in decisions about the care they received.

People received compassionate care at the end of their lives and staff supported families well.

Requires Improvement



Is the service responsive?

The service was not always responsive.

People received care and support that was appropriate to their physical needs and took account of their wishes and preferences. However people who were unable to occupy themselves received limited social stimulation.

People were provided with care that was adapted to meet their changing needs.

People knew how to make a complaint and had confidence that any concerns would be listened to.

Requires Improvement



Summary of findings

Is the service well-led?

The home was well led. There was a management structure in place which gave clear lines of accountability and responsibility. It also ensured there were always trained nurses and senior staff available to offer advice and support to less experienced staff.

The management team were very open and approachable and demonstrated a good knowledge of the people who lived at the home and their individual needs.

There were systems in place to monitor the quality of the service offered and ensure on-going improvements.

Good



The Rosary Nursing 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 17 and 18 February 2015 and was unannounced. It was carried out by two adult social care inspectors, a pharmacy 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 that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the home before the inspection visit.

During the inspection we spoke with 29 people who lived at the home, 12 visitors and 18 members of staff. Some people were unable to fully express themselves verbally due to their physical or mental frailty. We therefore spent time observing care practices throughout the home and carried out a Short Observational Framework for Inspection (SOFI) in one lounge in the part of the home known as Snowdrop. SOFI is a way of observing care to help us to understand the experience of people who could not talk to us.

We sought and received feedback from six health and social care professionals who regularly had contact with the home. This included district nurses and social workers. We also looked at records which related to people's individual care and the running of the home. Records seen included seven care and support plans, three staff recruitment files, quality assurance records and medication records.

Is the service safe?

Our findings

Although people told us they felt safe at the home several people and a number of relatives told us they had concerns about the number of staff on duty. Staff working in the home and visiting professionals also told us they felt there were occasions when the home was poorly staffed. We were told that, at times, staff appeared 'Very stretched.' One person told us "95% of the time it's very good but they do get short staffed at times." A visitor said "They are understaffed. I think they would benefit from more attention, more sitting and chatting." Two visitors expressed their concerns about the lack of staff supervision in the lounge areas of the home.

Our observations demonstrated that although people were having their physical needs met there were limited occasions when staff provided social stimulation to people and they waited for long periods of time for assistance during meal times. When we spent time observing care in Snowdrop we noted the only interactions between staff and people in the lounge was when tasks were being undertaken such as assisting people with a drink or supporting a person to mobilise. One member of staff said "I think people miss out on activities because we are so busy."

A lunch time people who required assistance to eat their meal waited for long periods before being helped. One person who obviously required prompting and encouragement to eat was given a meal in their room but staff did not return to support them for a further 10 minutes. Although the main meal of the day was served at 12.30 we noted two people in Snowdrop were still being supported to eat at 2.45pm. A member of staff said "We just don't have enough staff at lunchtime." In Primrose a person who required a member of staff to physically support them to eat in the lounge area was not given a meal till almost 1.30pm.

After lunch in the dining rooms people who were not able to mobilise without support waited for long periods of time, in some cases over an hour, before staff were available to assist them out of the room.

The lack of staff available to safely support people at all times is a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager informed us that although they tried to ensure sufficient numbers of staff by management working on the floor and using bank and agency staff, there were times when they had been unable to cover shifts at short notice. The provider was actively recruiting staff and some additional staff had been appointed but had not yet started work.

People told us they felt safe at the home and with the staff who supported them. One person said "It's very, very nice I feel safe." Another person told us "Things are OK. Staff are good and treat you with respect. I feel safe." Staff had received training in recognising abuse and all were confident that if any concerns were raised they would be dealt with to make sure people were protected. One member of staff said "I am totally confident that something would be done if I raised any concerns." Where allegations or concerns had been brought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

Risks of abuse to people were minimised because there was a robust recruitment procedure for new staff. This included carrying out checks to make sure they were safe to work with vulnerable adults. Staff records showed all staff underwent an interview procedure and were only appointed once written references, evidence of qualifications and safety checks had been received

Care plans contained risks assessments which outlined measures in place to ensure people received care safely. Risks assessments outlined any equipment and the number of staff required to support people. One care plan stated the person was at risk of falls and required two members of staff to support them to move around. During the inspection we saw this person being supported by two members of staff when they walked anywhere in the building. One person told us they liked to be independent but needed someone with them when they spent time in the garden. They told us the risks had been discussed with them and they did not feel this restricted them in any way.

At the time of our inspection no-one using the service was able to look after their own medicines. All the medicines were looked after and given by trained nurses. We saw staff giving people their medicines in a kind and respectful way.

Is the service safe?

Some creams and ointments were kept in people's rooms and applied by care staff. We found there was not a standard method across the home for staff to record the use of these preparations. This made it more difficult to check these prescribed items had been applied correctly.

Suitable systems were in place for the ordering of medicines; records showed that people's medicines were available for them. However there had been a delay in supply of a medicine for one person so they had been unable to take it for the past five days. Staff told us they had been following this up with both the pharmacy and the doctor to make sure a new supply was received as soon as possible. This delay could have caused harm to this person's health.

The pharmacy provided printed medicines administration record sheets for staff to complete when they had given people their medicines. On Quantock we saw at least one gap in nine people's records for the current month. It was not clear whether the person had received their medicine as prescribed on these occasions. Staff had not recorded they had given the medicine but no reason had been recorded if the dose had been missed. We also checked 11 boxes of medicines with the administration records; we found discrepancies with seven of these. The number of medicines missing from the boxes did not confirm that staff had given people these medicines as prescribed and recorded.

On the day of our inspection there had been some delay for people on Chiltern receiving their morning and lunchtime medicines. This was because there was just one nurse on duty, when there were often two nurses. Some people did not receive their morning medicines until after 11am, although the records showed they were given at 8am. Some lunch time medicines were not given until 3pm, although the records showed they had been given at 12:30pm. The nurse told us they gave the medicines in the same order to make sure there were suitable intervals between doses. However there was no system in place to make sure that people prescribed medicines which needed to be given at particular times, for example in relation to meals, received them at the correct time.

A medicine refrigerator was available in each area of the home. At the time of our inspection all were kept at a safe temperature for storing medicines. Staff told us they checked the temperatures every day; however in two areas no records could be found for the current month. This meant staff could not demonstrate that all medicines needing refrigeration had been stored at a safe temperature.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Medicines were kept securely in all areas. Suitable arrangements were in place for looking after medicines which need additional security. Records showed these medicines had been looked after safely.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. Staff received a range of face to face and on line training to make sure their skills and knowledge were kept up to date.

Health and social care professionals told us they thought the home provided good quality care for people with very complex needs. One person who lived at the home said “Staff do their job properly.” A visitor said “You can not fault the care staff. They are all excellent in what they do.”

There were always qualified nurses on duty to make sure people’s clinical needs were monitored and met. One person had a wound that was being treated by trained nurses. The care plan clearly set out the plan of treatment and photographic records showed the plan was effective in meeting the person’s needs and promoting healing. A relative told us “Staff respond really well to anyone being unwell. You can’t fault the care people get.”

In the part of the home known as Snowdrop staff monitored people’s behaviour and intervened appropriately if people became upset or disorientated. This ensured a calm and settled environment. When people became distressed staff used distraction techniques to reassure them. For example on one occasion a person was becoming unsettled and staff supported them to move away from the situation and go for a short walk. One visitor said about their relative “They were very tense when they moved in but they calmed down a lot now.” Another visitor told us staff had responded well to changes in their relative’s mood and as a result they had been taken off some medication which they had previously needed.

People had their needs assessed and appropriate equipment was in place to promote people’s well-being. Where people were assessed as being at high risk of pressure damage to their skin specialist pressure relieving equipment was provided. These included mattresses and cushions. One person’s care plan said they needed to sit on a pressure relieving cushion at all times. When this person was assisted from their room to the lounge staff made sure the cushion was put in place in the lounge chair.

People were looked after in a way that ensured they were comfortable and pain free. We visited a number of people who were being nursed in bed, all looked warm and comfortable. One person asked for pain relief and this was

immediately provided. The person told us “They are so good. They want you to be content.” When we saw this person later in the day they were sleeping peacefully. We observed a situation where a person required urgent medical assistance. Staff were quick to respond to the person’s needs and to call outside professionals for support.

Throughout our visit we noticed staff always asked people if they were happy to be assisted before they helped them. When people refused assistance staff offered gentle encouragement but ultimately respected the person’s wish.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care plans showed where decisions had been made in a person’s best interests and gave information about alternatives considered. Documentation showed staff consulted family and professionals when making decisions which demonstrated they were working in line with the principles of the act.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Some people were being cared for under this legislation and staff were aware of any restrictions placed on people. There was clear documentation and evidence of regular reviews which ensured people’s legal rights were protected.

The home arranged for people to see healthcare professionals according to their individual needs. Healthcare professionals who provided feedback said the staff contacted them to discuss issues with individuals’ healthcare and acted on any advice given. People told us staff made sure they were seen by appropriate professionals if they were unwell and were assisted to

Is the service effective?

attend appointments outside the home. One person told us they regularly attended a clinic for a long standing health complaint. On the day of the inspection an optician was visiting the home to carry out eye examinations.

We were told by staff that visiting professionals to the home included a physiotherapist who visited every Saturday, speech and language therapists and a podiatrist who had trained some members of the staff how to cut toenails. Dental access was available when required and the home was looking to secure the services of a local dentist who would visit the home. District nurses visited to undertake reviews and tissue viability nurses also visited the home to advice and ensure people were receiving effective treatment. During the inspection one person told the trained nurse they were experiencing some discomfort and the nurse offered pain relief and asked them if they would like to see the physiotherapist when they visited.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where staff identified concerns about a person's food intake advice was sought from appropriate professionals. One person had been prescribed food supplement drinks and we saw staff assisting this person to drink the supplement. Where people were assessed as requiring their food or drink at a specific consistency this was made available to them.

At the time of our visit two people had what are called 'PEG' feeds. This stands for percutaneous endoscopic gastrostomy, this is when someone is unable to swallow, so

nutrition is administered by a tube through the person's abdominal wall into their stomach. Staff we spoke with were knowledgeable about the care of a person with a PEG tube.

People commented that the food was very good and there were always adequate portions. One person told us "The food here is beautiful." Another person said "The food is really good, it's lovely and enough to drink."

We observed the main meal of the day in all areas of the home. People were offered choices of main courses and were assisted to select vegetables according to their liking. Although many people waited for some time to be assisted, when they received help this was done in an unhurried manner. People were told what the food was and were given time to eat at their own pace. One member of staff said "We never rush people."

A recent complaint had highlighted some shortfalls in the systems in operation to make sure people received sufficient drinks. In response to this, new systems had been put in place which involved more regular monitoring and frequent checks by trained nursing staff. The system made sure staff paid particular attention to people who did not take recommended levels of fluids. We looked at a sample of fluid charts and saw they had been regularly checked by trained nurses. Where someone had not reached their target intake one day staff were more positive in encouraging fluids in the next 24 hour period. Records showed this resulted in an increased intake the next day.

Is the service caring?

Our findings

Healthcare professionals told us they found staff to be caring. We were informed that visiting professionals found staff of all disciplines to be welcoming and very friendly. People appeared comfortable and relaxed with the staff who supported them and many commented on the kindness of staff. One person said “They bend over backwards here. If I don’t like the food they make sure I have something else.” Another person told us “The staff have been so nice to me.”

Although people told us they felt staff were always very respectful and kind we saw some instances where staff did not show respect or promote people’s dignity. In Snowdrop we saw people’s bedroom doors were left open when they were waiting to be assisted to get up and dressed. One person, who was unable to protect their own dignity, was laid in bed in a state of undress and the door was wide open. Some people required staff to support them to move using a mechanical hoist. Staff generally explained what was happening and offered reassurance to the person. However in two instances we saw a member of staff supporting a person to stand without talking to them or offering any reassurance. A visitor commented that this was not the first time they had witnessed this. They said “They are trained but some of the younger ones haven’t got the right attitude, they’ve got no rapport.”

Throughout the inspection we saw many acts of kindness and compassion. Staff took time to assist people and demonstrated a good knowledge of people’s individual needs. Where people were unable to verbally communicate staff still explained what was happening and included them in conversations. Staff also used touch to reassure people and provide comfort to people who were upset or anxious.

One person was sleeping in a recliner chair and a member of staff gently adjusted their blanket to make sure they were warm. Another person had a birthday and staff were making a fuss of them and wishing them a happy birthday. Later we saw staff taking a cake with a candle in to them and singing.

People told us they were able to have visitors at any time. Each person had a single room where they were able to see personal or professional visitors in private. Some visitors came to the home every day and said they always felt welcome and listened to. We noticed that some visitors helped themselves to drinks and one told us “They have told me to always make myself at home.” Reception staff working in the main building had an excellent knowledge of the home and greeted all visitors with warmth and kindness.

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. One person told us staff respected their privacy and always knocked before coming into their room. We observed staff knocking on bedroom doors throughout the home.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. One person told us “They do the care plan with you so they know what you want.” Another person said “They ask you what you want and write it in the care plan. They always try to do what suits.”

The home provided compassionate care to people at the end of their lives. People’s care plans contained information about the support they would like when they became seriously unwell. Information about people’s spiritual and religious beliefs was included in this information to make sure people received appropriate care at the end of their life. We spoke with two visitors whose relative had recently died at the home. They told us their relative had received excellent care and staff had supported them during this difficult time. We were told staff had ‘gone above and beyond’ their expectations. One said “I can’t praise the staff enough, we were cuddled and hugged and they really supported us. The staff just know how to be, the whole team were involved.” There were letters of thanks in the home which included comments such as ‘so well looked after,’ and ‘everyone was so kind.’

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences where possible. People were able to make choices about all aspects of their day to day lives. People were able to decide what time they got up, when they went to bed and how they spent their day. However some people told us this could be dependent on when staff were available to assist them. One person said “They really do try to fit in with what you want but sometimes it’s just not possible. The staff can’t be everywhere.”

The home employed designated activity workers to support people to take part in a range of activities according to their interests. There were pictorial activity boards throughout the home which showed when activities were happening. This enabled people to plan their week around the activities that interested them. One person said “They try to accommodate everyone. It’s not easy because we are all different and like different things.” Many of the people who lived in Snowdrop were unable to occupy their time without encouragement and although there were organised activities each day there was limited social stimulation at other times. This resulted in some people sleeping for large parts of the day.

The home had large garden areas and a variety of animals such as rabbits, chickens and guinea pigs, which people could interact with. Several people mentioned how much they enjoyed spending time in the garden and we noticed some visitors assisted their relatives to spend time outside. One person said “I particularly enjoy the garden activities.” Another person told us they always went for a short walk in the garden each morning. On the afternoon of the second day of the inspection animals were brought into the lounges to enable people to cuddle and stroke them. One person’s face brightened when they saw one of the animals and they happily sat with it on their lap.

The home encouraged people to take part in celebrations which helped to orientate them to the time of year. Two people celebrated birthdays during the inspection and there were pancake races through the lounges on Shrove Tuesday. There were photographs of how other events had been marked.

Each person had their needs assessed before they moved into the home. This was to make sure the home was

appropriate to meet the person’s needs and expectations. We were told by a healthcare professional that staff always considered the needs of people already living at the home when assessing a new person who wished to move in. This helped to ensure a good mix of people living at the home.

On the first day of the inspection one new person moved into Snowdrop and a care plan was in place which set out their needs and preferences. This person had a dementia and at points in the day was disorientated and upset. There were no specific staff allocated to provide ongoing support through the day, to answer questions or offer reassurance. This meant they were constantly encountering different staff. We sat with this person in their room and they said “I don’t know what I’m doing here. Who should I ask?”

Care plans contained information about people’s likes and dislikes as well as their assessed needs. This made sure staff had information about how people wished to be assisted. Staff spoken with demonstrated a good knowledge of the individuals they cared for. This included information about their previous lifestyles and the way they liked to be supported.

Each care plan contained a completed copy of the Alzheimer’s Society ‘This is me’ document. This is a short document which gives personal information about the individual which can be shared with other professionals who may need to provide care or support to the person. This meant that anyone involved in the person’s care would have clear information about the person, their abilities and needs and could provide appropriate care and support.

People told us they could discuss their healthcare needs with staff at any time. One person said they were more comfortable in bed and staff respected their choice. This was recorded in the person’s care plan to make sure all staff were aware of how the person wished to be cared for. People could make choices about the staff who supported them. One person told staff they wished to be helped by a male member of staff and this request was actioned.

The staff responded to changes in people’s needs. One care plan showed how care and support had been reviewed and changed following a hospital admission. Another demonstrated staff monitored people’s behaviour and adjusted care accordingly.

Visitors were always welcomed in the home which enabled people to maintain contact with friends and family. There were a variety of spaces around the home where people

Is the service responsive?

could see visitors in private. One visitor said “I am always made welcome, they are happy for me to spend time here or take them out.” Another visitor told us “The staff are all friendly and welcoming.”

There was a formal complaints procedure which gave people information about how to make a complaint and the timescales they could expect a response in. Records showed that complaints were investigated and responded to within the stated timescales. Where a complainant was unhappy with the outcome of an investigation carried out at the home the complaint was escalated to the provider for further investigation.

People and their visitors said they would not hesitate to make a complaint and were confident that any concerns would be addressed. One person said “If I had a complaint I know they would do the right thing.” A visitor told us “The manager has always addressed any issues I have had. I have no complaints about complaints, they are all happy to listen to you.”

The registered manager sought people’s feedback and took action to address issues raised. In addition to formal complaints each area of the home kept a copy of grumbles received from people. Where issues were raised these were addressed with staff to ensure on-going improvements to the service.

There were monthly meetings for people who lived at the home and their relatives. Minutes of these meetings showed they were mostly attended by relatives which could mean that people who lived at the home did not have opportunities to share their views. We discussed this with the registered manager who stated they sought people’s views in small groups, often after meals, but did not formally record these meetings. They told us they would look at ways to improve how they sought and recorded people’s views to make sure people were fully involved in the running of the home.

Is the service well-led?

Our findings

There was a staffing and management structure which provided clear lines of accountability and responsibility. The registered manager was supported by two deputies. One took a lead role in Primrose whilst the other had the lead role for Snowdrop. In each area of the home there was always a trained nurse on duty. This meant there were always skilled and experienced staff to offer advice and guidance to less experienced staff and to discuss any issues with people.

The registered manager was open about recent staffing issues and was addressing this through the recruitment of new staff. The registered manager also told us the provider was exploring ways to ensure that once recruited, staff, especially trained nurses could be retained in employment to make sure people received consistent care.

The registered manager had a clear vision for the service which they told us was to provide person centred care. They said they made clear to staff The Rosary was people's home which they all had the privilege of working in. Their vision and values were communicated to staff through staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

Minutes of a recent staff meeting showed how the registered manager ensured staff were aware of the providers' ethos of 'Keeping kindness at the heart of our care.' It was recorded that all staff should act in accordance with the '6C's' which were care, compassion, competence, communication, courage and commitment.

Comments from staff about the home showed they worked in line with the overall vision. These comments included; "Everyone goes the extra mile to put the residents first. It's just like a family," "We want people to feel at home" and "I would certainly consider this place for a member of my family." One person said "They do their very best for me. They are kind to me and I feel very well looked after. I can make choices and they respect me." A visitor told us "It's a really good home and the care is top quality."

Despite some staffing concerns staff morale was good which lead to a happy atmosphere for the people who lived

there. One member of staff said "I feel good working here. Like a proper home should be. Colleagues and the manager are amazing and the residents are lovely." Another member of staff told us "In general people are well cared for. I am supported in my professional development, have supervision regularly and appraisals."

People described the registered manager as very open and approachable. They were very visible in the home and had an excellent knowledge of people who lived and worked there. People appeared extremely comfortable and relaxed with them. One healthcare professional told us they found the management of the home to be very welcoming and happy to work with them to resolve any issues they may have raised. They said the registered manager and deputies were 'a positive role model within the home.'

The registered manager said they were always keen to receive feedback about the service and welcomed views from people working in other settings. The home provided a training placement for university students training to be registered nurses and for local college students. The addition of students in the home meant that people had access to extra staff and the registered manager received additional feedback from outside sources.

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks to monitor safety and quality of care. These included regular audits of care plans, medication and equipment. There was a daily checklist for the management team to follow which included twice daily 'walk rounds.' This enabled them to observe care and be available to people to discuss issues and answer questions.

The provider carried out regular checks of the service provided and made recommendations for future improvements. One recommendation made was for people not to receive medicines during their meals to make a more pleasant occasion for people. At the time of the inspection we noted this recommendation had been put into practice.

People were able to share their views by completing annual satisfaction surveys. These could be completed anonymously and were analysed by the provider and fed back to the home. The last survey showed a very high level of satisfaction with the care provided at The Rosary.

Is the service well-led?

All accidents and incidents which occurred were recorded and analysed. Where someone had a number of accidents action was taken to reduce the risks to people. After a number of falls from bed one person had agreed to use bedrails to reduce this risk.

The registered manager was a registered nurse. They kept their skills and knowledge up to date by on-going training and reading. A senior representative of the provider provided one to one supervision to the registered manager to monitor their practice and offer advice and guidance where needed.

The Rosary Nursing Home was accredited to the 'National Gold Standards Framework.' This is a comprehensive

quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. The home had been awarded 'Beacon' status which is the highest level of this award.

The provider has signed up to the department of health's initiative 'The Social Care Commitment.' This is the adult social care sectors' promise to provide people who need care and support with high quality services. The registered manager informed us all managers had received training in this initiative and further training was being rolled out to all staff to make them fully aware of the commitment and their responsibilities.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

The provider must ensure there are sufficient numbers of skilled and experienced staff available to safely support service users at all times.

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place for the obtaining, recording, safe keeping and safe administration of some medicines.