

Rosebery House Limited

Rosebery House

Inspection report

1 Rosebery Avenue
Harpenden
Hertfordshire
AL5 2QT
Tel: 01582715600

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 16 October 2015 and was unannounced. At our last inspection on 09 October 2014, we asked the provider to take action to make improvements for medicines, staff training and recruitment. When we inspected Rosebery on 16 October 2015 we found the required improvements had been made. Rosebery House provides accommodation and care for older people including people with dementia. At the time of our inspection 14 people lived at the home.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the

service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually

Summary of findings

to protect themselves or others. At the time of the inspection we found that people's freedoms had not been restricted and so DoLS authorities were not required.

People told us that they felt safe, happy and well looked after at the home. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally. Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

The environment and equipment used were regularly checked and well maintained to keep people safe. Trained staff helped people to take their medicines safely and at the right time. Risks to people's health and well-being were reviewed and managed positively.

Relatives and people were positive about the skills, experience and abilities of staff who worked at the home. They received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

Staff made considerable efforts to ascertain people's wishes and obtain their consent before providing

personal care and support, which they did in a kind and compassionate way. Information about local advocacy services was available to help people and their family's access independent advice or guidance.

Staff had developed positive and caring relationships with the people they cared for and clearly knew them very well. People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained throughout the home.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community. They felt that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

Relatives, staff and people very were complimentary about the manager how the home was run and operated. Appropriate steps were taken to monitor the quality of services provided, reduce potential risks and drive improvement.

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 safe.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

Good



Is the service effective?

The service was effective.

Staff established people's wishes and obtained their consent before care and support was provided.

Capacity assessments and best interest decisions had met the requirements of the MCA 2005.

Staff were well trained and supported to help them meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

People had their day to day health needs met with access to health and social care professionals when necessary.

Good



Is the service caring?

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People's relatives were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

Confidentiality of personal information had been maintained.

Good



Is the service responsive?

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

People and their relatives were confident to raise concerns which were dealt with promptly.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

People, staff and healthcare professionals were all very positive about the managers and how the home operated.

Staff understood their roles and responsibilities and felt well supported by the manager.

Rosebery 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 16 October 2015 by one Inspector and was unannounced. Before the inspection, the provider completed and submitted to us a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We

also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with seven people who lived at the home, two relatives, three staff members and the manager. We also received feedback from health and social care professionals, and reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to two people and three staff files in addition to records relating to the management of the home. We used short observational framework for inspections (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

When we inspected the service on 09 October 2014, we found there were a number of areas that people's safety was at risk. This related to the management of risk to people's health and well-being and management of medicines. At this inspection we found that improvements had been made to ensure people were safe.

There were suitable arrangements for the safe storage, management and disposal of medicines. People were helped take their medicines by staff that were properly trained and had their competencies checked and assessed in the workplace. Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. We saw one person tablets were placed on the person's lap and the staff member waited patiently for the person to take their medicines. The staff member told us that the person preferred to take their medicine's from their lap. Later we spoke with the person and they confirmed this was their preference.

One person that had been prescribed laxatives told us that they had not wanted to take them. They had discussed this with staff and were supported to eat a bowl of fruit every day. The person told me that this had been their preferred option. We found that this approach had worked for the person to resolve the issue and the person needs were met by the home.

People who lived at the home told us they felt safe and protected from the risks of abuse and avoidable harm by staff who knew them well. One person told us, "I feel safe here because there is always staff around to help me".

We saw that information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, was available. Staff received training about how to safeguard people from harm. Staff we spoke with were able to verbally demonstrate their knowledge about safeguarding people

and they knew who to report their concerns to. All staff we spoke with were aware of the whistle-blowing policy and were able to tell us who they would contact outside of the organisation if required, for example. The Care Quality Commission.

Information from accident, injury and incident reports was used to monitor and review both new and developing risks. For example, one person experienced a number of falls due to deterioration in their mobility. The information gathered was used to reassess their mobility needs and develop measures to reduce the risks of injury, particularly when the person concerned wanted to move around the home independently. Guidance for staff to support the person had been put in place to support their needs.

Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the roles they performed. One person said, "I am very happy here, very happy indeed. Everything goes very smoothly, the staff are very good and do anything for you".

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively in a calm and patient way. One staff member told us, "I feel we have enough staff." One person said, "There is always someone on hand if you ring the bell; you only have to wait for a few seconds." Another person said, "If I'm short of anything, I can use my buzzer and they come very quickly." We observed throughout the day there were enough staff to meet people's needs.

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example, in fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe. One staff member told us, "I know what to do in the event of a fire." And was able to tell us the meeting points and the exits to use.

Is the service effective?

Our findings

When we inspected the service on 09 October 2014, we found that staff did not have up to date training to support people living at the home and the induction process was not formalised to ensure staff covered all required subjects in the set time frame. At this inspection we found that improvements had been made.

People who lived at the home, their relatives were very positive about the skills, experience and abilities of the staff. One person said, “[Staff] are very very good, they look after me well.” Another person said, “It’s lovely the staff are so nice. They are so helpful and kind, nothing is too much trouble.”

New staff were required to complete a structured induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. One staff member told us the manager assisted them with their induction training. They said, I received a staff hand book and learnt about the homes policy and procedures.” They also told us they had received shadowing with staff to aid with their development. They commented, “I felt the training was good. “Staff received mandatory training and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as moving and handling, health and safety, first aid, and infection control. Most of the training was provided on site by external trainers.

Staff were also encouraged and supported to obtain nationally recognised vocational qualifications and take part in additional training to aid both their personal and professional development. For example staff members we spoke with confirmed that they had achieved national vocational qualifications at levels two and three in care.

Throughout our inspection we saw that staff sought to establish people’s wishes and obtain their consent before providing care and support. One person told us, “Staff always tell me what they are doing before helping me.” We saw that where residents were involved with planning their care they had signed consent forms to give their approval. Another person commented, “[Staff] ask me if I’m ok when

giving personal care, they are kind and always ask my permission.” One Staff member told us, how they supported people to do things but recognised it was important that they asked for the persons consent.

Staff received training about the Deprivation of Liberty Safeguards (DoLS) and how to obtain consent in line with the Mental Capacity Act (MCA) 2005. They were knowledgeable about how these principals applied in practice together with the circumstances in which DoLS authorities would be necessary. At the time of the inspection we found that people’s freedoms had not been restricted and therefore DoLS authorities were not required.

Staff felt supported by the manager and were encouraged to have their say about any concerns they had and how the service operated. They had the opportunity to attend meetings and discuss issues that were important to them and had supervisions with the manager where their performance and development was reviewed. The manager said, “This is a small home and my door is always open. Staff will approach me and discuss any issues that are relevant at that time, there are hand overs and we have a suggestion box that staff can also use.” A staff member commented, “We can just go to [Manager] for things we need. I feel they listen to me.” Another staff member confirmed they had received their supervision and they told us, I feel supported and can talk with the manager or seniors.”

The chef was knowledgeable about people’s nutritional needs and planned menu’s to ensure they were provided with a healthy balanced diet that took full account of their preferences and met their individual dietary requirements. We saw people’s dietary needs and requirements listed in the kitchen. One person said, “The food here is good, no problems about that.” They also commented that they didn’t like fish and this was reflected on their preferences held by the chef. On the day of our inspection fish was being served on the menu but an alternative was offered to people who did not want to eat fish. One person said, “I feel the food here is excellent. The staff ask about what food I like to eat.” Another person commented, “I didn’t like the food when I first came here, so I told them what I liked and they got it for me. You can’t ask for more than that.”

We observed lunch being served in the dining room and saw that staff provided appropriate levels of support to help people in a calm, patient and unhurried way. Most

Is the service effective?

people who lived in the home came to the dining area; others preferred their meals served in their room. One person told us, that they liked to come down for lunch but preferred to have other meals in their room. There were plenty of drinks for people and we heard comments such as “That was lovely “and “I enjoyed that “said by people who lived at the home.

People were supported to access appropriate health and social care services in a timely way and received the ongoing care they needed. We saw that guidance provided

to staff contained detailed information about how to meet people’s care and support needs in a safe and effective way. The manager told us that they supported people to attend their appointments such as: dentist’s optician’s audiology and GP’s appointments. People received care, treatment and support that met their needs in a safe and effective way. Staff were very knowledgeable about people’s health and care needs, One person said, I have different creams and shampoo that staff help me with.”

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One person told us, “The staff I like very much, they are friendly and helpful. “Another person told us, “I would prefer to be in my own home. But if I have to be somewhere, I couldn’t think of anywhere better.”

We saw that staff helped and supported people with dignity and respected their privacy at all times. They had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. Staff were able to tell us about people and what they liked. For example, one staff member told us about how they would support one person to choose their clothes. They said, “Although the person prefers to wear skirts I always offer different choices.” We later saw recorded in the person’s care plan under their preferences, that they preferred to wear skirts.

One person told us, “Staff are very caring, when I want anything they come and spend time talking to me, They know me well.” Another person said, “Staff close my door for privacy; they are very kind and caring. They talk with me and we have a joke.” One staff member said, “I support people to wash and encourage their independence. I always knock on people’s doors and say hello and ensure they have privacy when given personal care.”

People were supported to maintain positive relationships with friends and family members who were welcome to visit them at any time. One visitor said, “The staff know me very well and always make me feel welcome. My friend is very happy here, I feel it is a good home and people are looked after well.” A staff member said, “I set myself a challenge to make every person smile every day. I love my job and I love talking with people.”

We found that people and their relatives had been fully involved in the planning and reviews of the care and support provided, something that was reflected in the guidance made available to staff about how people wanted to be cared for. One person said, “Staff talk to me about my care.” Another said I am involved in my care and my daughter was also involved. “One relative we spoke with confirmed that they had been involved with their relatives care. We found that people’s preferences had been documented and were regularly reviewed.

We found that confidentiality was well maintained throughout the home and that information held about people’s health, support needs and medical histories was kept secure. Information about local advocacy services and how to access independent advice was prominently displayed and made available to people and their relatives.

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. One person said, "The staff are very helpful and do anything for you; at the push of a button they are there." Staff had access to detailed information and guidance about how to look after people in a person-centred way, based on their individual preferences, health and welfare needs. This included information about people's histories and people's preferences.

People's care plans included up-to-date and accurate records to ensure staff were able to meet their needs. We saw and the manager confirmed that each person's needs had been assessed prior to moving in to the home and had been reviewed regularly to make sure that they were up to date and continued to reflect the support that people required. Our observations throughout the day confirmed that care was delivered in a way to support people's individual needs. For example, one person who required three different eye drops was allowed a little time between each one to make the process easier. We saw a check list at the end of one person's bed that had the weight of the person and ensured the correct setting for the person's weight was selected. The guidance was easy to understand. This had been signed and checked daily by staff.

One person who lived at the home told us, "When I first came here I wasn't happy with the room size and asked for a bigger room. When one became available I was offered the room. It is much bigger and I have all my own stuff here." We saw that people's rooms were personalised and people's needs were responded to. For example, a request made by relatives about widening the path in the garden. We were told the request was made as the relatives felt that the path was not wide enough for them to be able to support their relative while strolling with them in the garden. The manager looked at the request and had a wider path installed with some extra seating to support people's needs.

The home had an effective communication system for sharing information. There were handovers to staff at the commencement of their shift and staff knew their duties for the day and their responsibilities. People's daily notes were informative.

People had access to a range of activities that they enjoyed. There were activities advertised on the notice board and people told us that staff would remind people what was on. Activities included: Bingo, quizzes, cinema club and games. One person said, "I like to read a lot and the home has lots of books." Another person said, "The [Person] who runs the cinema club asks us for ideas about what we would like to watch. We play cards and I like doing puzzles." Another commented, "I like to walk around the garden and sometimes around the block."

The manager told us that on arrival each person is asked to complete a social and leisure activities form where they are able to record how they like to spend their time and if there are hobbies which they would like to renew. Each person has a personal activity plan which included if they specifically want company from the care staff. People have their own activities which included going for walks unaided, visiting relatives, going out to lunch with friends. One person said, "I go to my [Relatives] sometimes." Another person commented, "Staff encourage me to go out. They ask me if I'm going out for a walk today."

People and their relatives told us they felt listened to. There was a suggestion box in the entrance hall and we saw where complaints and suggestions had come in; these had been addressed. One relative told us that the manager has always made it clear that if they had any problems that their door was always open. They told me they complained about the way their relative's clothes were being laundered and this was addressed by the manager to their satisfaction. People and their relatives told us they were consulted and updated about the services provided. They felt listened to and told us that staff and the management responded to any complaints or concerns raised. One person we spoke with told us, "[manager] has told me if I have any problems that I must just talk to [staff]." A relative said, "The communication between Rosebery House and us is good, I feel the manager is receptive to any concerns."

Is the service well-led?

Our findings

When we inspected the service on 16 October 2015, we found that the processes for monitoring and assessing the quality of the service needed to be improved. At this inspection we found that there had been sufficient improvement to ensure people were safe.

There had been regular audits completed across a range of areas. These included medicines, care plans, personnel files and health and safety. The manager used surveys sent to professionals and people who used the service and their families to improve the service. We found that the views, experiences and feedback obtained from people who lived at the home, their relatives and staff had been actively sought and responded to in a positive way. For example, the manager had taken steps to improve a range of issues, such as developing areas of the garden, after a request from a relative to improve access with family members. Improvements to the home also included: sash windows renovated to ease opening in resident's room' purchase and running of weekend shopping trolley for people, new type of iron and ironing board for night staff to make job easier, quicker and with better results and furniture in the lounge had been replaced after an audit of the home had noted that the furniture had become worn.

People who lived at the home, relatives and staff were all very positive about how the home was run. They were complimentary about the manager who they described as being approachable and supportive. One relative told us, "The manager is very approachable and there has always been good communication from the manager about my [Relative]". All staff told us that the manager was very visible and approachable.

Staff told us, and our observations confirmed that the manager led by example and demonstrated strong and visible leadership. The manager was very clear about their vision regarding the purpose of the home, how it operated and the level of care provided. There was an open culture approach in the home. The manager told us that they had an open door policy and made themselves available to people, their relatives and staff. We were told by staff that the manager supported their development. One staff member said, "I speak to the manager regularly and I can text them, they are really approachable". Relatives we spoke with confirmed they had good communication with the staff and manager.

The manager was very knowledgeable about the people who lived at the home. The manager was involved with taking people to attend appointments and was able to demonstrate their knowledge about people in their care. They said, "This is only a small home and it is important people know that this is their home."

The manager was supported by outside organisations to ensure best practice with up to date training. They received regular emails with current information and legislation. They also attended training days held at Rosebery House by external trainers to maintain their skills. They received support from their care manager office manager and senior carers.

As part of their personal and professional development, staff were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively. This included: moving and handling, Parkinson's and pressure care. They were also supported to develop their skill further, for example. National vocational qualifications.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as nutrition, medicines, mobility, health and welfare. The manager adopted a positive approach to risk management. This meant that staff were able to provide care and support safely but also in a way that promoted people's independence and lifestyle choices wherever possible.

Accident and incidents were regularly audited and reviewed by the manager. For example, one person who was beginning to have regular falls had been reviewed and assessed with an action plan for staff to follow to enable the person to mobilise safely. This was done by the person having access to their call bell at all times and staff reminding the person to call for assistance when they required help. There was guidance for staff and the manager told us that this had worked well.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The manager had informed the CQC of significant events in a timely way.