

Twilight Healthcare Limited

Rosehaven Residential Care Home

Inspection report

200/202 Whitegate Drive
Blackpool
Lancashire
FY3 9HJ

Tel: 01253764394
Website: www.twilighthealthcare.co.uk

Date of inspection visit:
30 April 2018

Date of publication:
14 June 2018

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

The inspection visit took place on 30 April 2018

At a previous comprehensive inspection in June 2016 the service did not meet the requirements of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. At the last comprehensive inspection on 21 February 2017, the service had demonstrated improvements and was no longer in breach of the regulations. However we rated the service as requires improvement as further work was required by the service to ensure these improvements were sustained. This required consistent good practice over time so we carried out a further inspection on 30 April 2018. On this inspection the service was rated overall as good.

Rosehaven residential care home is registered to provide accommodation for up to 24 older people. The home is situated close to Stanley Park and local community facilities. Communal accommodation consists of a large lounge and a smaller lounge and dining room on the ground floor. Bedroom accommodation is situated on the ground, first and second floors. An en-suite facility is provided in nine of the bedrooms. There is a passenger lift for ease of access throughout the building.

At the time of the inspection 11 people lived at the home.

There was a registered manager in place. 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.

We looked around the home to check it was safe and maintained, clean and hygienic. It was clean and hygienic throughout. We found the door to the sluice was unlocked, a door to the basement steps could be opened quite easily and people could access cleaning materials and toiletries throughout the home. The risk assessment showed people who lived at the home when we inspected were not at risk from these actions. The registered manager was aware the risk assessments would need updating on new admissions or where there were changes in an individual's care needs.

The back door, a fire door, was left unlocked to enable one person to go outside when they wanted. However this reduced the effectiveness of fire safety measures. The registered manager arranged for a keypad to be fitted the following day so fire safety was not compromised.

We found although equipment had been checked, serviced and maintained by external companies, there had been a gap in completing internal safety and maintenance checks and in record keeping. Regular internal checks had been reintroduced and records kept before we inspected, but a lack of consistent checks increased the risk of equipment not being in working order.

We made a recommendation that appropriate internal checks were carried out and records kept according

to good practice guidelines.

There were several areas where maintenance or improvement to décor was needed to improve the environment. Several windows were in a poor state of repair. The service was awaiting delivery of new windows throughout the home to replace worn or damaged ones. Because the home was a listed building they had to be specially made so this was delaying replacement.

People we spoke with told us they felt safe and cared for at Rosehaven. They told us they were satisfied with the care they received and were supported by staff who kept them safe. There were procedures in place to protect people from abuse and unsafe care. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. We saw risk assessments were in place which provided guidance for staff in how to safely support people. This minimised potential risks.

The registered manager had improved the signage and dementia friendly equipment for people with dementia, such as special crockery, eating utensils and coloured toilet seats which contrasted with the toilet itself. However the carpets and décor were not always dementia friendly.

Medicines were managed safely. Medicines were stored, administered and disposed of according to the home's procedure and good practice guidelines.

People told us staff were kind and helpful. Comments included, "It's a very good service." And, "They're very cheerful here. I like it." We observed good and caring interactions during the inspection. We saw staff spoke with people in a friendly and respectful way and provided personalised care that helped maintain people's well-being. A relative told us, "I'm very happy with the care here."

We saw staff supported people to access healthcare promptly. Staff provided care in a way that respected peoples' uniqueness, dignity, privacy and independence.

We saw there were sufficient levels of staff to support people with personal care and social and leisure activities during the inspection. People who lived at Rosehaven and relatives spoken with told us there were enough staff. Staff recruitment was safe. Staff had the skills, knowledge and experience required to support people.

We saw staff focused on promoting dignity, respect and independence for people who lived at the home. People told us staff treated them as individuals and delivered care in the way the person wanted. Care plans were personalised, informative and reflected people's needs and preferences. They had been regularly reviewed and updated.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). People had been supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People said they had nutritious meals, the food was varied and they were offered drinks and snacks. Staff knew people's nutritional needs, likes and dislikes.

There were safe infection control procedures and practices and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of infection.

The service had a complaints procedure which was made available to people who lived at Rosehaven and their representatives. There had been no complaints made to the home in the previous twelve months. The service had information with regards to support from an external advocate should this be required by them.

The management team completed audits to assess and monitor the quality and safety of the service. Action was taken when any areas for improvement were found.

You can see what action we have asked the registered provider to take at the back of the full version of the report.

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 consistently safe.

Internal maintenance checks had not been consistently completed or décor updated.

Medicines were managed safely and given according to the home's procedure and good practice guidelines

Staffing levels were sufficient to meet people's needs.

Staff knew what to do if they suspected or observed safeguarding concerns.

There were suitable infection control practices in place.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff referred people to health professionals promptly and supported them to attend health appointments.

People were supported by staff who had training to support their skills and development.

People received a choice and variety of nutritious meals and drinks to meet their needs.

Staff were aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and considered each person's capacity to make specific decisions.

Good ●

Is the service caring?

The service was caring.

Staff were polite and respectful when interacting with people

People said they were happy and comfortable and said staff were considerate and kind.

Good ●

People were supported to maintain relationships that were important to them.

Is the service responsive?

The service was responsive.

People's care records were personalised and informative. People and their families said they were involved in planning and reviewing their care.

People's end of life wishes had been discussed with them or their families and documented.

People told us there were leisure activities available.

A complaints procedure was in place for people who lived at the home and their representatives.

Good ●

Is the service well-led?

The service was well led.

The registered manager and staff team understood their role and were committed to providing good support for people in their care.

The service had clear lines of responsibility and accountability.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home and to seek the views of people and their relatives. Action was taken to make improvements, where applicable.

Good ●

Rosehaven Residential Care Home

Detailed findings

Background to this inspection

We carried out this comprehensive 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.

Rosehaven is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

This comprehensive inspection visit took place on 30 April 2018 and was unannounced.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the services had been received.

We contacted the commissioning department at Blackpool council and Lancashire Healthwatch. Healthwatch is an independent consumer champion for health and social care. This gave us additional information about the service.

The inspection team consisted of an adult social care inspector, an assistant 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. The expert by experience had a background supporting older people and people living with dementia.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with a range of people about the service. They included six people who lived at the home and four friends and relatives. We also spent time observing interactions by staff. We used Short Observational Framework for Inspection (SOFI) to assist with this. SOFI is a structured tool to help us assess the care of people who were unable to talk to us about the care they received in services. This helped us understand the experience of people who could not talk with us.

We spoke with the registered manager and six staff members. We looked at three people's support plans, staff recruitment files, a staff training matrix, supervision records of staff and arrangements for meal provision. We also looked at records relating to the management of the home and the medication records of four people. We checked staffing levels. We also carried out a visual inspection of the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

At the comprehensive inspection in June 2016, we found breaches in relation to the safety of people who lived at Rosehaven, to staff recruitment and to staffing levels. Care practice was not safe and people who had high care needs were not given enough support and supervision. At the following inspection in April 2017 these breaches had been met and care significantly improved. However the service was rated as requires improvement in this domain as we needed to know that the improvements had been sustained.

On this inspection most areas of this domain had continued to be consistently safe. However there were several areas where maintenance or improvement to décor was needed to improve the environment. Several windows were in a poor state of repair. The service was awaiting delivery of new windows throughout the home to replace worn or damaged ones. Because the home was a listed building they had to be specially made so this was delaying replacement. One person told us "The skylight in my bathrooms been leaking for ages and that's why there's a basin on the floor to catch the water." The registered manager told us the windows had been ordered and we saw scaffolding was already up to start replacing the windows. Other maintenance work had been completed including a new front door. We found gas and electric and equipment in the home had been checked and serviced by external companies. However we saw there had been a period where staff had not checked and documented safety checks, for example fridge and freezer temperatures and visual fire equipment checks. Regular safety checks by staff had been reintroduced and records kept before the inspection, but the lack of consistent checks increased safety risks.

We recommend that staff consistently complete and record safety checks according to relevant good practice guidance.

We looked around the home to check it was safe and maintained. The back door, a fire door was left unlocked to enable one person to go outside when they wanted. However this reduced the effectiveness of fire safety measures. The registered manager arranged for a keypad to be fitted the day following the inspection so fire safety was not compromised.

We found the door to the sluice was unlocked, a door to the basement steps could be opened quite easily and people could access cleaning materials and toiletries throughout the home. The risk assessment showed people who lived at the home when we inspected were not at risk from these actions. The registered manager was aware the risk assessments would need updating on new admissions or where there were changes in an individual's care needs.

We asked people if they felt safe at Rosehaven. People said they felt safe and secure. Comments included, "Definitely. I am safe here." And, "Yes, safe and well looked after." And, "From whom? Of course I'm safe. Why do you ask?" One person said their room didn't lock and they would like it to. We let the registered manager know of this request. We saw people were at ease with staff who interacted with people at regular intervals. They told us they were comfortable and staff supported them considerably and carefully.

Procedures were in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed staff had received safeguarding vulnerable adults training. We spoke with staff who knew what action they would need to take to protect people from abuse. Where a safeguarding concern has been raised the registered manager has listened to any advice, learnt from these and improved care practice.

No-one with behaviour that challenged lived at Rosehaven when we inspected, but staff felt confident they knew techniques to assist with supporting people who may demonstrate behaviour that challenged.

We looked at three people's care records to check they were accurate, complete, legible, up-to-date, securely stored and available to relevant staff. The registered manager had introduced a new format for care records, which was informative and easy to follow. People we spoke with told us they were involved in planning what care they wanted and this involvement was documented. Care records were stored securely so no-one other than those who should see them, could access them.

We saw staff supported people with their medicines safely. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. We checked medicines and looked at medicines information. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We spoke with staff, who confirmed they had been trained to support people with their medicines. There were audits and staff competency checks to ensure they were given medicines safely.

When we looked around the home we found it was clean and hygienic. Staff used personal protective clothing such as disposable gloves and aprons when providing care to reduce the risk of infection.

There were procedures in place for dealing with emergencies and unexpected events. Emergencies, accidents or incidents were managed appropriately and documented. Where any incident, accident or 'near miss' occurred the registered manager reviewed them to see if lessons could be learned and if they could reduce the risk of similar incidents occurring. Staff told us they were confident they could respond appropriately in an emergency. There were personal emergency evacuation plans (PEEPS) in place. The fire plan/fire risk assessment was forwarded to us after the inspection and was informative.

We observed staffing levels during the inspection and checked staff duty rotas. We saw there were sufficient staff, demonstrated by the staffing levels observed during the inspection and the staff duty rotas. Staff told us there were enough of them to provide person centred care. The registered manager monitored staffing levels to check there were enough staff to support people as needed.

We checked three staff recruitment files to make sure staff were recruited safely. Checks had been made before prospective staff began to work in the home. We saw and staff told us they had a full employment work history, references from previous employers and they had completed a disclosure and barring check (DBS) prior to being employed. They had received induction training to make sure they had the skills, knowledge and experience required to support people with their care.

During the inspection process we contacted the local authority commissioning team. They had no concerns about the care provided at Rosehaven.

Is the service effective?

Our findings

At the comprehensive inspection in June 2016, we found breaches in relation to the effectiveness of the service for mental capacity, consent and healthcare. At the following inspection in April 2017 these breaches had been met and care significantly improved. However at that inspection the service was rated as requires improvement in this domain as we needed to know that the improvements had been sustained.

On this inspection the improvements had been maintained and care continued to be consistently effective. People told us staff knew their care needs and wishes and met these. Care practices observed during our visit confirmed people had usually had their needs met promptly. We saw staff worked well together. The service worked in partnership with health and social care professionals. People were supported to attend health appointments and staff referred people promptly. Each person was registered with a GP and they had access to other primary healthcare services including district nurse services, dentists, opticians and chiropodists.

We saw evidence the provider was taking current legislation, standards and guidance into account to achieve effective outcomes. The service had joined the Enhanced Health in Care Home Framework which is cooperation between the service and the Health Service. The service had recently been issued with a device to enable clinicians and care home staff to communicate in a virtual way and carry out remote examination and support to people. The service had been introduced to enable people to be treated in their home environment and reduce pressure on the ambulance service and hospital.

We looked at how the home gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). People had choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We saw people were routinely asked if they consented to care. Consent forms had been completed and people confirmed they had agreed with the support provided. We found all records confirming people had consented to their care had been signed by them or a family member on their behalf. People's mental capacity had been considered and was reflected in their care records. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw people's mental capacity had been assessed and applications for DoLS made where appropriate.

We looked at the design of the building and facilities provided to check if they were appropriate for the care and support provided. Each bedroom had a nurse call system to enable people to request support if needed. People had personalised their rooms with their own choice of belonging reflecting their personality and interests. Equipment to meet the assessed needs of people with mobility difficulties was in place. We saw suitable signs on doors to bathrooms, toilets, lounges and the dining room, to assist people living with dementia to move around the home freely. Equipment such as toilet seats which contrasted with the toilet bowl and helped people distinguish between them, assisted people to retain independence with personal hygiene. Crockery and tableware in contrasting colours helped people to be less reliant on others at

mealtimes. However the carpets were heavily patterned which can be difficult for people living with dementia. Plans were in place to further develop the environment to make it more dementia friendly.

People told us they liked the food, and they had choices of meals. One person said, "Very good food and a good choice." We saw when we observed lunch, the main meal was lamb casserole, but one person had bacon egg and chips as they didn't like lamb. The mealtime was relaxed and unhurried. Staff were attentive and gave assistance to people as needed. One person said, ""The chef comes and asks me what I'd like. He does a good fish and chips." Another person said, "I like the breakfast with sausage bacon and fried bread. There's plenty to eat."

We spoke with staff, who were aware of people's food requirements, likes and dislikes. We saw records which demonstrated people had been assessed on their nutritional needs, allergies, dislikes and food preferences. Where there were any concerns about an individual's nutritional intake. This had been monitored and their weight recorded.

We checked the kitchen and found it was clean and tidy, well organised and stocked with a variety of provisions. Staff told us and training records confirmed they had received training in food safety and were aware of safe food handling practices records of food served people. The Food Standards Agency, a regulatory body responsible for inspecting services which provide food had awarded the home their top rating of five in relation to meeting food safety standards about cleanliness, food preparation and associated record keeping.

We spoke with staff members and looked at the service's training matrix. This confirmed staff training covered safeguarding, dementia, fire safety, infection control, food safety, and health and safety. Equality and diversity was arranged for shortly after the inspection. Records seen and staff spoken with confirmed they received training relevant to their role. This assisted them to provide care that met people's needs.

Staff told us and records seen showed staff received formal supervision. These were one to one meetings held on a formal basis with their line manager. Staff told us they could suggest ideas and training needs and were given feedback about their performance. Staff felt they had the skills and knowledge to be able to support people effectively.

Is the service caring?

Our findings

People who lived at Rosehaven told us they were settled and content and found the staff caring. One person said, "The staff are great - they can read your mind." Another person said, "They're so friendly here. Lovely people." However another person told us, "The staff are alright, but they wake you up too early sometimes." Relatives comments included, "The staff who look after [family member] are very down to earth" and "They're all alright, I can't fault them at all." And, "[Family member's] very happy, here they do everything for them."

Staff interactions with people were frequent and friendly throughout the inspection visit. We saw staff had a caring and sensitive approach and people were relaxed and chatty in their presence. People said the staff helped them promptly when they asked for assistance. One person told us, "I rarely have to wait and if I do they [staff] apologise." We read a comment from one person to the staff team. It read, 'You are brilliant and caring, keep up the wonderful work you all do at Rosehaven care home.' We saw staff took people's individual needs around privacy and dignity into account when they carried out personal care. They spoke with people in a respectful way and were attentive and considerate when they supported people.

Staff were aware the importance of supporting and responding to people's diverse needs and treated people with respect and care. They had training planned on Equality and diversity. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society. Staff knew about people's personal relationships, beliefs, likes and wishes. This helped people to receive the right support. We discussed ways of informing prospective residents the home could support people's diverse needs with the registered manager. They told us of ways they intended to make people aware of this. This indicated the service was able to accommodate diversity in the home and workplace and create a positive and inclusive environment

People told us staff encouraged people to keep in touch with families and friends and made them welcome when they visited. One person said, "Visitors can come at any time apart from mealtimes and always welcomed." Staff helped people keep in touch by emails where relatives lived far away or were unable to visit. This helped people keep in contact with people who mattered to them.

We spoke with the registered manager about access to advocacy services should people need their guidance and support. Advocacy services offer independent assistance to people when they require support to make decisions about what is important to them. The service had information details for people and their families if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

At the comprehensive inspection in June 2016, we found breaches in relation to the responsiveness of the service in care planning, record keeping and providing social and leisure activities. At the following inspection in April 2017 these breaches had been met and care significantly improved. However the service was rated as requires improvement in this domain as we needed to know that the improvements had been sustained. On this inspection improvements had been maintained. Care records had been further developed and were personalised, reviewed regularly and involved people and where appropriate, their relatives. People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. People told us staff were responsive to their care needs and available when they needed them.

We looked at arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified whether a person had communication difficulties and how they communicated. Staff recorded what help people needed to increase their abilities in communication. Staff shared important information about people's needs, including communication needs, with other professionals. This helped to guide other professionals particularly where people were unable to communicate for themselves.

We saw from care records staff had discussed people's preferences for end of life care where people were willing to do so, so staff and families were aware of these. We saw people had been supported to remain in the home as they headed towards end of life. People were able to remain in familiar surroundings, supported by staff who knew them. Surveys and written compliments showed staff provided caring and compassionate end of life care. Comments included, 'Thank you to all the staff and residents that provided the love and support and help [family member] needed I know they enjoyed their time spent here.' And, 'Thank you so much for the loving care and compassion you have given to our [family member], we really do appreciate you all.'

The service had taken good practice guidelines into account when supporting people with additional communication needs. Staff shared important information about people's communication and other needs, with other professionals.

Staff recognised the importance of social contact, companionship and activities. There was an activities coordinator and activities including quizzes, Bingo, tin pan alley, chair exercises and old time films. One person said, "I quite like the activities. Another person said, "I don't join in. I like to read and do my puzzles.

The complaints procedure was made available to people and their relatives. People said they knew how to complain. Senior staff spoke frequently with families to check they were satisfied with the care their family member received and dealt promptly with any concerns. Where people felt or were unable to complain themselves, relatives or advocates could act on their behalf. One person told us, "I've no complaints at all." A relative said, "No complaints from me, [Family] never been so good."

Is the service well-led?

Our findings

At the comprehensive inspection in June 2016, the registered manager did not have all the necessary skills and knowledge to manage effectively. We found breaches in relation to the management and governance of the home. At the following inspection in April 2017 these breaches had been met and management of the home had significantly improved. However the service was rated as requires improvement in this domain as we needed to know that the improvements had been sustained. On this inspection the registered manager and management team continued to manage and govern appropriately. People who lived at the home and their relatives told us they were happy with the way the home was managed.

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.

During the inspection we reviewed the quality and accuracy of the documentation maintained by the service. Care records were personalised and accurate. We saw the registered manager sought people's views through informal chats as well as more formal meetings. People and their relatives had recently completed surveys giving their views of the service. These were all positive. People told us they felt the home was managed well and they could easily talk with the registered manager and staff team. The registered manager and staff told us she made time to talk with people.

The home had a clear management structure in place. The registered manager had a vision of where she needed to be and the standards expected and worked to this. Staff we spoke with told us the registered manager was approachable and helpful. There were procedures in place to monitor the quality of the service. Regular audits had been completed reviewing the services medication procedures, care plans, infection control, environment and staffing levels. Actions had been taken as a result of any omissions or shortcomings found were reflected on and lessons learnt to improve the service.

There were staff meetings held to inform, involve and consult staff. Staff told us they were able to suggest ideas or give their opinions on the care of people and the way the home ran. One member of staff said, {Registered manager} is so helpful, really supportive." Another member of staff said, "[Registered manager] is firm but fair."

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. Staff worked in partnership with other organisations who helped them make sure they were following current practice. They told us they sought information, advice and guidance from other agencies and from best practice guidelines. These included social services, GP's and other healthcare professionals and care organisations. They learnt from incidents that had occurred and made changes in response to these to improve care and safety. They also shared information and good practice between the homes in the organisation.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.