Mrs B J Dachtler

Rosamar

Inspection report

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Tel: 01934633397

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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

Summary of findings

Overall summary

This inspection was unannounced and took place on 30 January 2018. This was a comprehensive inspection. The previous comprehensive inspection of the home was carried out in April 2016 and the home was rated as requires improvement. Two breaches of regulations 12 and 17 of the Health and Social Care Act 2008 were identified. These were because people were at risk of cross infection because correct procedures for washing laundry had not been followed, some areas of the home required maintenance, an upstairs window did not have a window restrictor and audits had not identified records were not accurate and up to date. We served a requirement notice for the breach of regulation 12, and a warning notice for the breach of regulation 17. We completed a focussed inspection in October 2016, to follow up the breach of regulation 17 detailed in the warning notice and found the required improvements had been made.

Rosamar is a care home which provides accommodation and personal care for up to 10 people with a learning disability, who may also have additional complex needs. At the time of the inspection there were nine people living in the home. It has two lounges, a dining area, kitchen, two laundry rooms, office and bedrooms. There is a driveway and back garden.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives told us people were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff knew the people they supported and provided a personalised service. Care plans were in place detailing how people wished to be supported and families were involved in making decisions about their care.

Staff received regular training in topics the provider considered mandatory and were knowledgeable about their roles and responsibilities. Staff had guidance for people's complex health needs.

There were suitable recruitment procedures and required employment checks were undertaken before staff began to work at the home. Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times.

The staff understood their role in relation to the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) should be put into practice. These safeguards protect the rights of people by ensuring, if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

People received their medicines safely. The manager completed regular checks to ensure medicines were safe. People were supported to eat and drink. Staff supported people to attend healthcare appointments

and liaised with their GP and other healthcare professionals as required to meet people's needs.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring.

Relatives and staff told us the registered manager was accessible and approachable. Everyone felt able to speak with them and provided feedback on the service. Staff told us they felt supported and listened to.

The registered manager employed a consultant who undertook regular audits and spot checks to review the quality of the service provided. Any improvements identified were made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were aware of the processes in place to help make sure people were protected from the risk of abuse and were aware of safeguarding vulnerable adult's procedures.

Assessments were undertaken of risks to people who used the service and staff. Plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

People were protected from the risks associated with poor staff recruitment because a full recruitment procedure was followed for new staff. There were enough staff to meet people's needs.

People could expect to receive their medicines as they had been prescribed because safe systems were in place for the management of medicines.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

People's rights were respected, and the home was following the best interest's framework of the Mental Capacity Act 2005. People's choices were supported.

People were supported to eat and drink according to their plan of care.
Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

Is the service caring?

Good

The service was caring.

People's needs were met by staff who addressed and related to them in a friendly and positive manner. Staff respected people's individuality and spoke to them with respect.

Staff were respectful of people's privacy. We saw positive interactions between staff and people using the service. People responded well to staff.

The home had links to local advocacy services to support people if required.

Is the service responsive?

Good

The service was responsive.

Staff had guidance from care plans which identified people's care and support needs. Staff were knowledgeable about people's interests and preferences in order to provide a personalised service.

People benefitted because staff engaged with people throughout the day. People could take part in activities in accordance with their interests.

People could be confident concerns and complaints would be investigated and responded to.

Is the service well-led?

Good

The service was well-led.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

Changes had been put into place following the last inspection to make improvements and meet legislation. Regular audits had been implemented.

The provider engaged a consultant who checked the quality of the service provided and made sure people were happy with the service they received.

Staff were consulted about their views on how the service could be improved.

Rosamar

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 30 January 2018 and was unannounced. It was carried out by an adult social care inspector.

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.

Some people in the home had complex needs and were not always able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home such as undertaking observations. This included observations of staff and how they interacted with people. We also looked at four people's care and support records.

During the inspection, we spoke with one person and three members of staff. After the inspection we spoke with three relatives. We also spoke with the registered manager and a commissioner. We looked at records relating to the management of the service such as the staffing rota, two staff files, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Good

Is the service safe?

Our findings

During the comprehensive inspection in April 2016 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014), because people were at risk of cross infection. This was because correct procedures for washing laundry had not been followed and some areas of the home required maintenance. We also found an upstairs window did not have a window restrictor. During this inspection, we found the required improvements had been made.

People and their relatives told us people were safe. Relatives said, "Very safe, I'm very pleased with the way [name] has been looked after for the last 20 years" and, "I don't know what I'd do without them."

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. Staff said, "People are quite open and tell us things" and, "We know what to look for, such as changes in people's behaviour." All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been bought 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. Where learning was identified, the registered manager had taken action to ensure staff received additional training. For example, staff had been provided with specialist training in how to deal with threatening situations. People benefited from staff who understood and were confident about using the whistleblowing procedure.

Risk assessments in place helped to ensure that people were cared for safely. The assessments we looked at were clear. For example, people had risk assessments in place for their mobility and health needs. They provided details of how to reduce risks for people by following guidelines or the person's care plan. Both the care plans and risk assessments we looked at had been reviewed regularly. We saw that risk assessments had been carried out in respect of falls, nutrition and skin care. Where someone had been assessed as being at risk, appropriate action had been taken to minimise the risk. The registered manager said, "We're very efficient now, we have a consultant who helps with the risk assessments" and, "We take everything seriously." Staff said, "The risk assessments and care plans give us the information we need" and "We all have input into the risk assessments and care plans." Staff read the risk assessments and signed to show they understood them. All staff spoken with said that they had the skills and experience to meet the needs of the people who lived at the home.

All accidents and incidents were recorded, such as if people had a fall. Where people sustained any injuries, these were recorded and a body map was used to clearly show the injury site. If people sustained any injuries, district nurses provided care and treatment as necessary.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Staff said, "There's always enough staff, there's always someone here if I need to speak with someone", "There's always at least two staff on duty, often more" and, "There's enough staff; I've never been in a position where I've felt uncomfortable about staffing." Relatives said, "There's always plenty of staff

around" and, "I've never seen any problems with staffing."

Risks of abuse to people were minimised because there was an effective recruitment procedure for new staff. This included carrying out checks to make sure they were safe to work with vulnerable adults. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

Peoples' medicines were managed and administered safely. People's medicines were administered by registered staff who had their competency assessed on an annual basis to make sure their practice was safe. No one was receiving covertly administered medicines and no one was self-medicating, though the providers medicines policy contained the process for staff to follow should this be necessary. People were asked if they had any pain and offered pain relief if required.

There were suitable secure storage facilities for medicines. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We checked records against stocks held and found them to be correct. There were no medicines that required additional security and recording on the premises.

Room temperatures had been recorded daily to ensure the optimal storage of medicines, such as those used for diabetes. Some people were prescribed medicines on an 'as required' basis; these were safely managed.

There was an equality and diversity policy in place and staff received training on equalities and diversity. Staff understood their responsibility to help protect people from discrimination and ensure people's rights were protected. For example, they included people in decision making where this was possible. Staff said, "There's no discrimination" and, "Everyone has their own space and we don't intrude." Relatives confirmed this and said, "There's no discrimination, everyone is treated fairly."

People were protected from infection. The premises were clean and fresh. A coloured coded system was used for mops and cutting boards and staff had personal protective equipment, such as gloves, to reduce any possibility of cross contamination. Laundry equipment was suitable for the needs of people using the service. For example, washing machines had a sluicing and hot wash cycle. There was an infection control policy and the staff received appropriate training in infection control and food hygiene. Relatives said, "It's always clean, the kitchen, dining room and bedrooms are fine" and, "It always has been clean. There were some issues [with maintenance] but they've addressed these."

Major incident contingency plans were in place which covered disruptions to the service which included fire, loss of gas, oil, electricity, water or communications. Business continuity plans were also in place for severe weather. Everyone living in the home had a Personal Emergency Evacuation Plan (PEEP), which gave staff the information they needed to support people. The fire risk assessment will be reviewed in May 2018. The registered manager arranged for a fire officer to visit and talk with people about leaving the building during an emergency; this reassured them.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. Relatives told us, "I think staff have the skills they need" and, "I think they're trained for the job." Staff told us they had the training they needed when they started working at the home, and were supported to refresh their training. Staff said, "Training gives us the skills we need" and, "We do quite a bit of in-house training, which is good because we can do it all together." We viewed the training records for staff which confirmed staff received training on a range of subjects. Training completed by staff included moving and handling people, medicines administration and fire safety. Most staff had also completed mental health and dignity and respect training. Where people had complex needs such as epilepsy, staff had specific training for these. Where training was out of date, the registered manager had a training plan to address these. The registered manager had recently purchased electronic devices for staff to be able to log on and complete e-learning.

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. At the time of our inspection, most staff had been employed for many years, at a time when induction requirements were different. The registered manager told us that any new staff would receive training in line with The Care Certificate. The Care Certificate is a nationally recognised standard which gives staff the basic skills they need to provide support for people.

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Staff told us, "We have one to one's every six to eight weeks" and, "We're a small staff team and all staff know each other." Staff told us they felt supported by the registered manager, and other staff. Comments included, "I wouldn't be here if I was worried about anything" and, "Definitely supported." Annual appraisals give both managers and staff the opportunity to reflect on what has gone well during the year and areas for improvement or further training required.

Most people who lived in the home were able to make day to day decisions such as what activities they took part in. We heard staff seeking consent before any intervention and waiting for a response before proceeding. Relatives said, "People are always given choices" and, "Staff always ask people what they want." People's consent to treatment and support was recorded in their care plans.

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. Staff said, "We ask people" and, "We ask people if they want help with their personal care, and sometimes we need to wait for them before asking them." The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Four people were subject to DoLS authorisations at the time of our inspection. The provider had a process in place to track when dates of any DoLS were due to expire.

Families where possible, were involved in person centred planning and 'best interest' meetings. A 'best interest' meeting is a multidisciplinary meeting where a decision about care and treatment is taken for an individual, who has been assessed as lacking capacity to make the decision for themselves. The manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. For example, best interest meetings had been held for dentistry and hospital appointments.

At the time of the inspection, staff cooked meals or people cooked them with staff support. The staff were all aware of people's dietary needs and preferences and people were involved in menu planning. People were given choices each day, and could have vegetarian meals or something different to the main course if they wished. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. One member of staff said, "People always have a choice of what they want to eat." Drinks and fruit were freely available. We saw the kitchen records which showed that all the necessary kitchen checks had been done.

People's changing needs were monitored to make sure their health needs were responded to promptly. Staff arranged for people to see health care professionals according to their individual needs. Records confirmed people had access to a GP, dentist and an optician and could attend meetings with healthcare professionals as required. The registered manager arranged for healthcare professionals to visit people in their home rather than taking them to an office, if this would reduce any anxiety the person may suffer.

People's diverse needs were being met through the way the premises were used. People had a variety of spaces in which they could spend their time, including a sitting room and dining room and access to the garden. People's bedrooms were decorated according to their choice. Audits had identified areas where the environment needed to be improved; a maintenance plan had been created for 2018. A variety of improvements had been made to the fabric of the building, these included improvements to an outside gate, a sink, a window frame and a shower.

Good

Is the service caring?

Our findings

From our observations, we could see that people were relaxed in the presence of staff and appeared to be happy. We saw that staff were attentive and had a kind and caring approach towards people. Relatives told us people were being cared for by staff who were knowledgeable and who understood their needs. Relatives said, "Staff are very kind and caring, they think a lot of the people there", "[Name] is happy, we're hopeful they can see out their days there" and, "We've known the registered manager and other staff since [name] started there; they're just like family." Staff said, "The best thing about this job is the people, every shift is different" and, "People want to share things with us, I like my job."

Staff knew people's individual communication skills, abilities and preferences, and information was available in care plans about people's likes and dislikes. For example, the registered manager told us, "I can look at people's faces and tell you what kind of a day they're having." There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews, as well as during regular meetings with their key worker. A key worker is a member of staff with responsibility for understanding the person's particular needs and to coordinate the service to meet those needs. However, one member of staff said, "Everyone has been here so long that people go and speak with anyone, not wait till they see their key worker." Relatives said, "I usually go in for reviews, we have a say about everything going on", "I'm updated if there are any changes" and, "I can pick the phone up and speak with [name's] key worker." People's communication needs were considered when engaging them. For example, staff told us how they sought one person's views by using cards with smiling or sad faces; the person was able to use the cards to give feedback.

We watched the interaction between the staff on duty and people living in the home. People appeared very relaxed in the company of the staff and there was a good rapport between them. People made choices about where they wished to spend their time for example. Some people preferred not to socialise in the lounge areas and spent time in their rooms.

People said that staff respected their needs and wishes and they felt that their privacy and dignity were respected. They told us staff closed doors and curtains before carrying out personal care. Staff said, "We don't just walk in, we knock; there's no need for us to go into anyone's rooms unless they ask" and, "We're very careful to preserve people's privacy and dignity." Staff we spoke with were able to give examples of how they promoted and ensured dignity and respect for all people.

People and their relatives said that they would feel confident to speak to a member of staff if they were worried about anything. One relative said, "I can only say from personal experience over many years that [name] is very happy, and the manager will phone me if there are any issues."

The home had links to local advocacy services to support people if they required support. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives.

People's needs were assessed before they began to use the service and reviewed regularly thereafter. People's assessments considered all aspects of their individual circumstances such as their dietary, social, personal care and health needs. Staff we spoke with knew about people's life histories, personal interests and preferences. Staff said, "I think most staff know people really well."

Care plans provided clear and detailed information about the person's care and support needs. For example, people's care plans noted any special requirements such as if they had sight or hearing impairments. One person's care plan contained guidance how to support the person when they were anxious. Staff we spoke with knew how to support the person, and said, "We know what works." Other comments included, "We know what's in care plans. We're key workers for people so we maintain the records" and, "We tell the manager if anything needs to be updated." Plans had been completed for dietary needs, skin integrity, moving and handling and other needs specific to each individual. Where people had complex mental health needs, information and guidance was available for staff.

There were specific plans where people may exhibit challenging behaviour due to anxieties. These plans described how best to manage their reactions and behaviours, for the benefit of all of the people in the home. The plans identified circumstances which may trigger the person to become anxious and how staff could and should respond to any behaviour which they found challenging. This may include aggression to staff or others, distress and agitation. The behaviour plans included information about how best to communicate with the person. We asked staff about this and they were able to demonstrate an understanding of how they should support people.

The care records seen had been reviewed on a regular basis. This ensured the care planned was appropriate to meet people's needs as they changed. We saw other professionals had been involved in a timely way when required, to ensure the health and well-being of people.

Staff we spoke with told us they used care plans to inform their practice. Profiles within care records showed a good understanding of individual's care needs and treatment.

People were able to take part in a range of activities. People's preferred activities included visiting day centres, going to the theatre and clubs and various associations. People had individual activity planners which were flexible so people could go to the cinema if they wished. On the day of the inspection people went out in the minibus. The registered manager said, "Our priority is getting people out." However, staff also noted that as people were getting older, they were choosing not to go out as much.

People who used the service and their families had been made aware of the complaints procedures. No-one spoken with had made a complaint; however, all said they would know how to raise a concern if there

was a need. Relatives said, "I've never heard anyone complaining" and, "I've not heard anything from [name] to indicate they are worried about anything." There had not been any complaints in the past year, however a policy and procedure was in place to deal with any if necessary.

Some people and their families had been asked about their wishes for the end of their lives. The registered manager said, "We have thought about it, but it would adversely affect some people's mental health. We would deal with this as it becomes necessary." The provider did not have an 'end of life' policy in place, however they told us this would be done as part of the policies and procedures review. The registered manager said, "We would intend to keep people at home if that was what they wanted."

Good

Is the service well-led?

Our findings

At the last comprehensive inspection of this service on 27 and 29 April 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014). Some aspects of the service were not well-led as actions were not always taken after the providers' audits for the service identified areas for improvement. Where actions had happened these were not always fully documented. Records were not always accurate or up to date and some risk assessments had not been reviewed and updated. We also found where complaints had been raised there was no record of outcomes taken and no system in place to identify trends.

We undertook a focussed inspection on 11 October 2016 and found action had been taken to improve the governance of the service. A new system for auditing the service, which identified risks and concerns, had been set up and included information such as the level of risk, a deadline for reducing the risk and when the action had been completed.

Everyone told us they knew who the registered manager was and said they found them easy to talk with. Relatives told us they would be able to tell them if they had any concerns. Relatives said, "I'm very fond of the manager because she's made my life so much easier" and, "I trust the manager implicitly to do what's right for [name]; she's very good." Another relative told us, "The manager is super-efficient and cares very deeply about what happens to people." Staff said, "The manager is definitely approachable, we can take concerns to her and she'll listen" and, "We can talk to the manager about anything." The registered manager regularly worked alongside staff which gave them an insight into people's changing needs as well as being an opportunity to monitor the culture within the home. The registered manager said, "If staff have an idea that might be useful I try my best to listen to what they say."

People and those important to them told us they had opportunities to feedback their views about the home and quality of the service they received during reviews. One member of staff said, "It's really hard trying to get people to fill forms in, and one person won't do this. We use happy or unhappy faces to discuss things." Staff were also encouraged to contribute to improve the service. People and staff had been invited to complete a survey in 2017. The results showed the strengths of the service were managing people's health and well-ness

The registered manager had a clear vision for the home, which was that the home should be recognised as people's home. Most people had lived in the home between 27 and 35 years. Staff were aware of the values of the service and told us, "It's about ensuring people's safety and well-being" and, "We want everyone to be happy, comfortable and have their needs met." 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.

The provider had engaged a management consultant to guide the quality assurance process. A service improvement plan had been created and this included identifying dates when checks such as equipment

and electrical items were due. There were effective quality assurance systems in place to monitor care and plan on-going improvements. We saw that where shortfalls in the service had been identified action had been taken to improve practice. For example, audits identified policies needed to be reviewed; this was in progress. This demonstrated the quality assurance systems in place had identified issues and the provider was in the process of taking action to address these shortfalls.

Accidents and incidents were reviewed to identify learning. One investigation identified a number of actions were needed; these included providing additional training for staff and protocols to manage any future incidents. These had been completed.

The service worked in partnership with the local authority, the mental health team, district nurses and local GP practices.

According to the records we inspected, the service has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.