

Rosemount Care Home Ltd

# Rosemount Care Home

## Inspection report

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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

### About the service

Rosemount Care Home is a residential home providing personal care for up to 15 people. At the time of our inspection, 15 people were being supported. The home is a converted Victorian house in the Edgeley district of Stockport.

### People's experience of using this service and what we found

People told us they felt safe in the home. Checks were in place to ensure the home remained a safe environment. Staff were aware of the importance of raising any concerns they had about people being at risk of abuse. People received their medicines as they had been prescribed.

People's needs were assessed, and their choices and cultural needs were respected. Staff were well trained and supported. Food was freshly prepared on-site and people told us the food was good. Some areas of the home needed refurbishment.

Staff and people living in the home had built a close rapport. People spoke fondly of the staff and described the home as a fun place to be. People were supported in ways that protected their privacy and dignity and were encouraged to be as independent as possible.

People's choices were respected, and we saw people being supported in the way they chose. A variety of activities were organised which people enjoyed and spontaneous activities like trips out for lunch were also common. The registered manager welcomed feedback from people to help improve the service.

The registered manager had implemented robust quality processes since the last inspection giving them good oversight of quality within the home. The culture of the home was open and friendly which allowed people and staff to speak up and be involved in developing the service. The registered manager had built good relationships with the local authority and worked closely with them to help improve the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 30 August 2018) where a breach of regulations was identified. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Rosemount Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The first day of this inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection which included notifications from the service, information received from the local authority and members of the public. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people using the service and a visitor to the home about their experience of the service.

We spoke with four members of staff including the registered manager, senior care workers and care workers. We obtained feedback from the GP and district nurses visiting the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included care and medication records of three people and two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance systems and policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Safeguarding procedures were in place and staff understood the importance of raising any concerns they had about people being at risk of abuse.
- We saw concerns raised had been investigated thoroughly and appropriate action taken.

Assessing risk, safety monitoring and management

- Risks to people were assessed and incorporated into their support plans.
- Support plans explained how staff could respect people's choices and support them in as safe a way as possible.
- Regular checks were conducted on equipment and the building to ensure it continued to be a safe environment. One member of staff commented, "Jobs are getting done around the place now. If you notice something is broken you can mention it and it will get sorted."

Staffing and recruitment

- There were sufficient staff on duty to meet people's needs.
- We observed staff attending to people's needs promptly. One person we spoke with told us, "They are on top of stuff straight away."
- Checks were made on the background and previous conduct of people before they were offered employment. These included checks with the Disclosure and Barring Service (DBS). The DBS informs employers of any previous convictions or cautions a person has, allowing employers to make safer recruitment decisions.

Using medicines safely

- People received their medicines safely and as they had been prescribed.
- Changes had been made to the way medicines were kept in the home and a recent audit by the clinical commissioning group (CCG) had been positive.
- We saw people's medicines were reviewed regularly with other healthcare professions to ensure people were not prescribed medicines they did not need.
- Where people were prescribed medicines to be taken as and when required (PRN) we saw these were given only when people needed them. The registered manager told us, "If [person] is agitated then we will go for a walk round the garden and pick some flowers or go to the allotments rather than giving them diazepam." We observed staff doing this during our inspection and records confirmed the person had not needed diazepam in the month prior to our inspection.

#### Preventing and controlling infection

- Appropriate measures were in place to protect people from the risk of infection.
- The home was clean and we noticed no malodour during our inspection. One person we spoke with told us, "The rooms are spotless."
- We observed staff using appropriate infection control techniques.

#### Learning lessons when things go wrong

- Incidents were logged and analysed to identify any patterns or trends.
- Where appropriate, the registered manager sought expertise from external organisations to assist with reviewing incidents.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's support plans reflected their physical and emotional needs, including any cultural needs.
- People told us they felt involved in their care, we observed staff offering choices to people and respecting the decisions people made.

Staff support: induction, training, skills and experience

- Staff told us they felt very well supported by the registered manager. One member of staff told us, "They are very easy to talk to. I feel very comfortable talking to her about anything."
- We observed staff supporting people safely and in line with current guidance. Staff told us they felt they had the skills needed to support people. One member of staff said, "If a person moves in and they have different needs then we get the training we need." Another member of staff told us, "I've had loads of training since [the registered manager] started."
- The registered manager had implemented a new system giving them better oversight of when staff needed to have their training updated.

Supporting people to eat and drink enough to maintain a balanced diet

- People spoke highly of the food in the home.
- Meals were freshly prepared on-site and looked and smelled appetising. We observed people enjoying their meals and being offered extra helpings. One person told us, "If anyone is hungry at any time [the staff] will go and make something." Another person told us, "We get loads of fruit."
- We saw meals were tailored to suit people's preferences and cultural needs.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised with ornaments and pictures that were important to them.
- The home was in need of redecoration with many areas looking tired. Some areas had been refurbished and we found the areas where the work had been completed were bright and welcoming. We have asked the registered manager to provide us with a schedule of when the refurbishment of the home will be completed.
- People had been involved in choosing how they wanted the home to look and where people's rooms had been decorated we saw they had been painted in their choice of colour.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were well supported to access other healthcare services.
- GPs and district nurses made regular visits to the home. The GP told us, "From our point of view the people are very well cared for. Staff are very helpful and organised. They manage medicines and people's hospital appointments very well."
- During our inspection we observed staff supporting people to attend hospital appointments.

#### Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA.
- Where people were deprived of their liberty staff supported them in the least restrictive way possible and encouraged people to remain part of the community.
- Appropriate legal authorisations were in place and any conditions relating to the authorisations were complied with.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and were well supported. People were happy and there was a very friendly atmosphere in the home.
- One person we spoke with told us, "I got very lucky when I ended up here." Another person told us, "[The staff] look after you like they would their family."
- People's diversity was respected, and people were supported according to their needs and choices. We saw a review from a social worker that read, "Rosemount are used to working with complex situations and characters and are willing to work with people."

Supporting people to express their views and be involved in making decisions about their care

- People were offered choices and encouraged to make decisions about how they were supported and spent their day.
- We observed staff having time to sit with people to explain things and allow people to make decisions in their own time.
- Where people needed support to make decisions, their families and people close to them were encouraged to be involved. Where appropriate, people were referred to local advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was protected.
- We observed staff approaching people discretely to see if they needed support and if required, escorting them to the bathroom or their bedroom so they could be supported in ways that protected their dignity. One person told us, "If they know you've got a problem they will sit and talk to you."
- People were encouraged to be independent and staff were very supportive when people wanted to maintain control over aspects of their lives such as medicines and finances.
- CCTV was in operation around the home.

We recommend the provider assess how it uses CCTV to ensure it remains compliant with guidance from CQC and the Information Commissioner's Office. We have asked the provider to provide us with a copy of their assessment.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their needs.
- People's choices were respected, and we saw staff supported people in the way the person chose. One member of staff explained, "People are different so we have to get to know them and understand how they want to be supported."
- Support plans were kept under review and amended as people's needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and recorded in their care records.
- The information was easily available for staff to share with other support agencies such as ambulance crews and hospital staff to ensure people were communicated with in ways they understood.
- The registered manager explained that staff or relatives could sit and read documents to people and if required, audio recordings could be made. Where people needed information in other languages, the registered manager would access translation services from the local authority.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A variety of events and activities were arranged for people to participate in.
- People were encouraged to remain part of the local community. We saw how people made trips out both individually and in groups to events or activities that interested them.
- Local schools and other organisations and people living near the home visited the home regularly.
- We saw how people living in the home had built close friendships with each other.

Improving care quality in response to complaints or concerns

- The registered manager acted on concerns to improve the service.
- We saw how both positive and negative comments were logged and analysed to identify improvements that could be made.

End of life care and support

- Processes were in place to enable people to remain in the home and receive the support they needed at the end of their life.
- At the time of our inspection nobody was receiving support at the end of their life but we saw how people had been supported in this way in the past.
- The registered manager told us, "We keep in contact with people's families after people die to check if they need anything. It doesn't stop when the person dies."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke highly of the culture the registered manager had developed. One member of staff we spoke with told us, "It's such a nice place to be now. I enjoy coming to work." Another member of staff commented, "It's tons better since [the registered manager] started. You never get fobbed off and get told they're busy."
- The friendly atmosphere was appreciated by people living in the home. One person we spoke with told us, "It's a fun place to be. Everyone is so lovely."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection governance systems had failed to identify shortcomings in the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had implemented new quality monitoring and audit processes since our last inspection. We saw how this had given them robust oversight of quality within the home.
- The new processes were kept under review to ensure they were meeting their purpose. We saw how some processes had been amended since their implementation to improve their effectiveness.
- The registered manager understood their responsibilities and requirements. Appropriate agencies were notified when incidents happened in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us they felt involved in the changes within the home. One member of staff explained, "You've got to be able to communicate with each other. I feel more able to raise things now."
- People told us they felt able to make suggestions to improve the service. Surveys of people's views had been completed and we saw how suggestions people had made had been implemented.
- The registered manager told us, "It doesn't matter who says something. If we can make things better, we

will."

Continuous learning and improving care; Working in partnership with others

- The registered manager had worked closely with the local authority quality team to address the issues identified during the last inspection and improve the service.
- The local authority told us, "The staff team work really well together and the service receives lots of compliments from visiting professionals. The home manager is very engaging"
- The registered manager and staff team were committed to continuing the improvements that had been made.