

Rosemount Trust

# Rosemount Home

## Inspection report

79 Medomsley Road  
Consett  
County Durham  
DH8 5HN

Date of inspection visit:  
30 May 2017  
05 June 2017

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28 June 2017

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Rosemount is a residential care home which provides accommodation for up to 16 older people. Some of the people who used the service were living with dementia type conditions. The home is registered as a charity and has a board of trustees. It is located close to the centre of Consett and local amenities. At the time of our inspection there were 15 people using the service.

At our last inspection carried out in May 2015, the service was rated as "Good". At this inspection we found the service remained "Good".

This inspection was carried out on 30 May and 5 June 2017 and was unannounced.

The home had 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.

The staff had received consistent high praise from relatives and people who used the service for their caring approach. Relatives felt staff went the extra mile to support people. The staff formed good working relationships with the people they looked after but also genuinely cared about them. People felt they were well looked after.

Relatives described to us the exceptional support they had received from staff as people neared the end of their life.

We saw people and their family members were given opportunities to be involved in the service including a suggestions box, attendance at meetings and in providing information about their care needs.

We found people were cared for in an environment which was safe. Regular checks including fire checks were carried out in the home. Risk assessments were carried out and actions put in place to mitigate risks people faced.

Checks were carried out on prospective staff to see if they were suitable before they started working in the home. Staff were supported to develop their knowledge and skills by an induction, training, supervision and annual appraisals.

There were enough staff on duty. People were attended to promptly and supported without being rushed.

We saw regular cleaning was carried out in the home and everywhere was clean and tidy. Relatives confirmed this was the case.

Adaptations to the building had been made to incorporate en-suite bathrooms and toilets in people's bedrooms. Funding had been raised to install a new nurse call system.

People were 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.

Relatives and people who used the service made positive comments about the registered manager who was a visible presence in the home.

We found the provider and the registered manager used audits and surveys to monitor the quality of the service delivered and put in place actions to make improvements.

The trustees of the home held regular meetings to monitor the service. The registered manager was accountable in these meetings to the trustees who each had a role to support the running of the home.

Further information is in the detailed findings below.

## 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 remained good.

### Is the service effective?

Good ●

The service remained good.

### Is the service caring?

Outstanding ☆

The service was very caring.

People were looked after by staff who were described by relatives and people who used the service as very caring.

People were treated with dignity, respect and compassion and were supported in ways that promoted their well-being.

Relatives praised the service for exceptional end of life care

### Is the service responsive?

Good ●

The service remained good.

### Is the service well-led?

Good ●

The service remained good.

# Rosemount Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This comprehensive inspection took place on 30 May and 5 June 2017, and was unannounced.

The inspection team consisted of one adult social care inspector

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service; including local authority commissioners.

Prior to the inspection we also contacted the local Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

In advance of 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.

During the inspection we spoke with four people who used the service and four of their relatives. We carried out observations of staff interactions with people who used the service; this included using our 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 looked at three people's records in details and other records maintained within the home such as food and medicine records.

We spoke with seven staff including a trustee, the registered manager, the deputy manager, a senior carer, a

carer, the activities coordinator and kitchen staff.

# Is the service safe?

## Our findings

People told us they felt safe when receiving care and were happy living in the home. One person told us they "Loved" living in the home and everyone was, "Lovely."

We found robust checks were carried out on staff who had applied to work in the service. Staff were required to complete an application form detailing their previous experience and learning. The service required two references for each prospective staff member. The Disclosure and Barring Service (DBS) carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We found the service carried out DBS checks to enable them to make safe recruitment decisions when employing new staff.

People's medicines were managed in a safe manner. Each person had a medicines profile which included a photograph and details of the person's allergies. We found people's Medicine Administration Records (MAR) were accurate and up to date. People had plans in place for medicines which were given to them as PRN. PRN medicines are given to people as and when required. Staff who administered medicines were trained in their administration and their competency to do so safely had been assessed.

Staff were trained in how to safeguard vulnerable adults from harm and abuse. Staff told us they felt confident in raising any concerns with their manager.

Safety checks on equipment were in place which meant people were protected from using equipment which did not meet safety standards. We also saw regular fire checks were carried out on the premises. Accidents and incidents were reviewed by the manager to see if any actions could be taken to prevent them from happening again in the future.

We observed people were attended to promptly by staff and staff did not rush people when giving support. The registered manager told us they had recently reviewed the staffing levels in the home and explained the duty rota to us including having two staff working in the evening with a third staff member offering activities to people on an evening. We found there were enough staff on duty to meet people's needs. We saw tasks were given to this staff member so that they supported people if people did not want to participate in activities.

Regular cleaning took place throughout the home. We found the home to be clean and tidy. One relative told us the service felt homely and whilst not decorated to their personal taste, it was always clean. We checked the kitchen and the bathrooms and found these were also clean. This meant the service ensured the risks of cross infection were minimised.

The home had in place risk assessments to reduce the risks when managing the environment. This included people also having in place, their own personal risk assessments. Where risks were identified for individual people, we found the service had put in place actions to mitigate the risks.

Regular fire checks were carried out in the home to ensure people were safe. People had personal emergency evacuation plans (PEEPs) in place located next to emergency exits. These were kept up to date in an emergency bag which contained lists of people's medicines, a torch, high visibility jackets, a whistle and sticks which light up when snapped. We found the service had put measures in place to support to people in an emergency.

## Is the service effective?

### Our findings

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 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. We found staff had been trained in MCA and DoLS and understood their role. We found the service consulted people's family members to make best interest decisions where people lacked capacity to make decisions. Applications had been made to the local authority in line with set protocols to deprive people of their liberty and keep them safe. Notifications had been made to CQC when the applications had been granted.

Staff who were new to the service were required to complete the Care Certificate. The Care Certificate is a set of national minimum standards that social care and health workers are required to adhere to in their daily working life. Staff underwent an induction to the service and the provider had in place a regular programme of training. Staff received training relevant to their role including food hygiene, first aid, fire safety, equality and diversity, and dignity. During our inspection a training session took place on managing behaviour which challenged the service. Staff also received regular supervision meetings to monitor their progress, look at their training needs and discuss any concerns. Annual appraisals were also carried out in the service. This meant staff received sufficient support through supervision, training and appraisals.

One person when asked about the meals said, "Lovely food." We found the service had staff trained in 'Focus on Under Nutrition'. This is programme designed to teach staff how to avoid people in care homes becoming malnourished and losing weight. The home had embedded the principles of the training in the home. We saw the staff used the Malnutrition Universal Screen Tool (MUST) to monitor people's weight. Kitchen staff understood how to fortify people's foods to prevent weight loss. Staff contacted dieticians and the programme leaders to seek advice if they had an issue.

We saw there was a four week menu in place. Menus were available on each dining table. People were given meal choices and on the back of the menu we saw there were alternative meal options, should people not like the meal choices on any given day. The list of alternative meals and a choice of sandwiches were also in people's bedrooms. Kitchen staff told us they had the time to speak to people about their daily preferences and they recorded these on a menu sheet. We reviewed the menu sheet and found individual choices were documented. Staff were aware of people's dietary needs including those based on religious and cultural needs.

Over a lunchtime period we carried out our Short Observation 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 found staff supported people to eat at their own pace and encouraged and prompted people to eat independently.

The registered manager explained to us that because the service is a charity they fundraise to make

adaptions to the building. During our inspection we saw the nurse call alarm system was being replaced. We found signage on doors which supported people to find their way to bathrooms and toilets. The registered manager told us they wanted to replace the carpets next. We saw people's rooms had been adapted to include en-suite facilities.

People were assisted to maintain good health through the support of staff who made contact with health care professionals on their behalf. We saw visits had been arranged for local GP's, community nurse practitioners, chiropodists and opticians. Staff also supported people to attend hospital appointments when necessary. This showed staff cared for people's health and wellbeing.

## Is the service caring?

### Our findings

Without exception, all of the comments we received about the caring nature of the staff and the service were extremely positive. We spoke with people about the care they received. People said staff were, "Very friendly" and "Very caring." Thank you cards from relatives said, "Thank you for making [person's name] first visits to the home easier on us all – much appreciated" and "Thank you for welcoming [person's name] into your home and taking care of her."

In the surveys carried out by the registered manager one relative wrote, "There is no sense of Rosemount being an institution, it is a family home." People who used the service confirmed they felt at home. Other relatives wrote, "Wonderful, caring and respectful atmosphere", "Quality of care by all the staff is exceptional", and the home has, "Staff who care and go the extra mile to ensure the comfort and happiness of residents."

We found staff knew people very well and were able to tell us about people's individual preferences. This included where people liked to sit in the home and what they wanted to do. One person told us why they liked to sit in a particular place, "I like to see people going in and out of the shop." Staff quickly identified and responded to people if they needed their glasses or started to walk without their walking sticks. Staff knelt down to speak to people face to face and gave people their zimmer frames (walking aids) immediately after lunch. This meant staff were very attentive towards people and ensured their well-being was protected.

Staff valued people's differences and responded to each person's wishes. For example one person had chosen to spend their time in their room. Staff met all their care needs in their room. People chose if they wanted to attend the church services and were enabled to do so. The home welcomed people of all faiths and beliefs. Another person wanted their clothes to be identifiable in a specific way, and this had been carried out by staff.

The home is located on a main road. In order to protect people and staff late at night the registered manager had asked family members to let them know if they would like to visit later in the day. One visitor confirmed due to their working hours they had arrangements in place to call late at night and were appreciative of the need to protect people. This meant the service was open to the needs of relatives and had balanced those needs with the need to ensure people's well-being.

The staff formed good relationships with the people they looked after and demonstrated they genuinely cared about them. People told us they felt well looked after. We found staff approached people with humour and care. They used humour and banter to engage people. We saw this at the lunch table where staff spoke with people about what their relatives used to say when they had eaten enough. They spoke about, "Eloquent Sufficiency." This made people smile. One person living with dementia came into the office and said, "I have come to tell you how good you are as you always are." Staff responded with warmth before going to search for the person's slippers.

People who used the service and their relatives were invited to attend "Residents Meetings". These were held on a monthly basis and attended by a trustee. The issues discussed included menus, laundry, activities, and people's rights. The fire service had been invited and attended a meeting to discuss fire safety with people and reinforce fire safety messages with people, for example, a suitable muster point and not using the lift. This meant the staff engaged people in the service and provided opportunities to listen to their views.

Following a survey undertaken in January 2017 to monitor the quality of the service, the registered manager found people were uncertain if they had a lockable facility in the room. The registered manager had listened to people's feedback and reminded people they had this facility. Explanations and information was given to people in these meetings including information about forthcoming activities and any changes in the home. People were advised about events taking place which reflected their personal histories and lifestyles. For example there was to be a talk from the "Mothers Union" and a local historian on the Consett Iron Company. This meant people were enabled to remain connected to their community and its history.

We saw staff meetings followed the residents meetings so people's wishes and feedback were passed onto the staff. This meant staff were able to respond to people's comments and take action to respect their wishes.

We saw relatives were treated with respect and were involved in people's care as their natural advocates. This meant decisions were made with people which involved their family members to support them. Staff were aware of which relatives had power of attorney. A Lasting Power of Attorney (LPA) gives someone a person trusts the legal authority to make decisions on their behalf, should they lose the ability to make decisions for themselves.

People and their relatives were encouraged to be involved in the service using a suggestions and comments box. We found the box had been used by relatives to give feedback and praise the staff. One relative wanted to thank a member of staff for their understanding and concern, they wrote, "We will most likely recall in days to come how the actions of one went on to please so many." Another relative entitled their comments as "Winter Blues and Viruses" and wrote, "Wow, wow, wow. Everyone has worked to their best although not being 100% themselves. Staff have not only looked after the residents but each other." They also wrote, "Well done everyone." A third relative praised a member of staff as they had observed how they had treated a person with "Great empathy." This meant relatives greatly appreciated the service given by staff to get through a period of everyone feeling unwell.

One member of staff was praised for going that extra mile and despite having booked time off, they staggered their time off so they could take people to their hospital appointments. The relative who wrote the comment wanted to express that they felt the staff member was dedicated and said, "Thank you." Another member of staff had requested some fundraisers in the local community donate some of their monies to the home. This led to the home receiving £1300 towards the cost of the new nurse call system. The registered manager was grateful to the staff member in wanting to provide additional support to the home which in turn was able to be used to support people in the home. We saw the staff member provided further support to the home outside of their working hours by attending the themed nights.

People's end of life care had been discussed with them and their wishes documented. We spoke to relatives about end of life care. They told us they had received care which was extremely kind and supportive. One person told us staff gave, "200%" and told us they, "Could not want for better end of life care" for their relative. One relative had sent a thank you card to the staff, they wrote to say a "Massive thank you" for the, "Care and devotion" shown to their relative at the end of their life. Another relative wrote to say thank you

for, "All the lovely care you gave our [relative]." We saw the staff were respectful towards relatives who had lost a family member. Staff showed us a fountain in the garden which had recently been purchased in memory of someone who lived in the home. This meant staff continued to value and give people the best care at the end of their life.

In the home's Residents Charter we saw people were "To have their personal privacy respected" and, "To retain their personal dignity and independence." Staff asked people if they wished to be supported and respected their wishes. We saw personal care was carried out behind closed doors. Guidance was given to staff about how to promote people's independence in their care plans, for example, descriptions were given about people being able to bathe independently. We observed one person with a dementia type condition tell staff they had eaten enough food. We saw there was a substantial part of their meal still on their plate. The staff member respected their decision and to avoid causing them distress, they returned to the person a few minutes later to support them to eat, which they did.

People looked well-groomed. We found people who used the service were immaculately presented. They wore coordinating clothes which were accessorised with jewellery.

The service had won a gold award in 2016 called "Food for Fuel" which showed the home caring for the environment. The home collected waste food which was then collected by a local company and turned into fuel, thus the home helped the environment by diverting their food waste from landfill.

We saw each person's bedroom was different and people were able to bring into the home their personal effects. One person had brought with them an extensive number of ornaments and photographs. Staff had supported them to add more photographs of people with whom they had become friends in the home. We found these were cared for and displayed so the person could see everything. This meant people were surrounded by familiar items and items important to them which reflected their older memories and ones they continued to make.

The service had provided each person with a file of information in their room which included the home's service user guide, the service's statement of purpose, the complaints procedure and menus. This information was readily available to people and their relatives.

Staff were aware of the need for confidentiality. Documents were stored in lockable cabinets in locked offices and people's personal information was protected in line with the Data Protection Act.

## Is the service responsive?

### Our findings

People's needs were assessed in detail before they were admitted to the home. Staff sought information about their needs and preferences to ensure they received personalised care when they made the transition to living in the home.

We reviewed people's care plans and found these were detailed and explained people's individual needs so that care staff were able to provide the right care for each person. For example, in one person's care file we saw comprehensive information about how their dementia had impacted on them as a person. This helped staff understand how to support them appropriately. We saw people had a range of care plans pertinent to their needs which included medicines, mobility, personal hygiene needs and hobbies and interests.

Care plans were reviewed on a regular basis, and amendments were made if people's care needs changed. Relatives told us they felt staff kept them up to date about their family member's needs.

The service had in place a complaints policy and procedure. Complaints were investigated by the registered manager and a response was provided to the complainants. Relatives told us although they knew how to make a complaint they had no need to complain. People were confident that the registered manager would address any issues raised. One person said about complaints, "If you had any the [registered] manager would sort it." They told us the staff responded to any concerns raised. We found the provider encouraged feedback and looked for ways to improve the service.

The home employed an activities coordinator. We saw people were engaged in a variety of activities. The activities coordinator told us they had arranged activities on each day but these were subject to changes depending on people's wishes. Entertainment was brought into the home on a monthly basis and themed nights were held where people participated in singing and dancing. We saw photographs of a recent Hawaiian themed night. Fish and chip days where people were given an option to have them from the local takeaway occurred once a month. The activities coordinator told us the people who were currently using the service were enthusiastic about playing bingo. We saw evidence of this on our inspection. Regular church services were held in the home. A trip had been planned around Consett with a locally elected councillor to enable people to familiarise themselves with changes in the town. This meant people were kept up to date with events in their local community.

## Is the service well-led?

### Our findings

The service had 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.

People who used the service knew who the registered manager was and were complimentary about the manager. One person said, "[Registered Manager] is a good manager, very polite." They told us if anything needed to be sorted the registered manager was, "Straight on the phone." Staff felt they worked well with the registered manager who we found had a visible presence in the home.

We saw the registered manager chaired staff meetings and gave guidance and instruction to staff on the care standards required by the home. Staff achievements were noted in the meetings and congratulations were offered by the registered manager to staff who had passed various courses.

We found there was a positive, supportive culture in the service underpinned by a Christian ethos. The registered manager and the trustees were committed to providing the best care for people. As a charity they sought ways to raise additional funds to constantly improve the home and had recently prioritised replacing the old nurse call system. The registered manager explained to us that people from other faiths were welcome in the home.

The registered manager carried out annual surveys each January. The comments were collated and analysed. We saw the home had received positive comments from everyone in the most recent survey.

We found each trustee had a role in the home which utilised their knowledge and skills. One trustee ran a training company and provided training for the staff. Another trustee visited each month and carried out a comprehensive audit of the home. This was known as the "Rosemount Responsible Person Checklist" which included checks on the presentation of the home, the catering, staff management, health and safety and the well-being of people who used the service. Actions were put in place and carried out to improve the service. We also saw there was a monthly safety audit in place. This meant the service had systems in place to monitor quality and ensure improvements were identified.

In the PIR the registered manager told us about improvements they were making in the service. They told us about what had already been achieved which included the purchasing of moulds to shape food for people who required soft diets, so that it looked like food on a plate and was more appetising. Kitchen staff confirmed the moulds had been delivered and told us about how to use them. This meant the registered manager was ensuring progress was being made in the home.

We reviewed the minutes of the trustee meetings and found the meetings included discussions on the financial viability of the home, updates on people who used the service, updates on staff, maintenance, housekeeping and future planning. Improvements to the home were prioritised. Relatives were recognised

in the trustee meetings for their donations to the home in memory of their family members. The registered manager was accountable to the trustees for the management of the home.