

Rosemere Care Home Ltd

Rosemere 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

This inspection took place on 3 October 2016 and was unannounced.

Rosemere Care Home provides residential accommodation and personal care for up to 12 older people with mental health needs.

At the time of our inspection the provider confirmed they were providing care to 11 people.

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.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse and people had risk assessments in place to enable them to be as independent as possible.

Staffing levels were adequate to meet people's current needs, and there were enough staff employed by the service to cover the shifts that were available.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles.

People medicines were administered safely and on time. Medication was stored safely and audits took place to ensure accuracy.

Staff were well supported by the registered manager, and had regular one to one supervisions as well as regular opportunities to speak with management and get the support they needed.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. Consent forms were signed and we observed that people were asked before any care took place.

People were able to choose the food and drink they wanted and staff supported people with this. A varied menu was available for people to choose from and special dietary requirements were catered for. People were supported to access health appointments when necessary, and visiting health professionals were available.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Staff and management had excellent knowledge on people's individual likes, dislikes and personality.

People were involved in their own care planning and were able to contribute to the way in which they were supported. Staff respected people's opinion and enabled people to have a voice.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed.

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 knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good 

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good 

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good 

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good ●

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

Rosemere Care 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 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 3 October 2016 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We spoke with four people who used the service, one relative of a person that uses the service, four support workers, a visiting district nurse, the provider and owner of the service, and the registered manager who was also the provider and owner of the service. We reviewed five people's care records to ensure they were reflective of their needs, five staff files, and other documents relating to the management of the service, including quality audits.

Is the service safe?

Our findings

People told us they felt safe within the service. One person said, "I most certainly feel safe living here, the staff keep us safe " A relative of a person told us, "I am happy that this is a safe environment for [name of relative]." All the people we spoke with made similar comments.

The staff we spoke with all had a good understanding of the signs of abuse and how to report it. One staff member said, "I have never had any concerns that anyone was being abused, but if I did I would follow safeguarding procedures, report to the manager, or go higher if needed." All the staff we spoke with during our inspection had a good understanding of safeguarding and whistleblowing procedure and we saw that they had received training in these areas. We saw that there was a current safeguarding policy in place to guide staff, and that the service had notified CQC of any incidents as required.

People had risk assessments in place to manage risks that were present within their lives. The people we spoke with were happy with the risk assessment process and felt that the staff supported them in a safe manner. The staff we spoke with all felt the risk plans were useful and easy to access and follow. We saw that people had assessments of risk that were tailored to their own needs and covered areas such as moving and handling, dietary requirements and behavioural support. All the information we looked at was regularly reviewed and kept up to date by the management.

We saw that fire safety equipment was regularly checked and that fire drill procedures and personal evacuation plans were present and up to date. During our inspection, we witnessed a test of the fire alarm systems within the service. We found that environmental risk assessments had taken place within the service which included water temperature checks, electronic goods, kitchen equipment and Control of Substances Hazardous to Health (COSHH), cleaning and laundry detergents that were in use. The service had evidence of all hoists and moving and handling equipment being regularly checked and maintained.

The service used safe recruitment practices. The registered manager told us, "We collect two references for everyone and a Disclosure and Barring check (DBS)." This was to ensure staff were suitable and safe to work with people who lived at the home. The staff we spoke with confirmed that they had gone through these pre-employment checks. Records showed that all necessary checks had been verified by the provider before each staff member began to work within the home.

People said they felt that there were enough staff working at the service. One relative of a person said, "As far as I can see, there are always enough staff around to support people." All the staff we spoke with said that staffing levels were good and extra support was always at hand when needed. We saw that the registered manager and owner of the service were both actively involved with supporting people when required. During our inspection, we saw that an appropriate amount of staff were present throughout the service and people received the support they needed. The registered manager said, "We used to have one waking night staff and one sleep in staff on shift during the night. The needs of the residents changed so we changed our staffing to two waking night staff to make sure people were safe." We saw staffing rotas which confirmed

that a consistent staffing level was maintained.

Medication was administered safely. One person said, "Yes the staff do help me with my medication. I would like to be able to do it myself, but unfortunately I know that I would make mistakes, so the staff help me." We saw that medication was stored within a locked trolley. Medication Administration Records (MAR) were present and accurate in all the files we saw. The individual medicines we checked were all in date, stored correctly, and an accurate amount of stock was present. Appropriate disposal procedures were in place. We saw that medicine audits had taken place regularly by management. People had detailed descriptions of which medications they took and the reason that they took them, within their files. This helped the staff to understand the purpose of each medication and its specific effect on each person they were supporting.

Is the service effective?

Our findings

People told us that staff were well trained and understood their needs. One person said, "The staff are great and do a good job with us." A relative told us, "Yes I think the staff a good and well trained." The staff we spoke with all told us they received regular training and felt that it equipped them to do their job. One staff member said, "We all do an NVQ level 2 qualification as well as regular training updates." Another staff member said, "The medication training helps us confidently administer medication for people. We receive training from the pharmacy as well, which is good." We saw that in house training was often provided to staff by the registered manager and owner of the service, who both had significant experience within health and social care fields and were trained to deliver training in several areas. We saw certificates that confirmed training had taken place and a training matrix had been compiled to monitor when training needed updating.

All staff went through a mandatory induction period before starting work within the company. One staff member told us, "I completed lots of mandatory training courses. Then I worked through an induction checklist which covers everything including care plans, policies and the building itself. After that I spent time shadowing experienced staff until I felt confident." The registered manager said, "New staff are supernumerary on the rota whilst they are learning." We saw records within staff files that showed us induction had taken place, as well as certificates obtained.

Staff received regular supervision and told us that they felt well supported within their roles. One staff member told us, "I receive formal supervision which is useful and helpful to discuss any issues. We can always approach management at any point and regularly communicate, so we are being supervised all the time really." We saw records of supervisions within staff files, and that yearly appraisals were taking place.

People's consent was gained before any care was carried out. One person told us, "Oh yes they respect me and ask before doing anything." Staff that we spoke with told us that they always check with people first. During our inspection we saw that staff communicated clearly with people and asked them for permission before carrying out any care. People had consent forms within their files that they had either signed themselves or relatives had signed for them.

We checked whether the service was working within the principles of the (MCA). 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff we spoke with all had an understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The registered manager told us that no people using the service had DoLS authorisations in place.

People were supported to maintain a healthy and balanced diet and could make choices about what they wanted to eat. One person told us, "Lunch today was lovely, I enjoyed it." Another person said, "I can ask for something different if I want." The staff told us that people were able to make choices with their food and that they were asked daily about what they would like. We saw that people's preferences were clearly documented within care plans and staff had excellent knowledge about the foods that people liked and disliked. One staff member told us, "One person can find it difficult to choose between the two cooked meals on offer, so they were able to have half a portion of each option on the plate, that way they were able to try it all." During our inspection, we saw that food was being freshly prepared within the kitchen. We saw that people's dietary needs were monitored where appropriate with food and fluid monitoring charts.

People had the support they needed to access health services. One person told us, "I have support to go out to an appointment or I can be seen here also." We saw that people in the service were regularly visited by health professionals such as nurses, G.P's and podiatrists. During our inspection, we spoke with a visiting district nurse. They told us that the service had an excellent approach with visiting health professionals, that staff were always at hand to support them with people, and that there was always an open and friendly environment when they visited people. We saw that people's health requirements and information was documented within their files.

Is the service caring?

Our findings

People were supported in a very caring manner by staff. One person told us, "The staff are very good, very caring." One relative said, "The staff all appear to have a kind and caring approach." All the staff we spoke with told us that they cared for the people they were supporting. One staff member said, "It's a family run business, and it feels like a family here." Another staff member said, "At the end of the day, we are here for the people living here. It's their home. We treat them as we would wish to be treated." During our inspection we observed that staff, the registered manager / provider, all communicated and interacted with people in a very caring manner. For example, when one person appeared upset, the registered manager spent time talking to them, and cheering them up in a warm and friendly manner. Another person was singing along to some music, and was complimented by staff who said that they had a beautiful singing voice.

The staff knew the individual preferences and personal history of the people within the service. All the staff, the registered manager and provider had an excellent knowledge on the people within the service and what made them happy or unhappy. We saw that people had care plans with their picture on the front, and that focused on them as individuals. The service supported elderly individuals who also had mental health needs, and the care plans in place focussed on their individual likes and dislikes. This meant that people felt well cared for and were being supported by people that knew them well.

People were involved in their own care planning. One person said, "I feel very involved in my own care. I have been here for quite a while, and I feel like I am listened to by the staff and respected." A relative told us, "I think they involve the residents as much as is possible." Staff told us that people's care plans were able to be added to or changed on a regular basis if necessary and they were led by the people themselves. We saw that people had keyworker staff members who would take a lead in making sure that people were involved in their care planning where possible.

Staff respected the privacy and dignity of the people living at the service. One relative told us, "Yes I think that the staff are very respectful of [person's name]. One person told us, "The staff respect my wishes and dignity." All the staff we spoke with felt that everyone's privacy and dignity was respected at all times. One staff member said, "We always consider dignity when supporting people with personal care. We make sure they are as private as they can be." We saw that staff knocked on doors before entering and asked to speak with people in a private space when necessary. Care plans documented specific reminders for staff to respect people's dignity, for example, staff were reminded to support a person to wear protective clothing during meal times to make sure their clothes stayed clean.

People were able to have visitors as and when they wanted. One person said, "Yes I can have visitors as I wish." One relative told us, "I come regularly to visit [person's name] and I have never had any difficulties or restrictions. I find the service to be very flexible and I have not had any problems." We saw that staff members had a good knowledge on which people had family members and how they encouraged either visits or phone calls for people. We saw that visitors had the option of spending time within people's rooms or within any of the communal areas within the home.

Is the service responsive?

Our findings

People received an assessment of their needs before moving in to the service. The registered manager told us, "I go out to meet potential new residents and complete our pre-assessments. After that, we are flexible to the individual's needs. Some people may prefer several visits first before deciding on moving in, for others it may be best to just move straight in." We saw that people had pre-assessment paperwork contained within their files.

People received personalised care that met their needs. One person told us, "The staff know me well, they know what I like and what I don't." Staff told us that they respected people's individuality. One staff member said, "[Person's name] has a lot of belongings and they are arranged within their room in a specific way that they like. We make sure to not disturb the order or position of any of their things, as we know it upsets them a great deal."

The staff understood the importance of maintaining people's cultural diversity. The registered manager told us, "One person that lives here is from a particular ethnic background. One of the reasons she was placed here is because we have several staff who are also from that ethnic background. This means that our staff can talk and sing to her in her first language, and also provide ideas for menu choices. She enjoys this very much."

People had care plans that reflected their likes, dislikes, personal history and hobbies. We saw that one person's care plan documented the enjoyment that they experienced when interacting with the cat that lived at the service. It reminded staff that the cat was important to the person, who was able to provide it some water and interact with it on a daily basis. We saw that several of the residents enjoyed having a cat around to interact with and take some responsibility for. We saw that people had their personal routines documented which staff respected. For example, we saw that during our inspection, people were all able to get out of bed at whatever time they wanted to in the morning, and receive the support they needed to do so, and then have some breakfast.

People's needs were regularly reviewed and updated as required. Staff were able to record daily changes, and the registered manager reviewed people's care plans and risk assessments regularly. One staff member said, "If I feel that something within a risk assessment or care plan needed to change, then I would be confident that the registered manager would take it on board and the changes could be made." We saw that people were assigned keyworker staff members who would regularly review the care plans of the people they key-worked and inform changes where necessary.

People were able to express any thoughts or concerns within the resident meetings. We saw minutes of resident meetings that showed a variety of subjects were discussed and prompted, to encourage people to have input into the service. For example, new seating had recently been purchased, which the residents had chosen the colours for and discussed what they liked. We saw that any suggestions that people had made were recorded and acted upon where possible.

The service listened to people's concerns and complaints. People we spoke with were aware of the formal

complaints procedure in the home. A person told us, "I'm very happy here. I don't have any complaints". A relative of a person told us, "I've not had any complaints, I'd be happy to raise one if I needed to. A complaints book was kept in the entrance hall of the service where people had free access to. We saw that actions and responses could be created and carried out for any complaints made.

Is the service well-led?

Our findings

People told us that the management team were friendly, approachable and easy to talk to. One relative of a person told us, "It's a small service, and we know most of the staff and the manager. It's always easy to get hold of them when we need to." We saw that the people using the service all knew who the registered manager was and were very comfortable in communicating and interacting with them. We saw that the registered manager and provider were both involved in people's care. They were on hand for any of the people using the service and the staff team. They had an excellent knowledge of all of the people in the service and the strengths of the staff team.

Staff received positive support from the management team. One staff member said, "It's like a family here, it's very supportive." All the staff we spoke with said that they enjoyed working at the service and felt empowered to do their job. We observed throughout the inspection that staff were able to approach the registered manager, who operated an open door policy.

The service was organised well and staff were able to respond to people's needs in a proactive and planned way. The staff we spoke with were aware of the visions and values of the service and felt positive about continuing to improve. We observed staff working well as a team, providing care in an organised and calm manner. None of the staff we spoke with had any issues with the running of the service or the support they received.

Accident and incident information was recorded appropriately by staff. All the staff we spoke with were aware of the correct procedures in dealing with and recording any accidents or incidents. We saw that the information was recorded accurately. A log sheet was present so that management could monitor anything recorded.

Staff were given the time they needed to discuss matters arising within their work. We saw that staff were able to have handover sessions during each shift change where relevant and up to date information could be handed over and discussed. Staff meetings were also regularly held for staff to formally discuss things such as residents concerns, training, service updates and staffing. We saw minutes from these meetings which showed the topics discussed.

Staff were empowered and felt enabled to raise concerns when required. One staff member told us, "I feel that the environment is very open and honest here. I am encouraged to speak up if I feel something is not right. I would have no problem using whistleblowing procedures if I needed to." All the staff we spoke with made similar positive comments.

People were asked for feedback on the service that they received. One person told us, "I have a member of staff that regularly checks over everything. I am asked to give my opinion on things and express how things are going. We saw that people were regularly asked to provide feedback on the service both informally and formally, and that staff were able to provide responses to people's comments and queries in a prompt manner.

Quality assurance procedures were in place to monitor the quality across several areas of the service. We saw that the registered manager would oversee all areas of record keeping and was able to keep track of when care plans, training, risk assessments and other documents required an update.