Mrs M Watson

Rosewood Villa

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 was an unannounced inspection which took place over two days on 26 and 27 April 2016. The service was last inspected in June 2014 and was meeting the legal requirements in force at the time.

Rosewood Villa is a residential care home which provides personal care for up to 17 people. Care is primarily provided for older people, including people who have dementia.

Staff knew how to keep people safe and prevent harm from occurring. The staff were confident they could raise any concerns about poor practice in the service and these would be addressed to ensure people were protected from harm. People in the service felt safe and able to raise any concerns.

Staffing was organised to ensure people received adequate support to meet their needs throughout the day and night. Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with vulnerable people.

People's medicines were managed by staff who were trained and monitored to make sure people received their medicines safely. The temperature control in the medicines storage area was not being regularly checked, the manager agreed to rectify this.

Staff received support from senior staff to ensure they carried out their roles effectively through mentoring and support. Supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People could make choices about their food and drinks and alternatives were offered if requested. People were given support to eat and drink where required. We observed a positive mealtime experience where senior staff and the manager assisted.

Arrangements were in place to request external health and social care services to help keep people well. External professionals' advice was sought when needed and incorporated into care plans. External healthcare professionals spoke of effective joint work with the staff and manager.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005. The service had made applications for people who may be deprived of their liberty. They had yet to create a robust process for the review of deprivations but agreed to do so.

Staff provided care with kindness and compassion; we saw smiles and interaction between people and staff. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected

people's right to privacy and to make choices. The staff team knew the care and support needs of people well and took an interest in people and their families to provide individualised care.

People had their needs assessed and staff knew how to support people according to their preferences and choices. Care records showed that changes were made in response to requests from people using the service, relatives and external professionals.

Staff knew people as individuals and respected their choices. People were supported to enjoy a range of activities. People could raise any concerns and felt confident these would be addressed promptly by the manager and senior staff.

The home had a manager who was visible and hands on. There were systems in place to make sure the service learnt from events such as accidents and incidents, complaints and investigations. The provider had notified us of all incidents that occurred as required.

People and relatives views were sought by the service through surveys and day to day contact. People, relatives and staff spoken with all felt the manager was caring and responsive.

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 knew how to keep people safe and prevent harm from occurring. The staff were confident they could raise any concerns about poor practice in the service and these would be addressed to ensure people were protected from harm. People in the service felt safe and able to raise any concerns.

Staffing was organised to ensure people received adequate support to meet their needs throughout the day and night. Recruitment records demonstrated there were systems in place to employ staff who were suitable to work with vulnerable people.

People's medicines were managed well. Staff were trained and monitored to make sure people received their medicines safely. The temperature control in the medicines storage area was not being regularly checked.

Is the service effective?

Good

The service was effective. Staff received support from senior staff to ensure they carried out their roles effectively. Supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People could make choices about their food and drinks and alternatives were offered if requested. People were given support to eat and drink where required.

Arrangements were in place to request external health and social care services to help keep people well. External professionals' advice was sought when needed and incorporated into care plans.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005. The service had made applications for people who may be deprived of their liberty.

Is the service caring?

Good

The service was caring. Staff provided care with kindness and compassion. People could make choices about how they wanted

to be supported and staff listened to what they had to say.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their families to provide individualised care.

Is the service responsive?

Good

The service was responsive. People had their needs assessed and staff knew how to support people according to their preferences and choices. Care records showed that changes were made in response to requests from people using the service, relatives and external professionals.

Staff knew people as individuals and respected their choices. People were supported to enjoy a range of activities.

People could raise any concerns and felt confident these would be addressed promptly by the manager and senior staff.

Is the service well-led?

Good

The service was well led. The home had a manager who was visible and hands on. There were systems in place to make sure the service learnt from events such as accidents and incidents, complaints and investigations.

The provider had notified us of all incidents that occurred as required.

People were able to comment on the service provided to influence future service delivery.

People, relatives and staff spoken with all felt the manager was caring and responsive.

Rosewood Villa

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 the 26 and 27 April 2016 and day one was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. There were 16 people living there at the time of the inspection.

Before the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Information from service commissioners was also reviewed. They had no negative feedback on the service.

During the visit we spoke with six staff, eight people who used the service and four relatives or visitors. Observations were carried out at a mealtime and during an activity, and a medicines round was observed. 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 also spoke with one external professional who regularly visited the service.

Four care records were reviewed as were 11 medicines records and the staff training matrix. Other records reviewed included safeguarding adult's records and deprivation of liberty safeguards applications. We also reviewed complaints records, four staff recruitment/induction and training files and staff meeting minutes.

The internal and external communal areas were viewed as were the kitchen and dining areas, storage, laundry area and when invited, some people's bedrooms.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. People and relatives told us the staff team knew them well and responded quickly to any issues they had. One person told us, "They're all very nice here, they look after you well." A relative told us, "I know [relative] is quite safe here and has a roof over their head, they're well cared for and well looked after."

A number of people living at the service had a dementia related condition and we saw that possible risks to them had been identified by staff and action taken to minimise the risk. For example, making sure that objects that may pose any danger were removed such as rugs or trip hazards. Staff had access to the provider's policies on safeguarding and whistleblowing. They received safeguarding training during induction and thereafter were refreshed on a regular basis. Staff told us what they did to ensure people remained safe, for instance, by ensuring that people who needed support to mobilise were assisted by a staff member when they left the dining area to go to the lounge areas. Staff we spoke with felt able to raise any concerns or queries about people's safety and well-being, and felt the manager would act on their concerns. They told us practical steps they could take to keep people safe, for example one person left a walking stick where it could pose a trip hazard. Staff told us they watched for this and made sure this did not happen.

We saw in people's care records there were risk assessments and care plans designed to keep people safe and reduce the risk of harm where this was identified. For example people who required support to mobilise had plans which detailed what support they needed. We saw that staff followed these care plans when supporting people. We observed that people who needed support to maintain their food and fluid balance were supported and encouraged by staff to eat and drink.

The manager and staff undertook regular checks within the service to ensure the environment was safe. A maintenance record was kept and we observed that the building was clean, tidy and well maintained. We saw records that confirmed equipment checks were undertaken regularly and that safety equipment within the home, such as fire extinguishers, were also checked regularly. People and relatives commented to us that the environment was homely and always clean and tidy.

The service had contingency plans in place for possible evacuation of the service or in the case of emergency. Records showed that the service considered how to support people in such an event as well as have information for staff on what steps to take in such an event. These included contact details of senior staff who could assist in such an event.

The manager explained to us how they calculated staffing numbers based on the number of people using the service. Staff told us they felt there was enough staff and we observed that staff were able to respond quickly and still had time to spend with people talking or just being in communal areas with people. We observed that the manager and senior staff were available to support care staff throughout the visit, assisting at mealtimes and when staff took breaks.

We saw from records and talking to staff, people and relatives that the manager met regularly with the staff team and with people and their relatives to check on safety issues in the service. These meetings were sometimes formal and checked if they had any concerns about the service's safety and staff told us they felt able to raise any concerns they had about people's safety and wellbeing. People, relatives and staff told us that as the manager was always in the service and they could speak to them most days. We saw that the manager and senior staff reviewed accident and incident records and made changes to peoples care plans to reduce risks and prevent reoccurrence.

We looked at four staff recruitment files. Before staff were confirmed in post they ensured an application form was completed with provision for staff to provide a detailed employment history. Other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. Appropriate documentation and checks were in place for all four staff and they were not confirmed in post before all the DBS and references had been received. Staff we spoke with confirmed they had been through the full application and approval process.

We looked at the arrangements for the management of people's medicines. We found the service received pre-printed MARs from the pharmacy. The service used a colour coded dispensing system to assist staff in identifying what time each person using the service required medicines to be administered. The MARs were clearly initialled by staff to confirm when medicines had been administered. Where medicines were refused or a person was unable to take them for any reason, this was also clearly documented on the MAR. Medicines were stored securely in a locked cupboard.

We observed a medicines round. The staff member who administered medicines checked people's medicines on the MAR prior to dispensing to ensure people were receiving the correct medicines. Where people were prescribed pain relief on an as required basis we observed staff asked people to rate their level of pain to determine whether this medicine was required and what dosage. Staff explained to people what the medicines were prior to administering them and asked people for their consent. People were offered a drink to assist them in taking their tablets. On the day of the inspection we witnessed the staff member stayed with the person to ensure they had taken their medicine before returning to complete the MAR.

We found the date some medicines had been opened was not being recorded on the labels. However, we found all of the open medication had only been dispensed within the last four weeks. This meant there was no indication people had been given out of date medicine. We brought this to the attention of senior staff and were advised this should have been done and a reminder would be issued to staff. The room where medicines were stored was not checked for temperature to ensure that medicines were stored correctly. We brought this to the manager's attention who agreed to take immediate action.

We spoke with staff about how the service was kept clean; we saw a regular rota for the service included cleaning the home throughout the day, as well as regular deep cleans. People and relatives told us they felt the service was clean and odour free and we found this to be the case during the inspection.

Good

Is the service effective?

Our findings

People we spoke with confirmed that as far as they were concerned staff had the skills to do the job; they also told us that staff were caring, supportive and helpful. One person said, "They always ask if you need help before they do anything." Another told us, "I should say they know what they're doing." One person told us, "It's alright here; you can have as much or as little help as you need." Relatives we spoke with told us the same; one said "I'm quite happy with the care and help that's provided." Another relative told us their family member had been very well cared for and had made a vast improvement after being discharged to the service from hospital. They also stated they had been consulted and involved in discussions about the person's care throughout.

Records of staff induction showed that all staff went through a consistent process to prepare them for their roles. New staff shadowed senior staff to become familiar with people and their needs and the routines within the home. We saw all staff had attended the provider's mandatory training such as fire safety and had attended training on dementia care. The manager kept a training record for all staff that showed when refresher training was needed. Staff told us the key to knowing the people who lived there was spending time with them and talking to their families about how best to support them. Staff told us they felt able to raise any questions about how best to support people and they would be addressed.

All staff told us they were regularly supervised. Records showed that supervisions included discussion about the needs of people as well as the individual performance and training needs of staff. Staff had an annual appraisal and were given feedback on their performance, as well as advice about external training that they could access if required. We saw the service had been proactive in seeking out training for staff to meet the changing needs to people using the service.

Each person's care records had a consent form and this was signed by the person or, if they were not able, by their relative or representative. We observed staff always asked people about their wishes before delivering any care to them. For example, they asked people what they wanted to do after a meal and if they needed any 'as and when required' pain relief.

During mealtimes staff were able to tell us the food each person preferred and how they supported them to eat well. We saw people made choices about their food and staff responded promptly keeping peoples drink topped up and offering an alternative if they did not like the choices available. The food was well presented and hot and cold drinks were available. People told us they enjoyed their meals and we observed a relaxed mealtime experience. We saw that staff assisted some people to eat, engaging them in conversation whilst doing so. We saw that all staff were supporting people to eat at mealtimes including the manager.

People's records showed us there was information recorded about nutritional support needs and that nutritional assessments were reviewed regularly. This helped staff identify people who were at risk of losing or gaining too much weight. Weights were monitored monthly or more frequently when an issue had been identified. We saw entries in the care records which showed staff sought advice or assistance from health care professionals such as the GP, dentist, speech and language therapist and dietician where concerns

were identified. We saw that this professional advice had been incorporated into people's care plans.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive 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 are called the Deprivation of Liberty Safeguards (DoLS). The service had made applications to the local authority for the required approvals. We discussed the need to ensure that applications were made promptly and that a process be created to review these if authorised.

Records showed assessments had been carried out to determine whether people had the mental capacity to make decision about their care and treatment. Where people were found to lack capacity there was some evidence of best interest decisions being made with family members consulted as required. We saw staff asking people for their consent before making interventions, particularly during our observation of the administration of medicines.

People were supported to maintain contact with other healthcare professionals such as local GPs and opticians. We spoke to an external healthcare professional who had been coming into the home for a number of years. They told us how the home had good links with the surgery and staff would call and seek advice or assistance where required. Records were kept in people's care plans of visits to and from health professionals.

Good

Is the service caring?

Our findings

People told us staff were kind and caring and knew them well. One person described the home as "A home from home" and another said they were "Treated like family" and the "Staff are very caring." Relatives comments included, "The staff know [relative] very well and the care provided is very personal." One visiting professional told us "The care is really good, the staff are very consistent and the manager is very hands on and patient."

Staff talked to us about people with kindness and used terms of affection in their conversations. Staff told us they liked to care for people as if they were relatives, or how they would like to be cared for themselves in the future. This mirrored the positive language used by the manager and senior staff and we saw many positive interactions throughout the visit.

Some people had advanced dementia related conditions and we saw that staff carefully monitored people throughout the day. We heard staff discussing how one person seemed agitated and anxious and we observed that staff then took steps to closely monitor them. Relatives we spoke with also told us that staff contacted them regularly to keep them updated on any changes and they felt staff were attentive when they visited. People and their relatives all told us how they had been involved in the development of their care plans and felt included by the staff and manager.

Staff were able to tell us about people's preferences in daily living, including their likes and dislikes. The service was in the process of developing a 'one page profile' for each person, which would inform the reader of their likes and dislikes and how best to support them. We saw that staff had completed these profiles as part of their training. These profiles were available in the reception area so that visitors could read about the staff who supported their relatives. Staff we spoke with about this process thought it would only help improve what happened already.

Inside the lounge area there was information about the service, there was also information about safeguarding adults, how to complain and the home's survey results for people or visitors to review. Relatives told us the manager or senior staff would greet relatives when they called to pass on any new information or check how a visit had gone as they were leaving.

The home had a welcoming and comfortable ambience. The decoration in the communal areas of the home was modern and colourful. Clear signage was used to help people identify where the bathrooms were and to navigate to their bedrooms. There were newspapers and activity books available for people to read and complete. We saw that people were able to personalise their own rooms. One person explained how they had their own furniture and had pictures of their family up in their room.

We observed staff interacting positively with people throughout the inspection. The staff seemed to know the people they were caring for well. Staff were able to describe signs people would display when they required assistance.

We witnessed staff getting down to talk to people at their level. Staff had time to sit and interact with people on a one to one basis. Conversations between people and staff were friendly and informal. Staff encouraged people when providing care to them and praised them afterwards. We saw appropriate physical contact with people and staff walking arm-in-arm or staff rubbing people's arms to reassure them.

Staff told us how they encouraged peoples families to support them when they had lost capacity or had difficult choices to make. They were aware of advocacy services which could be used, but in most cases families or external professionals supported people.

Staff treated people with respect. People were provided with the opportunity to complete tasks independently. For example, we witnessed staff members cutting people's food up prior to serving it to them so they were able to eat without the need for assistance.

During the inspection we witnessed staff maintaining people's privacy and dignity. We observed staff knocking before entering rooms. People care records also detailed the need to maintain people's privacy when providing personal care. For example, one person's record stated the curtain should be drawn to give the person privacy whilst going to the toilet.

We saw people had information in their care plans about their preferences for care at the end of their lives or that this had been discussed and declined. Staff told us they were experienced in providing end of life care and they linked in with local GPs and NHS nurses to administer medical support such as pain relief and in making advance decisions care plans. They also told us they worked closely with people and their families to ensure end of life wishes were met.

Good

Is the service responsive?

Our findings

People told us they felt the service responded well to their needs. One person told us, "I would say this place is good, they're all doing their best." A relative told us the service had been very flexible when their relative had been unwell. They told us the manager had kept updating them via phone throughout and made sure they got feedback from healthcare professionals.

We saw that an assessment of people's needs was carried out prior to admission to the service. Each person had a care plan prepared before their admission so staff were clear about the initial support they needed. This was then amended as staff got to know people better and understand their preferences and needs. This meant people's care was individualised from the beginning of their stay at the home. We found that the care delivery was responsive and ensured individual needs were met.

We found that some of the care plans for people who had just moved to the service still lacked finer details about people's preferences. We discussed this with the manager and senior staff who told us they updated them as they got to know people, and agreed to update care plans as they gained those details about people's needs. People told us they were encouraged to be involved in the creation and review of their care.

The home had an activities co-ordinator who organised a daily programme of social activities. During the inspection we observed the activities co-ordinator completing group activities as well as interacting with people on a one-to-one basis. People and relatives told us there was always something going on in the home. One relative told us how the home "Makes a big thing of special occasions." We saw staff and people engaging in humorous conversation with lots of smiles and affectionate interaction. During our visit we saw some formal and informal activity at most times of the day.

People, relatives and staff talked about the summer fayre and Christmas fayre which are held each year and used to raise money for charity. One person also told us the manager had taken them to Seahouses and stated they were always asked if they wanted to go out on trips when one was organised.

On the day of the inspection there was union jack bunting up outside the building from the Queen's birthday celebrations the week before. The menu book in the dining room gave information to people and their relatives about how birthdays would be celebrated. People confirmed this was happening, telling us they had a special tea party which their family and friends could attend. We also saw the hairdresser visited weekly.

People's spiritual needs were recognised and appropriate support was given to meet such needs. Care records we viewed provided guidance to staff on how to support people in meeting their needs, for example, giving people private time to pray. The home also had links with local religious groups and regular religious services were held within the home.

We looked at the systems for recording and dealing with complaints. People and relatives were given information about how to make a complaint when they came to live at the home. There had been one

complaint in the last year. This had been responded to promptly by the registered manager and a positive outcome achieved. People and relatives we spoke with told us they had no cause to complaint, but knew how to and felt if they did it would be taken seriously by staff and the manager. The manager and senior staff told us they welcomed comments and complaints as it was an opportunity to review practices and make improvements. The service kept a file of compliments received and fed this information back to individual staff.

Good

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well led by the manager and senior staff. One person told us, "They have made this place from a family home, and it's kept that homely atmosphere." All the people, relatives and external professionals we talked with gave us a similar message. It was felt that the manager set the tone of the service through their words and actions and the staff mirrored this ethos. Staff were able to tell us how the service developed over the years, from a family home into a service. They described it as an organic, evolving process, and were able to tell us about plans to continue to improve the service.

We observed the manager interact with staff, relatives and people throughout the visit. All these interactions were positive and demonstrated how well they knew each other. The staff we spoke with all held the same value base about caring for people the way they would like someone to look after their own friends and family. Staff told us the manager had the same approach and encouraged staff to think about the way they supported people, and think how would they like someone to care for their family or friends. We saw that staff felt positive about the service they offered.

Regular checks and audits were carried out by the manager and senior staff. These analysed for example where people had experienced falls, significant weight loss, the use of medicines, care plan reviews and the accident and incident log. We saw this information was then used in people's care plans to review any areas of concern, such as weight loss and highlight this with the relevant external health professional if there was a need for further support.

The manager and senior staff were able to highlight their priorities for the future of the service and were open to working with us in a co-operative and transparent way. The manager was clear in their responsibilities as a registered person, sending in required notifications to CQC and reporting issues to the local authority or commissioners.

The home carried out a regular survey of people and families. We saw the results of the last year's survey and feedback was positive. We saw records that the manager met with staff regularly and used these meetings to effect changes to the service.

The manager told us they were using the 'Progress for Providers' toolkit. This is a range of simple self-assessments to enable providers to deliver more personalised services. The manager and senior staff told us they intended to use this to further develop the service once the new one page profiles were in place for all people. We saw that staff had completed one page profiles and these were available to inform people and visitors about the staff team.

An external professional we spoke with felt the service worked well with them, seeking out their input and advice, but also managing people's complex needs. They told us the manager often looked at ways the service could make small changes to care plans to support people, before referring externally.