

Roselands Residential Home Limited

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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

Roselands is a 'care home'. People in care homes receive accommodation and 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. Roselands is located in an old vicarage and has been adapted and extended to provide accommodation for up to 19 people. At the time of our inspection there were 16 people living at the home.

At our last inspection we rated the service good overall, although we found one breach of the Health and Social Care Act. This was because care records did not provide enough information to guide staff on the care and support people required. At this inspection we found improvements had been made and the service was no longer in breach of the regulations. We found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Systems remained in place to help safeguard people from abuse. Staff understood what action they should take to protect vulnerable people in their care. Recruitment checks had been carried out to ensure staff were suitable to work in a care setting with vulnerable people. At the time of our inspection there were sufficient staff to respond to the needs of people living at the home.

The home was well-maintained, clean and decorated to a good standard. Maintenance checks on services and equipment were up-to-date. Procedures were in place to prevent and control the spread of infection. The management of medicines was safe. The service plans to introduce more detailed documentation around the administration of 'when-required' medicines.

Staff encouraged people to make choices where they were able. The service was working within the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were supported by staff who had the knowledge and skills to undertake their duties. Staff completed a programme of training and received regular supervision and an annual appraisal.

Warm and caring relationships had been encouraged at the service and staff were polite and friendly when engaging people. People's privacy and dignity were respected. People had good access to other health professionals for advice and support, when needed. Care plans, which were reviewed regularly, reflected the needs of each individual.

There was strong, committed leadership from the registered manager and home owner and staff told us they felt supported by the management team. Audits and quality checks were undertaken on a regular basis and any issues or concerns addressed with appropriate actions. The service was committed to partnership working and had developed links with other healthcare professionals and the local community.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

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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 was an unannounced comprehensive inspection which took place on 15 and 16 March, 2018. The first day of the inspection was carried out by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using this type of service or caring for someone who uses this type of care service. On the second day one adult social care inspector returned to the service.

Before the inspection we reviewed information we held about the service. This included the inspection report from our last inspection in March 2016. We also looked at the Provider Information Return (PIR). This is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make. We also reviewed the statutory notifications the CQC had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay.

Prior to the inspection we contacted the local authority quality monitoring officer to ask if they had any concerns about the service, which they did not.

During our visit we spoke with the registered manager, the owner, two care assistants, the activities coordinator, six people who lived at the home, four relatives and two care assistants. We also spoke with other staff in passing. We looked around the home checking on the condition of the communal areas, toilets and bathrooms and kitchen. We spent time observing a lunchtime meal and the administration of medicines.

As part of the inspection we reviewed the care records of three people living at the home. The records included their care plans and risk assessments. We reviewed other information about the service, including training and supervision records, three staff personnel files, medicine administration records, audits, meeting minutes and maintenance and servicing records.

Is the service safe?

Our findings

People told us they felt safe at Roselands. Comments included, "I feel safe here and the staff are OK. If it's very busy, it is difficult for the staff to get around to us all, but generally there are no long waits. If I was worried about either myself or someone else, I would speak to the staff. They are all friendly and approachable. There's no problem with medications here and it's clean - there's no smell.". Another person told us "I will have been here for two years on 1 April. I think it's very nice here, I feel safe and all the care staff are lovely". A third person said, "I feel very safe here and I would speak to any of the staff if there was something wrong. I am happy with all my care and I feel that there is always someone on hand to help me." Staff we spoke with had an understanding of what constituted abuse and were confident they would report any concerns they had and that they would be investigated appropriately.

The home was well-maintained, clean and free from any unpleasant odours. The communal rooms were decorated to a high standard and provided a pleasant environment for people to relax in. There systems were in place to prevent and control the spread of infection. Toilets and bathrooms had adequate supplies of liquid soap and paper towels. Pedal bins were in all toilets and bath/shower rooms which meant soiled items could be disposed of correctly. There was an adequate supply of personal protective equipment, such as disposable aprons and gloves and we observed staff using these appropriately, such as while serving food. The home had recently been awarded an infection prevention and control Certificate of Excellence for 2018 from the local authority. The kitchen had achieved a rating of five stars at a recent food standards agency inspection in January 2018. This meant food ordering, storage and preparation were classed as 'very good'.

The home was secure. There was a locked gate, opened through an intercom system. The front door was kept locked and people could not enter the building without being let in by a member of staff. There was a 'signing in' book for visitors. This ensured staff were aware of who was in the building at any one time.

All servicing of equipment, such as the passenger lift, hoists and hoist slings were up-to-date. Systems were in place to protect staff and people who used the service from the risk of fire. Fire fighting equipment, such as extinguishers and the alarm system were regularly checked and the fire exits were all clear at the time of our inspection. Everyone living at the home had a personal evacuation escape plan (PEEP). PEEPs explain how each person would be evacuated from the building in the event of an emergency, and contain information about their mobility. These were kept in people's care files and also by the front door, so they were easily available in the event of an emergency.

Staff employed by the service had been through a thorough recruitment process. We reviewed three staff personnel files and found that they contained all the necessary documentation, including application forms, reference checks and photographic confirmation of identification. All staff had Disclosure and Barring Service (DBS) criminal record checks in place. These checks help to ensure people are protected from the risk of unsuitable staff, as they identify if a person has had any criminal convictions or cautions.

Medicines were managed safely. All medicines were stored correctly and were administered by people who

had been trained in this area. Medicines Administration Records (MARs) contained information necessary for the safe administration of medicines, such as photographs of people living at the home and information about allergies. Those we reviewed had been completed correctly which indicated that people had received their medicines as prescribed. The registered manager carried out a monthly check on the completion of MARs and where any gaps were found these were investigated and action taken. This showed the service was open and transparent and keen to learn from mistakes. Where people were prescribed medicines to be given 'when required' we found the documentation to guide staff was not detailed enough. We discussed this matter with the registered manager who agreed to devise and use a more comprehensive 'when required' medicines record.

Risks to people's health, such as from falls, had been assessed. These were reviewed regularly to ensure they remained up-to-date. Accidents and incidents were managed correctly. Following an accident/incident, staff completed a form and recorded the nature of the incident, who had been involved and what immediate action had been taken, such as first aid. There was also a section which described what other action had been taken to help prevent a reoccurrence. For example, following a fall, this might mean referral to the 'falls prevention team'.

There were sufficient staff to keep people safe and meet their needs. As well as the registered manager and deputy manager, the service employed care assistants, senior care assistants, a maintenance person, a domestic, an activities coordinator and a cook. The service was currently using agency staff to cover for a member of staff who was on maternity leave. From our observations during the inspection we saw that requests for assistance were responded to promptly and that there were sufficient staff available to meet people's needs.

Is the service effective?

Our findings

People spoke positively about the home. One person told us, "We feel, as a family, that we cannot recommend this home highly enough. It's a perfect situation for my mother."

People were supported by staff who had the skills and knowledge to undertake their duties. A programme of mandatory training was delivered which included both face to face and e learning courses. Staff also had access to additional training, such as 'safe holding' and 'dysphagia awareness' through links that the service had with the clinical commissioning group and the local authority. Dysphagia is the medical term for swallowing difficulties. Some staff were 'champions' of different subject areas, for example dignity and infection control. This meant they had a special interest in the subject and shared their knowledge with others.

Staff received regular supervision and an annual appraisal. Supervision records we saw contained detailed information about what was discussed, including as a review of the person's work performance, future work targets, training needs and personal matters. Supervision is important as it provides staff with an opportunity to discuss their progress and any learning and development needs they may have.

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.

Staff were aware of and adhered to the Mental Capacity Act (2005). People we spoke with told us that staff always obtained consent prior to providing support. One person said, "I think the staff are skilled here. They always ask for consent either before coming into my room or for any treatment." We saw that consent forms were signed as by the person living at the home or their representative. These were for issues such administration of medicines and sharing of information.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us they had a good relationship with the local authority DoLS team and could contact them to discuss any issues or concerns they had in relation to this matter.

People were supported to eat and drink sufficient amounts and to maintain a healthy balanced diet. The menus were developed incorporating people's preferences and there was a choice of meals each day. The cook told us people were able to request alternatives that were not on the menu if they wanted to eat something different. People we spoke with commented positively about the food. One person said, "I have got no concerns about the food, it's all quite good and tasty." Another person told us, "The food is generally OK. There are some things I don't like, but they will always get me something different." A visitor said,

"Whenever I've been here at mealtimes, there always seems to be a good variety of foodstuffs and a balanced diet. The tables are nicely decorated too."

We observed lunch on the first day of our inspection. The dining room was a pleasant, open space to eat and there was room for wheelchair access. The tables were set with crockery and cutlery, cold cordial drinks in jugs, cloth and paper napkins, fresh daffodils and salt and pepper sets on each table arranged on small trays. People appeared to enjoy their meal and there was hardly any leftover food on each of the plates at the end of the meal.

During our inspection we looked around the home to see how it was decorated and furnished and to check if it had been suitably adapted for the people living there. Some people living at Roselands had a dementia and some measures had been taken to make the environment 'dementia-friendly'. These included the use of large, colourful, picture signage and people's names and photographs on bedroom doors to help make them easier to recognise for those people with memory problems. The two lounges were bright, pleasantly decorated and homely. There was a range of material attractively displayed in the hallway, including information about an 'intergenerational project' that the service was involved in. The home had a large, secure, garden which contained garden furniture and shrubs.

Staff worked with other healthcare professionals to ensure people's health needs were met. We saw from the care records we viewed that, where needed, people were referred to health professionals for specialist support, for example to the district nursing service or to their GP. People we spoke with confirmed specialist help was called. One person said, "The GP is called if needed. For example, I was coughing the other week. I had a chest infection. My doctor prescribed antibiotics, which soon cleared everything up." A comment made by a healthcare professional in the home's 2018 quality assurance survey stated, "Roselands are always approachable and follow any advice given by our team." The service had developed a good relationship with the district nursing service and joint monthly meetings to discuss residents' needs were due to be introduced.

Is the service caring?

Our findings

We received many positive comments about the care and support people received at Roselands. One person said, "Staff are very caring and they respect my views and listen to me. They always knock on my door and respect my privacy. They let me manage my own routine as I can get around independently. I feel that they have my best interests at heart." Another person told us, "The staff are kind and caring. They always seem to have time for me and I don't feel that things are rushed here. I am treated with dignity and respect and I have my privacy. I feel that the staff listen and respond to any request or query." Throughout of inspection we observed staff interacting with people in a polite, caring and friendly manner. Staff encouraged people to do as much for themselves as they were able, at the same time as ensuring they were given opportunities to make choices about their care.

People living at the home and family carers we spoke with stated that they were generally very happy with the level of care and day-to-day services at Roselands. Residents appeared to be contented, well-groomed and in clean clothing. A visitor told us, "Everyone seems kind and considerate. My mother is always clean and appropriately dressed. A hairdresser comes twice a week and lots of residents have their hair done. We hold this place in high regard."

There was a warm and welcoming atmosphere at the service and there were no restrictions on visiting. Staff we spoke with talked positively about working at the home and about the importance of trying to make the experience of living at the home a happy one for people. One care assistant told us, "I love my job; I love the residents." At all times of observation during that day, the staff members seemed enthusiastic about their work, fully engaged, open, happy and helpful. They presented as a team, keen on getting the job done well.

Staff had built warm, caring relationships with people and from listening to conversations it was clear that staff knew the people they cared for. The home operated a 'key worker' system. Each care assistant was the named carer for one or two people living at the home and through this role developed a close relationship with them. It was their responsibility check that their room was kept tidy and ensure that their care needs were met. Recently, key workers had started developing framed pictures titled 'share my memories'. These displayed, in words and pictures, information about the lives of individuals and were used by staff to aid reminiscence.

People and family members were encouraged to give feedback about the service through a 'residents' forum' and through an annual survey. This showed the service actively sought peoples' opinions about the care and support Roselands provided.

Is the service responsive?

Our findings

At our last inspection in March 2016 we found that, although care records contained some information, there was not always enough information in place to guide staff on the care and support to be provided for some aspects of people's care. This meant there was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred Care. At this inspection we found that improvements had been made and the service was no longer in breach of this regulation.

We reviewed the care records of three people living at Roselands. These contained detailed information to show how people were to be supported and cared for and were reviewed monthly to ensure they were up-to-date. Our observations of care given during our inspection confirmed that it was tailored to the needs of individuals. People told us they were always kept informed if there were any changes to their relative's health, such as an infection or if they had fallen and information that had been conveyed to relatives was recorded in the care files. Staff had received training in pressure sore prevention through the 'react to red' pressure ulcer prevention campaign. Care records showed that staff regularly undertook checks on people's skin to help identify any signs of potential pressure damage. This information was recorded on body maps. Regular monitoring of people's skin integrity helps to prevent pressure damage.

There was evidence that people's wishes for their end of life care had been considered and where appropriate a Do Not Attempt Resuscitation (DNAR) request was in their care file. When people were receiving 'end of life' care, the care staff were supported by the district nursing service. Roselands had completed the 'Six Steps to Success – Northwest end of life care programme for care homes', which aims to provide staff with the knowledge to offer high quality end of life care. The home had a 'six steps champion', who attended meetings about end of life care and promoted best practice in this area at the home.

The home employed an activities coordinator who had been in her role since September 2017. From our conversation with them we found them to be enthusiastic and committed to providing a range of activities at the home and to making some of the resources more readily available for people living in the home to access independently. A range of activities were offered, including board games, craft sessions, reminiscence, and birthday celebrations with a visiting singer. Some people enjoyed helping with daily skill activities, such as washing up, folding napkins and setting the dining tables. Outings and gardening activities were being planned for the warmer, summer months. People were supported with their religious needs through a programme of regular visits from faith leaders.

The service had a complaints procedure which explained how to make a complaint and the timescale for receiving a reply. We reviewed one complaint the service had received. We saw that it had been handled sensitively and a letter sent from the home owner to the person's family describing the action taken following an investigation.

Is the service well-led?

Our findings

There was a registered manager at the service. 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 registered manager had previously been employed at the home as the deputy manager and had been promoted to the manager position during 2017. They had an National Vocational Qualification level 5 in Health and Social Care.

The registered manager worked closely with the home owner and it was clear from observations during our inspection that together they provided a strong management structure to the service. Staff we spoke with told us they felt well supported by the management team. Roselands had a statement of purpose, which set out the values and purpose of the service in a clear way and all staff we spoke with demonstrated a desire to provide care and support in line with these values.

The registered manager undertook a range of audits to review the quality of service delivery. Audits and quality checks, for example of the condition of the premises, medicines, the dining experience, and accidents and incidents, were undertaken on a regular basis and any problems identified were dealt with in a timely manner. A recent infection control audit undertaken by the local authority had suggested that individual boxes be purchased, to enable catheter equipment to be stored correctly and liquid soap dispensers provided for en-suite bathrooms. We saw that both these requests had been actioned promptly.

The service was committed to partnership working. The registered manager attended the local authority care home partnership meetings and had recently invited staff from other homes to share a medicines management training session, which was being provided at Roselands. The service had links with Age UK and two people living at the home had been part of the Age UK 'Life Story' project, which works with older people to produce a personalised life story book that can be shared with family and carers. The registered manager had started an 'intergenerational project'. As part of this work the service had developed close links with a local nursery school and children regularly visited the home to sing to people.

The home was committed to improving the lives of people living with dementia. It had recently signed up to the 'Butterfly Community'. This is an on-line forum for people interested in working to change the culture of dementia care and provides on-line training, information, resources and group discussion.

The registered manager adhered to the requirements of their registration with the Care Quality Commission (CQC) and submitted notifications about key events that occurred at the service as required. The service's CQC rating from their last inspection was displayed prominently in the home's reception area.