Rosewood Care LLP

Rosewood House

Inspection report

7 Kyle Road, Teams
Gateshead
NE8 2YE
Tel: 0191 460 6000
Website: www.rosewoodcare.co.uk

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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

Overall summary

This was an unannounced inspection which took place over two days, 21 and 22 April 2015. The last inspection took place on 3 July 2013. At that time, the service was meeting all the regulations inspected.

Rosewood House is a three storey home for up to 78 people in a residential area in Gateshead. The service is primarily for older people, some of whom may have a dementia related condition. It is registered to provide accommodation for persons who require nursing or personal care, diagnostic and screening procedures and treatment of disease, disorder or injury.

Rosewood House has a registered manager who has been in post since 2010. 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 home was warm, clean and had comfortable communal areas. There was some building work going on at the top floor, but this had been managed well to

Summary of findings

reduce noise, mess or risk to people using the service. There were sufficient staff, with different skills and qualifications on each of the three floors to meet the different needs of the people there.

People told us they felt safe, being cared for by staff who knew them well. Staff told us they knew how to raise concerns and had confidence action would be taken if they had any issues. Relatives told us they felt their families were safe at Rosewood House and the home was welcoming and had a family atmosphere.

We saw that risks to people, such as malnutrition and skin integrity, were risk assessed and care plans were in place to protect people from harm. Where people's needs changed we saw that referrals were made, with advice from professionals integrated quickly into the care plans.

We saw that nursing and care staff, as well as other staff, were effectively deployed to meet the needs of people. Staff were trained so that they could work flexibly with different people and were deployed so that at peak times there was sufficient staffing. An example being the use of domestic staff to assist at breakfast on the top floor.

We saw that people's medicines were managed safely; stock control and ordering were managed by trained staff with checks to ensure that the risk of errors were minimised. Audits were carried out regularly to ensure that staff were competent and that any errors would be quickly identified.

We saw that care was effective, that people received care based on best practice and the advice of professionals. Care plans were detailed and personalised. People's consent was sought, where this was possible. Where people could not consent, their care was delivered in their best interests after consultation with family and professionals. One person told us "The girls look after you as if you were one of their family."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. There were a number of people subject to DoLS and these had been managed well by the service with referrals for local authority authorisation being made appropriately. The service had a system in place to ensure that renewals of authorisation were requested promptly.

Staff were recruited robustly and trained based on the needs of people using the service. People were involved in the recruitment of new staff to the home. Staff had undergone an induction period and their mandatory training was up to date. We saw that staff were also being trained in 'Dignity in Care' and dementia awareness.

People were supported to eat and drink and maintain a balanced diet. We saw staff supporting people with mealtimes in a dignified way, and the service monitored people's weights and took further action if needed. We spoke with a number of visiting health professionals who told us the care and support offered was effective. We saw evidence in records of health professionals' advice being sought by staff, and then acted upon.

We saw that care was positive and that there were good relationships between people and staff. All staff we spoke with knew people's needs well and spoke about them in a positive manner. A relative told us "All the staff know you and always ask how you are". We saw that people and their families were encouraged to express their views and be actively involved in making decisions about their care and support. We saw evidence of people's involvement in their admission and review of care, as well as records of house meetings and feedback surveys.

People's choices and rights were respected, we saw staff knocking on doors before entering, offering people choices and looking at alternatives if they were requested. People were encouraged to be part of their community and continue relationships and activities that were important to them, such as voting in the upcoming general election.

We saw, in records of where people had complained or raised queries about the service, that the registered manager responded positively to these and people were satisfied with the outcomes.

Throughout the visit we saw staff and people responding to each other in a positive way. People were engaged in meaningful activity with staff support, and staff took the time to talk to people as they were carrying out their duties.

Summary of findings

The registered manager had taken steps to ensure that the service ran effectively. There was evidence of regular meetings between teams within the home, of sharing information and of responding to need. There was evidence of regular audits and action being taken where incidents occurred or where improvements could be made. Visiting professionals all rated the registered manager highly and felt the staff team reflected their values and ways of working, where the person is at the centre of the care.

Summary of findings

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

This service was safe. Staff knew how to act to keep people safe and prevent further harm from occurring. The staff were confident they could raise any concern 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.

The staffing was organised to ensure people received appropriate support to meet their needs. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

People's medicines were managed well and staff were trained and monitored to make sure people received medicines as required.

Is the service effective?

Good

This service was effective. Staff received on-going support from senior staff to ensure they carried out their role effectively. Formal induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs. Staff attended the provider's training, as well as accessing local resources as required.

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

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

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where people did not have capacity. Where people were deprived of their liberty this was in their best interests and reflected in their care plans. Where best interests decisions had been made these were least restrictive.

Is the service caring?

Good

This service was caring. Care was provided 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 and choice.

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

Is the service responsive?

Good

This service was responsive. People had their needs assessed and staff knew how to support people in a caring and sensitive manner. The care records showed that changes were made in response to requests from people using the service and external professionals.

Summary of findings

People who used the service and visitors were supported to take part in recreational activities in the home and the community. The activities co-ordinator had developed appropriate activities for people in the service, including those with a dementia related condition.

People could raise any concern and felt confident these would be addressed promptly. Evidence was seen of changes made recently by the registered manager.

Is the service well-led?

Good

This service was well led. The home has a registered manager. There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

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

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

Those people, relatives and staff spoken with all felt the manager was approachable, responsive and person centred.

Rosewood House

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 21 and 22 April 2015 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.

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. Additional information from the local authority safeguarding adult's team and commissioners of care was also reviewed.

During the visit we spoke with twelve staff including the manager, fourteen people who used the service and seven relatives or visitors. Observations were carried out on all three floors over a mealtime and during a social 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 the six external professionals who regularly visit the service either on the visit itself or via phone afterwards.

Seven care records were reviewed as were six 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, three staff recruitment/ induction and training files, three different staff's supervision files and staff meeting minutes. The registered manager's action planning process was discussed with them as was learning from accident/ incident records. Other records reviewed also included the maintenance records for the home.

The internal and external communal areas were viewed as were the kitchen and dining areas on each floor, offices, storage and laundry areas, sluice rooms and, when invited, some people's bedrooms.

Good

Is the service safe?

Our findings

People told us they felt safe living at Rosewood House. One person told us "I feel safe and well looked after, the staff really care." Relatives told us they had no concerns for the person living there, stating the security of the building and the caring nature of the staff as reasons.

Staff we spoke with felt that safeguarding or other safety incidents would be dealt with if reported. All the staff we spoke with were aware of safeguarding adults and whistle-blowing procedures and felt confident to use these. They felt confident that the registered manager would respond quickly to any concerns they raised.

Records were available to record significant incidents that had occurred for individuals. These were detailed and showed appropriate actions had been taken and that other professionals were involved as necessary. For example, when a person became upset or agitated there was clear information to show staff responded consistently and that family and professionals were informed. We saw records that confirmed preventive measures were taken to protect people in the home. We spoke with a health care professional who visited the home. They said, "Staff seek our advice and we find they respond consistently to issues." They said there was a relaxed atmosphere and they felt people received good care.

The home had in place regular checks for the environment for anything that could be harmful or hazardous, so that action could be taken to reduce any risks. Appropriate risk assessments were in place for people; for example, bedrails, the use of lifting equipment and the use of hoists. We saw the risk assessments were updated to reflect any changes in people's needs. These measures helped to ensure people were safe and comfortable living in the home. We saw from records that accidents were recorded and there were systems in place to monitor accidents and act upon any concerns identified.

Corridors and communal areas were clear of any hazards. Specialised equipment to meet people's assessed needs had been provided, for example beds that could be raised or lowered, and special mattresses for people with skin conditions. Each person had their own en-suite toilet. Bathrooms and toilets were fitted with aids and adaptations that suited people's needs.

There was a documented plan for the home that identified steps to be taken in the event of an emergency situation. There was a system of checks and audits in place to monitor the safety of the environment for people, staff and visitors. There were records of safety checks of equipment. These included checks of water and plumbing. We saw records to confirm there were annual safety checks carried out by external contractors for example, electrical appliance tests, fire equipment, lift and fire systems servicing.

We reviewed the staffing levels with the registered manager who explained the process they used based on dependency and risk to calculate staff numbers on each of the three floors, and for using the workforce flexibly. They gave us an example of using suitably trained domestic staff on the top floor to support the breakfast period, so that people had the support they needed. During the visit we saw staff were visible throughout the building, responded quickly to call bells and had time to interact with people.

We looked at three recruitment files; these showed us that the provider followed a consistent process of application, interview, references and police checks when appointing new staff. New staff we spoke with told us they had been subject to application checks and had gone through an induction period.

From records we could see evidence that the registered manager took action to manage issues between staff members that might affect their performance and took disciplinary action against staff where necessary. We saw one example where a staff member's behaviour put a person's confidentiality at risk; the registered manager had taken action to address this potential risk across the service

We observed a medicines round, spoke with nursing staff who managed medicines and looked at records and the storage areas. Staff were consistent in their understanding of how to order, store and assist people to take their medicines. We observed staff supporting people with their medicines in a discrete, respectful manner, as well as involving the person in the decisions about when to use 'as and when required' medications. The medicine storage areas were clean, records viewed were up to date and there was evidence of regular audit. The nurses and staff we spoke with were knowledgeable of the person's health histories, medicines and potential side effects and advised how they regularly sought advice from their local GP if they had any concerns. We saw staff responded flexibly where

Good

Is the service safe?

people with a dementia refused their medicines. They changed their approach for each person, being flexible about times for example. One person told us “The girls make sure you take your pills and don’t forget them”.

We saw staff cleaning and they told us there were schedules in place to make sure all areas of the home were kept clean. Staff wore aprons and plastic gloves when they were cleaning. We looked at the laundry and saw it was clean and well organised. Systems were in place to ensure clean laundry was kept separate from dirty laundry. The public areas of the home were well maintained, clean, well-furnished and decorated. There was building work on the top floor, but this did not have any impact on the homes levels of cleanliness and had been managed well between the registered manager and the builders to keep people safe.

Good

Is the service effective?

Our findings

People who used the service told us they felt the home was effective in meeting their needs. One person we spoke with said that the staff "Knew their jobs". A visiting professional also told us "The staff and nurses here are all on the ball, it's a good home". They felt the staff team had the right skills and training to meet the needs of people in the home and that if they didn't know something they would seek advice from, or refer to, external professionals.

We saw from records that people had access to support from health care professionals including GP's, district nurses, physiotherapy, speech and language, specialist dementia team and the behaviour team. Staff said they supported people to attend appointments if required, such as GPs and chiropodists. Staff also said they contacted family members to inform them of any changes in their relative's needs, such as if they were ill. We saw people had aids and equipment to help them move safely around the home.

From records of staff induction we could see that all staff went through a common induction process. We could see that all staff had attended mandatory training such as fire safety. The registered manager kept a matrix of all staff showing when refresher training was needed. All staff were attending dignity in care training, and where some had missed a session, action had been taken to address this.

All staff were regularly supervised by senior staff and records showed us these included discussion about the needs of people as well as the 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. Nurse registration was checked regularly. One nurse told us "They check our registration, but also encourage us to share any training we have attended with the rest of the team".

Staff meeting minutes showed that staff were consulted and updated on changes in the home that affected the safety and wellbeing of people and staff.

We saw staff always asked people about their wishes before delivering any care to them. For example, they asked if they wanted to go to their room, to the toilet, or go to the lounge. 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 saw people made choices about their food and staff responded promptly to a request for an alternative meal. We spoke to one relative who gave positive feedback on how staff communicated with them and kept them in touch with any issues or changes that had occurred. They said staff sought their views and listened to them.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards are part of the Mental Capacity Act 2005. They are a legal process followed to ensure that people are looked after in a way that does not inappropriately restrict their freedom. We saw from records that the registered manager had referred people for assessments for DoLS as necessary. This meant they were being protected against the risk of unlawful restriction of their liberty.

We saw staff supported people with eating and drinking. Healthy eating was encouraged and supported. We observed lunch and saw that on the first floor the tables were attractively presented. The menu was displayed in each dining room with a choice of two options, however we saw someone request an alternative dish and this was quickly prepared for them. The food was well presented and hot and cold drinks were available. People told us they enjoyed their meals.

We saw from individual records there was information recorded about people's nutritional needs and that nutritional assessments were undertaken monthly. This was done using the Malnutrition Universal Screening Tool (MUST). This tool helps staff identify people who are at risk of losing or putting on too much weight. Weights were monitored monthly or more frequently when an issue was identified. We saw entries in the care records that showed staff sought advice or assistance from health care professionals such as the GP, dentist and dietician where concerns were identified. People's plans showed what specific dietary needs they had: for example, if they were having regular dietary supplements or needed regular prompting to eat their meals.

We saw evidence of good collaboration between the service and the local GP and community health professionals. The GP visited the service weekly and there was input from specialist nursing staff twice a week. Records showed this input was used to consult and advise about peoples changing health needs and care plans were

Good

Is the service effective?

regularly changed following this advice. One visiting professional told us “They manage very well, but seek our advice and follow it. The (registered) manager is approachable”.

The building was split over three floors with residential needs mostly on the ground floor, nursing on the first and those with a more advanced dementia on the top floor. The clean, odour free and well decorated environment was the same on all three floors. There were lounges on each floor which were comfortable, well furnished with chairs and a small dining table and were used by people. There was a large inner courtyard that was fully accessible and was used by people throughout the day. Bathrooms had been equipped to meet the needs of people living there and were clean and tidy.

Good

Is the service caring?

Our findings

All the people and visitors we spoke with found the staff to be both kind and compassionate and felt they treated them with respect. One person said "The girls look after you as if you were one of the family." Another said "They know if you are not well and soon get you sorted out." A relative said "All the staff know you and always ask how you are." We observed that whilst staff were going about their duties they always took time to talk with people, checking they were okay or if they needed anything. Family members were encouraged by staff to be involved in activities in the home and a number of relatives told us they had supported relatives on staff led trips out, as well as activities in the home.

We saw staff had good relationships with people and they went about their work showing care and concern for people. For example, care workers took time to reassure and assist one person who was not sure what they wanted to do and was walking without purpose around the corridors. Staff spent time chatting with people. We spoke with one relative who spoke positively about the way the care staff went about their work and told us, "The staff are very good and my relative is very happy here. They know X in and out. If we have any concerns about them we just mention it to the staff and they incorporate the support they need into their care plan. X is settled and comfortable. We are all really happy with the care X gets."

There were people living at the home who did not speak English as a first language. The registered manager told us that they had organised visits from interpreters to make sure people were able to communicate their views about their care. Staff were able to explain how they cared for these people and told us how they had got to know what they liked and what their preferences were and this was recorded in their care plans.

During the inspection staff acted in a professional and friendly manner, treating people with dignity and respect. They gave us practical examples of how they delivered care to achieve this aim. For example, making sure people were asked about what they wanted to wear, making sure doors and curtains were closed when helping with personal care, keeping people covered up when assisting them to the bathroom and respecting people's rights and choices. Staff also told us how they promoted people's independence by allowing them to do things for themselves if they were able. We found that people's privacy was promoted by the staff team. For example, we saw staff knocked on people's bedroom doors and waited for permission to enter. We found staff were aware of the importance of involving people in decisions and listening to their views about what they wanted.

Staff were well informed about people's preferences about their daily lives including their likes and dislikes. A profile of each person was available in their records which helped to identify people's preferences in their daily lives, their hobbies, and important facts about their previous lives. This meant staff were able to provide support in an individualised way that respected people's wishes. The profiles were particularly useful for people who had dementia and were unable to recall past events or their particular preferences in leisure and activities.

We saw information was available on notice boards about advocacy services available in the local area. We also saw photos and pictures of recent events in the home, as well as posters for upcoming activities or events.

We were told that there were monthly resident (people) and staff meetings when problems could be raised and changes discussed. People's families were also invited to attend these meetings and have an input. Unfortunately until recently the attendance had been rather low but the registered manager told us they were optimistic that this was starting to improve over time.

We saw people had information recorded about their preferences for end of life care. We were told by staff they were experienced in providing end of life care and linked in with local GPs/NHS nurses to administer medical support such as pain relief. This was supported by training records and staff who advised us they worked closely with people and their families for end of life care.

Good

Is the service responsive?

Our findings

People told us they were involved in their care plan reviews, and relatives told us they had input into their families' care plan. One person told us "The girls know us well and know what we like." Another told us "They make sure we get what we need to be comfortable." Relatives told us they felt welcomed into the home and that they were consulted at all times, and if they asked for something to change, this happened quickly. One relative said "The staff use my visits as an opportunity to communicate with me and make me aware of what is going on in the home."

We looked at seven people's care records, including support plans about their care needs and choices. We saw the quality of recording was consistent and provided clear information about each individual.

We saw that a comprehensive assessment of needs was carried out prior to admission to the service. Each person had a draft care plan prepared prior to their admission so staff were clear about the support they needed. This was 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 saw there were regular six monthly reviews of care which involved both people, where they were able, and their relatives. We found there was a system in place to monitor care, checks were carried out and plans of care were updated as necessary. Staff were aware of people's individual needs and this supported an appropriate and consistent level of care. When changes were identified in assessments, care plans were amended quickly to reflect this. For example, when a person was identified with high risk of skin damage their care plan was updated to show they had two hourly position changes, the details of the skin care treatment to be provided, the involvement of a specialist tissue viability nurse was recorded and the placement of an airflow mattress on the person's bed was noted.

The staff we spoke with were well informed and respectful of people's individual needs, abilities and preferred daily lifestyles. For example, a staff member described how one person was supported with their personal care and it was evident the staff member was aware of their likes and dislikes. We saw that care was provided in a flexible way to meet people's individual preferences. For instance, we saw one person had all their meals served in their bedroom because this was where they wanted to spend their time.

We found information about activities was available on the notice board on each floor. We spoke with the activity organiser who was enthusiastic and knowledgeable about the activities enjoyed by individuals. They told us about the programme of weekly activities which included individual and group outings. There were regular exercise classes and this meant people were able to join in an activity that was good for their health and wellbeing. Regular sessions included the cinema club (twice a week), movement and dance, painting, tai chi, singing (run by local volunteers), cooking, exercise classes, arts and crafts, ball games, skittles and bowling.

There were regular individual trips to the Metro Centre, Newcastle, the theatre, South Shields and some people enjoyed a walk to the local shop. On the first day of the inspection there was a celebration of the Queen's birthday and a special menu at mealtimes. We saw the activity organiser spending time with a person who had dementia looking at a memory book. This book had pictures which triggered memories and discussion and encouraged the person to communicate. The activity organiser had completed safeguarding, activities provision and dementia training as well as other mandatory training.

We saw that people had been supported to register to vote in the upcoming election, and that plans had been made to support people via postal ballots if requested.

We looked at the systems for recording and dealing with complaints. People were supplied with information about how to make a complaint when they came to live at Rosewood House. We saw there had been two complaints in the last year. Both had been fully investigated and a satisfactory outcome achieved within timescales. The manager told us she welcomed comments and complaints as it was an opportunity to review practices and make improvements.

Good

Is the service well-led?

Our findings

People reported to us that their experience was that the home was well led and they knew the registered manager and deputy manager well. All relatives were positive about the care and provision of service at Rosewood House and said that they were always made to feel welcome and the atmosphere was always friendly and upbeat. One professional told us that the staff and managers ethos was this was not 'their' home; the staff just came into support the people living there. A relative told us "The staff treat them like they were family". They told us they had asked for changes to be made to their relative's laundry and this had been accommodated without any problem. A staff member told us "We work for them, they are our priority", when talking about the people at Rosewood House.

The registered manager told us the core values of Rosewood House were that "We help make them happy, give them the best we can, and I expect the same of all the staff." The registered manager was open about the issues they had experienced at Rosewood House in the past and how they had worked with the deputy manager and staff team to make changes across the home.

The registered manager held monthly meetings with the heads of key areas such as care, kitchen, domestic etc. These allowed for improved co-ordination between the teams and sharing of good practice. This ensured they were able to deal with any issues and use all the resources and information in the service to effect change. One staff member told us "It feels like the (registered) manager has a good relationship with all the staff and ensures an effective chain of command."

The registered manager told us how they had involved people in the interview of new staff. They asked them for questions and made sure new applicants spent time with people as part of the application process. They explained how they got good feedback from people about how the applicants behaved during an informal tour of the home.

Monthly checks and audits were carried out by the registered manager or their deputy. For example, these analysed people who had significant weight loss, the use of medicines, care plan reviews, and the accident and incident log. We saw that this evidence was then used in people's care plans to tackle any areas of concern such as weight loss by highlighting this with the relevant health professionals.

The registered manager told us about the links the home had with the local community. There were links with the local school and the local churches, as well as encouraging student or work placements in the home. People were encouraged to use the local shops with support if needed. They also told us about developing the relatives forum further to encourage families input into the home as this participation had been initially slow via the residents (peoples) meeting.

The registered manager was clear in their requirements as a registered person, sending in required notifications and reporting issues to the local authority or commissioners.

The registered manager told us about the staff and residents surveys or questionnaires they carried out. For people these were carried out for each floor to assist staff to respond to the people there. Families and relatives were also surveyed regularly and there was a two monthly newsletter produced telling people about what had happened over the last two months as well as upcoming plans.