

Charing Court Investments Limited

Rosewood Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rosewood Residential Care Home is registered to provide accommodation and personal care for 40 people, some of whom may have dementia. At this inspection, there were 38 people living in the service.

People's experience of using this service and what we found

People were positive in their feedback. Comments included; "Yes I feel safe here. The staff are generally good people"; "The staff have a good knowledge of what I need" and "It is very homely here. I sleep very well here. It is very quiet. I do as much as I can for myself."

Our observation showed people were safe at Rosewood. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The provider followed safe recruitment practices.

People received the support they needed to stay healthy and to access healthcare services. Each person had an up to date care plan, which set out how their care and support needs should be met by staff. These were reviewed regularly. The GP said, "When I visit, I always find the staff friendly and helpful, and I find them very caring towards the patients. I have not been concerned about safety on my visits."

Medicines were stored and managed safely by staff. There were policies and procedures in place for the safe administration of medicines, which staff followed. Staff training records confirmed staff had been trained in medicine administration.

People continued to receive care from staff who were well supported with induction and training. Staff received one to one supervision and annual appraisals. A member of staff said, "The manager had supported me a lot in the past and they continue to do so."

Staff understood the importance of promoting people's choices and provided the support people required while promoting and maintaining independence. This enabled people to achieve positive outcomes and promoted a good quality of life. One person said, "I am encouraged to look after myself, I am as independent as I can be."

The staff were caring and knew people, their preferences, likes and dislikes well. We received good feedback from people, relatives and healthcare professionals about the quality of care provided by staff.

We observed people's rights, their dignity and privacy were respected. Staff supported people with their lunch at a gentle pace whilst engaging with them. People continued to be supported to maintain a balanced diet and staff monitored their nutritional health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice. We saw that People participated in activities, pursue their interests and maintained relationships with people that mattered to them.

The service continued to be well led. Effective quality audits continued to be in place and continuous improvement and learning were embedded in the service. One person said, "The manager is very good. She tries to make the place more homely. They do tell us what is going on."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (Report published on 12 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Rosewood Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector 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.

Service and service type

Rosewood Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on the first day and announced on the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local Healthwatch for information about the service. We were notified they had no feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. The provider completed a Provider Information Return (PIR) which we used to plan the inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We contacted healthcare professionals for feedback. We received comments from the local GP.

During the inspection

During the inspection, we spoke with six people, five relatives, two healthcare assistants, one senior healthcare assistant, the cook, the head of care and the registered manager. We also spoke with a visiting district nurse.

We reviewed a range of records based on the history of the service. This included four people's care records and medicines records. We also looked at five staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as meetings with people and surveys they completed to share their views.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received the training data sent to us in a timely manner.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We observed that people felt safe and comfortable within the service. One person said, "Yes, I feel safe because the people look after you here. They encourage me to do things for myself as much as I can."
- Safeguarding processes continued to be in place. The risks of abuse continued to be minimised because staff were aware of safeguarding policies and procedures. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate. A member of staff said, "We protect people from abuse. If I have a concern about something, I can go to management or higher."
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One member of staff said, "If I see something wrong, I can report in confidence. I can go to management or higher or outside the organisation like the Care Quality Commission or safeguarding team."
- The registered manager demonstrated a good understanding of their responsibilities in relation to safeguarding people.

Assessing risk, safety monitoring and management

- Risk assessments continued to be detailed and in place to guide staff on what to do to minimise each identified risk and help keep people safe. The care plans explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. Individual risk assessments included risks related to; falls, nutrition and hydration, health, activities and mobility. We observed staff followed these during our inspection.
- A visiting district nurse said, "Staff look after people well here. They keep them safe from harm at all times."
- Detailed personal emergency evacuation plans were in place. These set out the individual staff support and equipment each person would need to evacuate to a safe area if an emergency situation arose.
- People continued to be protected from risks from the environment. The environment and equipment were safe, well maintained and the appropriate checks, such as gas safety checks, had been carried out.

Staffing and recruitment

- One person said, "There seem to be enough staff." Another said, "There are enough staff. Always someone if you need them."
- One relative said, "Yes, (name) is safe here because staff are present all the time. There appear to be enough staff."
- Staff were recruited safely, and checks were completed. Application forms were completed with no gaps in employment, references and proof of id were checked. Disclosure and Barring service (DBS) checks had

been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

- There continued to be a sufficient number of staff to support people. Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community.
- We observed that care was consistently delivered in line with how staff were allocated at staff handover and responded to people's requests throughout the day.

Using medicines safely

- Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines. Competency checks were in place to make sure they continued to practice safe medicines administration.
- Medicines were stored safely. We observed there were no gaps or omissions in the Medicines administration record (MAR) charts, which demonstrated people received their medicines as prescribed.
- PRN (as required) protocols were in place and staff followed them. When PRN medicines were administered, the reason for administering them was recorded on the MAR chart.
- People's medicines were reviewed whenever required with the GP and other healthcare professionals involved in their care.

Preventing and controlling infection

- We observed that the environment was clean and odour free during our inspection. One person said, "The home is clean. I have a box of gloves in my room which the staff use when they help me." A relative said, "The home is clean. It has improved, they have done some redecoration downstairs since (name) moved in, updated the place."
- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and people from the risk of infection.
- Staff were trained in infection control and food hygiene.

Learning lessons when things go wrong

- Accidents and incidents had been recorded in care plans by staff and monitored by the team leaders to try to prevent similar incidents being repeated.
- The registered manager was pro-active and used the opportunity to learn when things go wrong. Appropriate actions were taken following incidents, such as seeking medical advice, updating risk assessments and care plans and providing any necessary equipment. For example, one person who had a fall, was referred to the falls clinic. As a result, the registered manager procured a walking aid for the person. They also implemented staff monitoring check which made sure the person was safe.
- When concerns had been identified, these were also discussed at handovers, staff meetings and one to one supervision meetings to improve the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection, this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- One person said, "Staff include me in decisions."
- The provider continued to undertake an initial holistic assessment with people before they moved into the service.
- Records showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they have any cultural or religious beliefs or needs which needed to be considered when planning for their support.
- People and their relatives were fully involved in the assessment process to make sure the registered manager had all the information they needed. Records also confirmed that people and relatives were involved in regular review of their support.

Supporting people to eat and drink enough to maintain a balanced diet

- People commented, "The food is very good here. I like the apple pie. There is enough to eat"; "The food is alright. I like the roast beef. I like anything really" and "I enjoy the food here." A relative said, "From what I've seen, the food looks good here. (Name) really enjoys it."
- A menu was in place so that people knew what meals to expect. We observed general chatter/conversation throughout the meal between the people and the staff. This made it a sociable event.
- People had control over what time they ate and any snacks and drinks they wished to have through the day.
- The registered manager ensured that any special health or dietary requirements were taken into consideration, such as the need for soft foods or diets as recommended by healthcare professionals. The cook said, "For people who are diet controlled diabetic, we provide diabetic meals and diabetic deserts. Records relating to food and drinks people had were completed accurately."

Staff support: induction, training, skills and experience

- Members of staff commented, "I have completed NVQ (National Vocational Qualification) in cooking, I have completed all required training and they are up to date" and "I have worked in care for 13 years. I progressed to a senior carer as a result of constant support that I get from the manager."
- Staff continued to receive the training and updates they required to successfully carry out their role. Training records confirmed this was the case.
- Staff had supervision meetings and an annual appraisal of their work performance with the registered manager once a year. This was to provide opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this. The registered manager told us that they

had daily contact with staff and they were able to discuss freely with staff. One member of staff spoken with confirmed this and said, "We discuss with the registered manager regularly and they are supportive."

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised with professionals when assessing a person's needs and kept those needs under constant review, so they could provide information to professionals when needed. The GP told us, 'The staff communicate with us through a mix of fax, email and phone calls.'
- There was a close working relationship with the local GPs, occupational therapists, and physiotherapists. We observed the district nurse who attended to people whilst liaising with staff during our inspection.

Adapting service, design, decoration to meet people's needs

- The service was designed and decorated to meet people's needs, including people with dementia. The environment was spacious and decorated with people's involvement. For example, signs for toilets and exits were clear. As people with dementia use "landmarks" to navigate their way around, people had their photographs and items they could identify with in their rooms.
- People had free access to the garden and all areas of the service, including the kitchen.
- People's rooms were personalised to suit their tastes and needs.

Supporting people to live healthier lives, access healthcare services and support

- People continued to be supported to maintain good health. Care plans gave clear direction and guidance for staff, so they knew if people had healthcare needs that may need quick attention from a healthcare professional such as a GP or district nurse.
- Staff ensured people attended scheduled appointments and check-ups, such as visits to their GP or consultants overseeing their specialist health needs. For example, the GP visited the service on a routine weekly visit during our inspection.
- Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively.
- Staff continued to contact other services that might be able to support them with meeting people's health needs. This included the local GP and the local district nurses.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found that they were.

- One person said, "Staff ask permission before doing anything with me."
- We saw evidence that where people lacked capacity to make decisions and were at risk of being deprived of their liberty, the registered manager had made an application to the relevant authorising body. At the time of our inspection, 12 people in the service were subject to DoLS authorisation, which were granted.
- Consent to care and treatment while living at Rosewood was discussed with people. Photograph consent forms were sign by people or their relatives, which indicated consent for the use of their photographs. We saw that MCA process was followed when necessary. For example, one person required covert administration of medicine. MCA process, which included best interest meetings were held with relatives

and healthcare professionals before this was put in place.

- Staff had received training in the MCA and were able to talk to us about how they applied this to their day to day practices. They were aware of the need to gain consent and we observed that staff obtained consent from people before providing care and support throughout the day of our inspection. People were supported in the least restrictive way.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Comments from people included, "The staff are lovely"; "Yes, I feel cared for here. The staff respect me" and "The staff are very good to you here." A relative said, "I would recommend this home in terms of the staff who are very caring and always present."
- The interactions between people and staff were positive, caring and inclusive. There was mutual respect and equality. We observed t members of staff spoke kindly, laughed and joked with people throughout the day, which showed they knew people they were supporting well. Everyone appeared relaxed and happy.
- People's care records contained information about their background and preferences, and staff were knowledgeable about these. Staff were able to give us information about people throughout the day, without needing to refer to their care plans.
- Staff helped people to stay in touch with their family and friends. We observed people receiving visitors during our inspection.

Supporting people to express their views and be involved in making decisions about their care

- We observed people were supported to express their views and they and their relatives were involved in making decisions about their care and support. For example, one person was asked if they would like to go to bed when staff noticed they were slumped in the chair. The person said they would like to remain in the chair. Staff then asked if it was alright to help the person sit up properly, which they did.
- People were involved in reviewing their care, and when people wanted support from their relatives or friends this was arranged by staff, so they were able to fully understand their care.
- People were able to express their needs and received the care and support that they wanted. Residents meetings were held monthly, which enabled people to express themselves. Menu was also discussed with people on a daily basis. This enabled people to make food choices.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and to be treated with dignity was respected. We saw staff did not enter people's rooms without first knocking to seek permission to enter. One person said, "They stay near the door when I shower myself, so they are around if I need them. I don't lock my bedroom door."
- Staff continued to give people their full attention during conversations and spoke with people in a considerate and respectful way. We observed staff listened attentively to what people had to say.
- Staff understood the importance of respecting people's individual rights and choices.
- People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. One person said, "The staff let me be as independent as I want." Care plans included

what people could do for themselves and where they needed support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were individualised, with a lot of personal information about people. The important people in their life, where they had lived before and worked, as well as their interests and hobbies were included. The things that helped to make people happy and the things that made them sad or anxious were also recorded. This meant staff had the information available to support people well.
- Daily records were kept by staff. Records included personal care given, well-being and activities they had been part of.
- Religious and cultural needs were documented. Some people identified with a specific religion but did not need any support, such as attending a place of worship. Either they did not choose to do this, or relatives helped them. Other people did not have specific religious beliefs. One person said, "I have joined the choir here and we go to coffee mornings at the church."
- People could participate in group or one to one activities. An activity coordinator planned and facilitated a number of group and individual social activities. There was a plan of special events and activities and these were advertised on the service's notice board. People were offered individual support according to their needs and choices. There were activities such as fan making, quiz, singalong, word search, colouring, memory photos, singer (external entertainer) and crafts amongst others. A relative said, "There seems to be enough to do. I think the staff know what (name) likes to do." One person confirmed and said, "I do artwork, you can see it on the walls, and a singer comes in. I like to read the newspaper, which I do daily."

End of life care and support

- At the time we inspected the service, they were not supporting anyone at the end of their life.
- Staff had conversations with people and their relatives about end of life plans and people, who had chosen to, had written plans in place. The registered manager confirmed this and said, "We complete end of life care plan with everyone, which we believe it is important."
- Staff had received end of life and palliative carer training. This would enable staff in meeting people's care and support needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had developed easier to read information to help people who had recently being diagnosed with onset of dementia to be able to understand their care plan.
- The complaints policy in place was also available to people in different formats such as large print.

- The registered manager had developed a pictorial form of newsletter for people living in the service. This newsletter served as a reminder about planned activities for people living in the service

Improving care quality in response to complaints or concerns

- The complaints process was displayed in one of the communal areas in an easy to read format, so all people were aware of how to complain if they needed to. One person said, "If I had a problem I would ask around and speak to the staff." Another person said, "I would speak to the line manager if there was a problem. I would feel happy doing that." A relative said, "I am aware of how to make a complaint. I haven't needed to."
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.
- The service had not received any complaints since we last inspected. Records confirmed that where minor issues were raised such as people not liking a particular food, this was acted upon immediately by the registered manager.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Everyone was aware of who the registered manager was. We saw the registered manager supporting people and staff members throughout our inspection. One person said, "The manager is very good." Another person said, "The manager is easy to get hold of. It runs smoothly."
- There continued to be a management team at Rosewood. This included the registered manager, deputy manager and head of care. Support was provided to the registered manager by the Director of Care and Operations in order to support the service and the staff. This ensured continued compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Staff members found the registered manager supportive and approachable. Staff commented, "The service is well run by the manager. Any problems, I can approach the manager and it will be dealt with. I have confidence in the manager"; "The management now is the best we have had in the last 14 years I have been working here. The changes she brought in have been brilliant" and "Her door is always open. The manager is always available to talk to."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People commented, "I would recommend the place. It is very spacious"; "I would recommend the place. I think they do a great job here and there are always people around" and "I think the staff like working here. I would describe the quality of the service here as pretty good."
- Communication within the service continued to be facilitated through monthly meetings. These included, group staff, day staff, domestic, kitchen staff and resident's meetings. We saw that staff took time to listen to people and brought a lot of positive energy to the meeting. All the people responded enthusiastically, were fully included in the meeting and spoke freely.
- The service produces monthly newsletter to keep people and relatives informed of planned activities for each month.
- The provider had systems in place to receive feedback about the service including an annual questionnaire. These were sent to people living at the service, staff, health and social care professionals and relatives and feedback was received in 2018. All responses received showed that they were satisfied with the service provided. Everyone who lived in the service stated they were happy with the service. The questionnaire for people who used the service was in a user-friendly format, which made it easy for people to understand. Where relatives had raised an issue such as 'the toilets are not always tidy', we saw records

which showed that the registered manager had acted on this. The registered manager had reminded domestics and staff to check the toilets throughout the day and ensured they were clean.

- Relatives commented, "I think the home seems well run. Good communication between the home and family. We feel we know what is going on"; "I would say that it is well managed here" and "Communication here is excellent. Yes, I would recommend the home to other families."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The provider understood the responsibilities of their registration. Registered persons are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately.

- It is a legal requirement the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.

- There continued to be effective systems in place to monitor the quality of the service. The provider had an audit system named 'Charing Healthcare Annual Audit tool' in place, which was completed in January 2019. All identified action plans had been completed by the registered manager. For example, the infection control audit carried out in April 2019 identified stains on the entrance carpet. We saw that a new carpet had been ordered by the registered manager as a replacement.

Continuous learning and improving care

- The management team kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers. The registered manager used these to improve service provision for people.

- The registered manager completed regular audits on all areas of the service. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when completed by director of care and operations. For example, one person who had frequent falls, which was identified by the audit had their medicine reviewed by the GP. This reduced the number of falls.

Working in partnership with others

- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.

- The management worked with funding authorities and other health professionals such as the district nurses to ensure people received joined up care.

- The management also worked with Kent Police placement programme regarding police officer's placement in the service regularly. This provided additional understanding of elderly care to local police. An officer said, "I have developed a greater understanding of how the care staff care for the elderly with dementia."