

Healycare Limited

Rosedale

Inspection report

42A Manchester Rd
Rossendale
Lancashire
BB4 5ST

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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

We carried out this unannounced comprehensive inspection on 7 and 8 November 2018.

Healycare Limited - Rosedale is a 'care home'. People in care homes receive accommodation and nursing or 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.

Rosedale is registered to provide accommodation and personal care for up to six people with a mental health diagnosis. There were five people living in the service on the days of our inspection.

At the last inspection on 29 March 2016, the service was rated 'Good'. At this inspection 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.

The service was managed by a registered manager who was registered on 28 September 2011. 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 service's arrangements around fire safety required expert input to ensure that people were completely safe and they were appropriate for the home. We have made a recommendation around this issue that you can see in the 'Safe' section of this report.

People received their medicine as prescribed by healthcare professionals. Medicines were stored securely to ensure they were safe. There were risk assessments which identified risks to people and management plans had been put in place to ensure people's health and well-being were maintained.

People consented to the care and support they received. The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and understood their responsibilities in relation to MCA and DoLS.

People were safeguarded from the risks of abuse and improper treatment. Staff had received training on safeguarding and they were knowledgeable on the procedure to follow if they had any concerns. There were sufficient staff available to safely meet people's needs.

People told us staff were kind and caring. We observed that staff treated people with respect and promoted their dignity. People were supported to communicate their views about how they wanted to be cared for.

People's nutritional needs were met. People told us they enjoyed the choice of food that was available to them. People had access to food and drinks throughout the day. People were kept occupied and encouraged to participate in activities.

The premises was clean and hygienic.

Staff were trained on various areas to ensure they had the relevant skills, knowledge and experience to provide good care to the people they looked after. Staff received regular support and supervision to carry out their duties effectively.

The service liaised with various healthcare professionals to meet the needs of people.

People had their individual needs assessed and their care planned in a way that met their needs. People received care that reflected their preferences and choices. Reviews were held with people and their relatives to ensure people's support reflected their current needs.

People had opportunities to share their views and give feedback about the service and these were acted upon. The service was subjected to regular quality checks to ensure it was of good quality and met people's needs.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained good

Good ●

Is the service effective?

The service remained good.

Good ●

Is the service caring?

The service remained good.

Good ●

Is the service responsive?

The service remained good.

Good ●

Is the service well-led?

The service remained good.

Good ●

Rosedale

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 checked 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 site visit activity started on 6 November 2018 and concluded on 7 November 2018. The inspection team on the first day consisted of one inspector and an expert by experience. An expert-by-experience is somebody who has experience of this type of service. The expert's area of expertise was mental health and physical and sensory disabilities. An inspector and an inspection manager attended the home on the second day of the inspection.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority responsible for monitoring the quality of the service to obtain their views. We used this information to help inform our inspection planning.

During the inspection we met with the registered manager and four members of staff including the deputy manager. After the inspection, we spoke with a representative of the provider to seek input on feedback from the inspection. We looked at four people's care records, staff training and recruitment records and records relating to the management of the service. We also spoke to four people who use the service to gain their views about the care and support they received. We received feedback from two health and social care professionals.

Is the service safe?

Our findings

Some of the people using the service could not tell us if they felt safe and whether staff treated them well but those that could said they were happy and settled in the home. A person who lives at the home said, "I am really settled and I know we are all safe."

We found that recruitment procedures were in place. We looked at the recruitment records of four members of staff. We saw completed application forms, these included references to their previous health and social care experience and qualifications, their full employment history and explanations for any breaks in employment. Each file contained evidence that criminal record checks had been carried out, two employment references and proof of identification. Documentation around some pre-recruitment checks was missing. This included some health checks and consideration towards performance in previous health and social care roles. These issues were addressed during the inspection.

The registered manager was the safeguarding lead for the home. The home had a policy for safeguarding adults from abuse and a guide for staff to follow if they suspected abuse or other safeguarding concerns. The registered manager and staff demonstrated a clear understanding of the types of abuse that could occur. They had received training in safeguarding vulnerable adults and the process for reporting concerns. They told us the signs they would look for, the different potential types of abuse that could occur in a care setting and what they would do if they thought someone was at risk of abuse. The registered manager said all staff received training on safeguarding adults from abuse and this was reviewed annually. The training records we saw confirmed this. In addition, staff told us they were aware of the organisation's whistleblowing procedure and how they would use it if they needed to.

People using the service, the staff and the registered manager told us there were always enough staff on shift. At the time of our inspection the home was providing care and support to five people. The registered manager told us that people had varying degrees of independence and required different levels of support. The amount of staff we saw at the time of the inspection confirmed that there was enough staff on duty to support people's needs. One person who used the service said, "There is always a member of staff around with whatever I need help with." The registered manager said, "We have enough staff to meet people's needs. If there's ever a problem because of sickness, additional people are brought in." The registered manager showed us a staffing rota and told us that staffing levels were arranged according to the needs of the people using the service. They said if extra support was needed for people to attend outside activities or health care appointments, additional cover was arranged.

Risk assessments identified people's risks and provided staff with clear guidance on how to manage them. Examples included health-related issues, behavioural challenges and safety awareness. The assessments enabled staff to support people in a safe way whilst assisting them in activities or interests of their choice. It was noted that the risk assessments were reviewed at regular intervals or in response to any incidents or changes in behaviour.

People had individual emergency evacuation plans which highlighted the level of support they would need

to evacuate the building safely. Staff said they knew what to do in the event of a fire and told us that regular fire drills were carried out. We saw a folder that included a fire risk assessment for the home and records of weekly fire alarm testing, servicing of the alarm system and reports from fire drills. Staff training records confirmed that all staff had completed training on fire safety. However, we noted that the fire risk assessment was not specific to the home and that some safety items appeared to be in need of refurbishment. We also noted that there hadn't been a recent inspection by fire safety professionals and, during the inspection, contacted Lancashire Fire and Rescue Service (LFRS) to advise of our concerns. LFRS advised that the home would be inspected in the near future.

During the inspection, the provider arranged for some fire safety issues to be addressed and we noted, for example, that fire doors were serviced to ensure that they were fit for purpose. The provider's representative said, "I will work with experts to ensure that all precautions are in place to make people safe."

We recommend that the provider considers current guidance on fire risk assessment in a care home setting, instruct a suitably competent person to ensure compliance with fire safety obligations and take action to update risk and safety assessments accordingly.

All the people using the service required help to take their medicine. A member of staff said, "I help and encourage residents to take their medicine." Another said, "All residents are really good at taking their medicine and I always enter details in the records." Records showed that the registered manager carried out checks to make sure that people had taken their medicines and the supplying pharmacist completed yearly audits at the home. This meant that people were receiving their medication as prescribed by health care professionals.

Medicine was stored securely and locked in a secure cupboard in people's rooms. Medicines folders were clearly set out and easy to follow. They included individual medication administration records (MAR) for people using the service, their photographs, information about their health conditions and any allergies. They also included the names, signatures and initials of staff qualified to administer medicines. Records confirmed that all staff working at the home had completed training on the safe administration of medicines. The home had a policy on the disposal of medicines that had not been used and records we saw supported that these medicines were disposed of safely.

There were effective infection control procedures in place. These included food hygiene procedures. Items that should be considered as subject to 'Control of Substances Hazardous to Health' (COSHH) were safely locked away and other environmental risk assessments were in place. All accident and incidents were appropriately recorded.

The registered manager said that there was a designated member of staff employed to clean the home. We saw that there was a regular schedule in place to ensure that the home was clean. People were encouraged to clean their own rooms and we noted that individual rooms were well maintained and tidy.

Is the service effective?

Our findings

A health care professional who visited the home said, "Clients have freedom of choice and staff seem to be properly trained and supported."

We found that staff had received training relevant to people's needs. We looked at four members of staff's files which included their training records. These showed that all staff had completed an induction programme and training that the provider considered mandatory. This training included food hygiene, fire safety, medicines, safeguarding adults, health and safety, infection control and managing behaviour that challenges the service. They had completed other training relevant to the needs of people using the service, for example, break away techniques and mental health awareness. They had also completed training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

We spoke with four members of staff. They told us they had completed an induction when they started work and they were up to date with their mandatory training. It was noted that staff were encouraged by the provider to participate in formal courses that would lead to a nationally approved qualification. Staff told us they received regular supervision and an annual appraisal of their work performance. They said this helped them in their care of people using the service. Staff files we looked at confirmed that all staff were receiving regular formal supervision and an annual appraisal. A member of staff said, "We have a close knit team of staff members who are all conscientious and caring".

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. We checked whether the service was working within the principles of the MCA. Mental capacity assessments and best interest meetings had taken place and had been recorded as required.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, two DoLS applications were in the process of being made so that they could be considered by the local authority.

The service ensured people received well-co-ordinated support across different services. A range of services were involved in people's care and support including educational specialists and psychologists. Staff liaised with these services to ensure all aspects of people's health and support needs were met. One person using the service told us, "I have good communication with staff and I do the things I like. Staff encourage me to do the things that are good for me such as attend to see my specialist."

The service had facilities suitable for people in the home. Each person had their own individual and furnished bedroom. We noted that people had personalised their rooms as they preferred. One person was keen to show us their bedroom and explained how they had been involved in designing a refurbished en-

suite in the colour and style they preferred.

There was a large communal lounge for people to socialise and relax. On both days of the inspection we noted that people also gathered in the kitchen and dining area and were talking and listening to conversations.

People's nutritional needs were met. The service provided food, drinks, fresh fruits and snacks so people could help themselves as they wished. Staff prepared people's meals but on the second day of the inspection we saw that people were assisting staff in preparing fresh vegetables for cooking in the kitchen. People were participating enthusiastically and were supported by staff with the use of sharp objects.

During both days of the inspection we noted that people were requesting and being offered drinks and snacks throughout the day. In discussions with staff, they told us that the home tried to support people to eat a healthy and balanced diet and all staff we spoke with were knowledgeable about people's individual dietary requirements and their likes and dislikes. There was a varied weekly menu of main meals that was changed every week. A person who uses the service said, "I really like the food here."

Staff monitored people's mental and physical health and wellbeing on a daily basis and at staff meetings and where there were concerns people were referred to appropriate health professionals. The managers told us that all of the people using the service were registered with a local GP and had access to a range of other health care professionals such as dentists, opticians and chiropodists when required. Peoples care files included records of all appointments with health care professionals. A person who uses the service said, "I am reminded to attend appointments outside of the home. Sometimes the staff support me with this."

Is the service caring?

Our findings

During the inspection we saw that people were relaxed in the company of staff. We noted that staff were kind and respectful with everyone and used communication methods that were appropriate for each person. One person said, "It's like a family here. Everyone gets on." A health care professional said, "People receive good care and support."

During the inspection it was seen that staff were kind and caring and respected the privacy and dignity of people. It was seen that staff asked a person for permission before entering their room and people using the service responded well to the approach. Staff said that some of the people using the service required support with some elements of personal care but that on occasions people may just need prompting or reminding to change their clothing or to wash. Where prompts were made to people, it was seen that these were respectful and unrushed and people responded positively to staff and staff promoted independence.

During the inspection we saw that staff knew the people and their needs well. This was apparent when we observed people leaving the home to do their shopping and to visit a local day centre. These were activities that we were told the people particularly enjoyed. A person who used the service said, "I can come and go as I please as long as I tell the staff where I am going and how long I'll be." Another said, "I trust the staff in the care and support they provide."

People told us they had been consulted about their care and support needs. This was supported by the care files we considered where we saw that people had been involved in every stage of care and support planning.

If complex issues needed to be addressed and people could not express their views, the home ensured that the person's relative or an advocate was involved. An advocate is a specially trained person such as an Independent Mental Health Advocate or Independent Mental Capacity Advocate who can help if a person does not have capacity to make particular decisions and would benefit from having an independent 'voice'.

Staff said they made sure information about people was kept locked away so that confidentiality was maintained at all times. We saw that all personal documentation including care plans and medicines records were locked away and this meant that only authorised staff accessed people's records.

Is the service responsive?

Our findings

People were supported by staff who were knowledgeable about them. They were aware of people's preferences and interests, as well as their health and support needs. One staff member said, "We are a really close unit and know the residents really well." A social care professional said, "Staff and management know my client very well and manage their risks both in the home and in the community very well."

People were also allocated named key workers to co-ordinate their care and people said they were happy with the support they received from staff. A member of staff told us, "I am allocated to a specific person and this allows me to get know them very well."

People using the service were receiving care, treatment and support that met their needs. We looked at the care files of four people living at the home. These were well organised and easy to follow. They contained pre-admission information from the referring local authority. Assessments were undertaken before people moved into the home and we saw evidence of assessments for nutrition, physical and mental health and details of health care professionals involved in people's treatment.

Care files included care and health needs and specific medical conditions such as asthma and mental health conditions. In addition, they included care plans, risk assessments and detailed information and guidance for staff about how people's needs should be met. The files also included evidence that people, their care coordinators and appropriate healthcare professionals had been involved in the care planning process. Information in these care files had been reviewed by the managers and staff on a monthly basis and it was seen that there was input from health care professionals where appropriate.

People were encouraged to participate in activities run at the home and we saw people watching television, playing cards with staff and supported to go the gym. There was a music player, books and magazines available. One person who used the service told us that he had just been out shopping with staff and was going to the gym the following morning. Another said, "I enjoy time on my own but know that I can participate in activities if I want to."

It was noted that the people who use the service had regular holidays and had been to a nearby seaside resort in the summer and plans were under way for another break in the New Year. We noted that people were involved in these plans. The registered manager said, "The residents really enjoy their breaks away and particularly enjoyed our trip to Blackpool earlier in the year."

The registered manager said that the home had taken steps to integrate people into the community and had associations with local centres, colleges and groups and encouraged people to participate. We spoke with people in the home about this and they agreed about the amount of support available to participate in activities outside of the home should they want to. A carer said, "Some people's needs are complex and suitable activities outside of the home have been found." We did see that staff supported some people to attend meetings and another was supported to attend a local community centre group.

We saw that copies of the home's complaints procedure were located in individual care files. People told us that if they had any concerns about the service they knew who to speak to and were confident that their concerns would be listened to and acted upon if appropriate. The registered manager told us they had not received a complaint within the past two years but said that if one was made, it would be noted, the matter would be looked into and the complainant kept informed of the progress of the enquiry.

It was seen that the home worked with other agencies to improve the physical and mental health of people. A health care professional said, "Staff at the service work well with us in helping to improve people's lives."

Is the service well-led?

Our findings

The service continued to operate in an open and transparent manner. There was a positive culture within the home and the registered manager had a good knowledge of the people living there. The registered manager was also familiar with each person's individual needs and was knowledgeable about the staff team they supported.

Staff said that they had a clear understanding of their roles. A member of staff told us, "We work well as a team, it's a small team of dedicated staff and we all know our roles." Staff also told us the registered manager and provider had clearly defined roles and responsibilities and worked as part of the team and that they felt supported and listened to. A healthcare professional said, "I am impressed with the leadership at the home."

We reviewed the service's policy and procedure files. These were available to staff in the office. The files contained a wide range of policies and procedures covering all areas of service provision. We saw the policies and procedures were up-to-date and regularly reviewed. We noted that reference to some policies such as equality and diversity was mandatory during a new member of staff's induction.

Some people living at the home could not express views on the quality of the service but there were regular meetings that were used to keep staff and people's relatives up-to-date with any changes and to reinforce the values of the organisation. Feedback from recent relative's contacts supported that people expressed preferences over the location of a summer holiday and in a meeting with staff in April 2018, the registered manager and staff discussed a recent audit and areas that required further improvement such as training compliance.

People's relatives were encouraged to share their views and suggestions with staff and the registered manager through a quality assurance survey. The provider analysed the survey responses people made. People provided positive feedback that demonstrated they were happy with the service and the care provided to their relatives. A relative said, "We are really pleased how our relative has improved since living at the home."

A range of checks were made at the home to ensure that quality standards within the service were maintained. Monthly checks were made in relation to care plan updates, equipment safety and a range of safety matters. We noted that the deputy manager attended the home on most days and completed an early morning 'walk around' when environmental issues were checked to ensure that the home was safe and clean.

The provider's representative regularly visited the home and was familiar with all of the people living there and their capabilities and characters. They completed regular audits of the service including assessments of training compliance, recruitment standards and environmental checks.