

Ablecare Homes Limited

# Rosewood House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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 undertook an unannounced inspection of Rosewood House on Wednesday 30 March 2016. When the service was last inspected during June 2014 no breaches of the legal requirements were identified. Rosewood House provides accommodation for people who require personal care to a maximum of 17 people. At the time of our inspection 15 people were living at the service.

A registered manager was in post at the time of inspection. 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 current listed registered manager of Rosewood House was now employed at a different service run by the provider. There was an acting manager in post, who was previously the deputy manager at Rosewood House and was currently undertaking the process with the Commission to apply to become the registered manager.

The provider did not ensure that medicines were managed safely. The controlled drugs register was inaccurate and we found that records relating to people's medicines were not always accurately maintained.

There was enough staff on duty to meet people's needs and we found that recruitment of staff was safe. Assessment of the risks associated with different people's needs had been completed and where required, risk management guidance had been produced. Where incidents or accidents had occurred, the manager reviewed these with a view to reducing the chance of them happening again. Staff we spoke with were confident they could identify actual or suspected abuse and understood the options available to them when reporting this.

The provider had ensured that staff received appropriate training to provide effective care. Staff felt supported through supervision and appraisal processes. Training to meet the needs of people was provided and staff had the opportunity to obtain nationally recognised qualifications. People had sufficient amounts of food and drink to keep them healthy and a choice of meals was available. The provider had a system to monitor people's weights and a nationally recognised tool was used to identify malnutrition or obesity risks.

The Mental Capacity Act 2005 [MCA] provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The service had complied with the requirements of the DoLS. Staff understood how the MCA impacted on their roles and explained how they empowered people through giving choices.

People told us the staff were caring and observations supported this. Staff understood the people they cared for and people's visitors were welcomed at the service. The provider had received compliments from people's relatives about the care provision given by staff. There were systems for staff to communicate about people to ensure they were responsive to people's needs. People's records contained unique information to aid staff in providing personalised care. There were a range of activities people could participate in and the provider had a complaints procedure in operation.

Staff told us they felt well supported by the manager and told us they were visible and actively involved with people. Staff commented positively about the staff team at the service and how they worked together to ensure people received a good standard of care. There were systems to capture the views of people and their relatives. There were audits and quality assurance systems in operation, however we highlighted the requirement to ensure a more robust and detailed medicines audit is implemented.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe

People's medicines were not always managed and monitored safely

People's risks were assessed to support them safely

Staff knew how to identify and respond to abuse

There were systems to review accidents and incidents

There were sufficient staff on duty and recruitment was safe

### Is the service effective?

**Good** ●

The service was effective

Staff were trained and supervised to provide effective care for people

People had access to healthcare professionals where required

Staff understood the Mental Capacity Act 2005

The service was meeting the requirements of the Deprivation of Liberty Safeguards

People were supported to eat and drink sufficiently

### Is the service caring?

**Good** ●

The service was caring

People were positive when speaking about staff

We observed positive interactions between people and staff

Staff understood the care and social needs of the people they cared for

Compliments had been received at the service

People's visitors were welcomed at any time

### Is the service responsive?

Good ●

The service was responsive to people's needs

People received care when they needed it

People's care needs were communicated to ensure they were met

Personalised information was contained in people's care records

Activities were provided for people within the service

The provider had a complaints procedure

### Is the service well-led?

Good ●

The service was well-led

People were positive about the management of the service

The provider had systems to support the manager

Staff felt supported by the manager in their roles

People and their relatives were asked for their views on the service

There were quality assurance systems to monitor the quality of the service provided

# 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 was carried out by one inspector. When the service was last inspected during June 2014, no breaches of the legal requirements were identified.

Before the inspection we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Some people in the home were living with dementia and were not able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home such as undertaking observations. This included observations of staff and how they interacted with people and we looked at three people's care and support records.

During the inspection, we spoke with five people, one person's relative and a visiting healthcare professional. We also spoke with the current manager, the deputy manager and three members of care staff. We looked at records relating to the management of the service such as the staffing rota, incident and accident records, recruitment and training records, meeting minutes and audit reports.

# Is the service safe?

## Our findings

The provider did not consistently manage medicines safely. We found that controlled medicines with additional legal requirements in relation to storage and administration had not been monitored as required. During a review of the controlled medicines, we identified that the controlled drugs register, which is a legally accountable document, contained inaccurate information.

From reviewing one specific medicine, the controlled drugs register stated there should be a total of 11 individual doses of this medicine. Whilst checking the stock balance we established there were in fact 20 individual doses. The controlled drugs register evidenced that an error had been made by the person booking the medicines in which had resulted in the variance. From further review of the register, it was evident that this error had been made in July 2015. The service had failed to identify this in approximately nine months.

We found people's individual Medicine Administration Records (MAR) were not always fully completed as required. We reviewed a sample of people's MAR and identified recording omissions. We found gaps where staff had failed to record any entry about the administration of the person's medicine. There was no record to show if the person had been administered the medicines, had refused the medicines or any other reason to explain why there was no entry on the MAR. This meant there was no way to confirm if people had received their medicines on the dates of the staff recording omissions.

Appropriate records were not maintained where people were prescribed a variable dose of pain relieving medicines. During our observations of people's MAR, we saw examples of inconsistent recording by staff. For example, where people were prescribed PRN [as required] pain relief medicine such as paracetamol or ibuprofen, appropriate records were not always maintained. The MAR showed the maximum daily dosage the person could have and showed that the person could either be given a single or double dosage as required. However, although staff had signed the MAR chart that indicated that the medicine had been administered, the record did not consistently show whether a single or double dosage had been given on every occasion. This meant, for example in the case of paracetamol, should the service be required to explain if the person had been administered 500mg or 1000mg on a particular day, they would not be able to provide an accurate answer presenting the risk of a possible overdose.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt safe and the person's relative we spoke with commented positively. One person we spoke with said, "They [staff] are nice here." Another person told us, "I feel safe" and the person's relative we spoke with said, "Everyone here seems very well."

Staff files showed that safe recruitment procedures were followed before new staff were appointed. There was an application form, employment references and photographic evidence of the person's identity had been obtained to complete employment checks. A Disclosure and Barring Service (DBS) check had been

completed for all staff. The DBS ensures that people barred from working with certain groups such as vulnerable adults are identified.

The service used set staffing numbers and no concerns were raised about the staffing numbers by people, the relative we spoke with or staff. From reviewing staffing rotas it showed that where people were funded for one to one care for a specified period this was provided. The manager explained that agency staff were used very rarely to cover absence and that in the main existing staff covered sickness and absence to provide continuity of care. Staff we spoke with told us that although they sometimes found it very busy in the mornings whilst providing personal care, there was sufficient time during the day to provide person centred care. We made observations that supported this.

An assessment of people's risks and management guidance had been completed within care records. Within people's records we saw that various assessments had been completed dependant on any risks identified to the individual. For example, within people's care records there were risk assessments relating to falls, bathing and medication. Additional assessments had been completed when people used the stair lift within the service. We saw that people were enabled where possible to use the stair lift whilst under the supervision of staff.

The service had arrangements to identify and respond to the risk of abuse. The provider had safeguarding and whistleblowing policies that were available for staff. Staff told us they had received training in safeguarding adults and felt confident they could report any concerns to the manager. Staff explained their understanding of whistleblowing was to report poor practice confidentially. Staff knew the different external agencies they could contact such as the local authority safeguarding team or the Commission.

The manager had undertaken a monthly review of reported incidents and accidents. This review was to identify any patterns or trends in incidents and accidents. This was aimed at preventing or reducing reoccurrence through intervention and support for people. We saw that these reviews involved the use of a clock face to mark the times of incidents to establish if incidents were happening at a specific time. There were floor plans of the building to establish if certain locations were part of a pattern and each incident was reviewed and commented on by the registered manager or a senior member of staff. Recent reviews showed no trends in the reported incidents or accidents.

Equipment within the service was regularly maintained and serviced to ensure people were safe. Regular fire alarm tests were completed and emergency lights and extinguishers were serviced and checked. There was a maintenance book in operation that showed where repairs to items or areas of the service had been completed. Gas safety certificates, electrical installation condition reports and stair lift repair and servicing documentation was also available.



# Is the service effective?

## Our findings

People and the relative we spoke with gave positive feedback about the effective care in the service. A visiting healthcare professional also commented positively about the care provision. One person we spoke with said, "I'm well cared for here." The relative we spoke with said, "I can't speak highly enough of the staff."

Staff received training to carry out their roles. Staff told us they felt they received sufficient training and were supported by the provider with additional training. Staff explained how some training was provided in the service and other training provided at one of the provider's other locations. The training records showed staff had completed training in key areas to support them in providing effective care to people. This included first aid, moving and handling, safeguarding, infection control and food hygiene. We also saw that with the support of the provider, some staff had complete national qualifications in Health and Social Care and others were currently working towards a diploma.

Staff received additional training to assist them in understanding and supporting some of the people they cared for. The training record showed that training in dementia awareness was provided for staff. The record showed that additional training how to care for a person at the end of their life, record keeping and equality and diversity was provided. Training on how to care for people with diabetes had also been provided. Staff all commented positively about the training they received. The provider had also recently commenced training for staff on behaviour that may be challenging and positive support.

The provider's induction for new staff was aligned to the Care Certificate. The manager produced the documentation to support this. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. We reviewed current workbooks being used by staff to work towards obtaining the Care Certificate.

Staff told us they were supported through regular performance supervision by the registered manager. Staff told us they received supervision and the registered manager produced the supporting documents. Supervision records showed that matters such as the staff member's performance and role were discussed, together with training and development needs, people's care needs, safeguarding and any matters agreed at the previous supervision.

People were supported to use healthcare services when required. Most people in the service were registered with a nearby surgery and a scheduled monthly visit was completed by a nominated GP from that surgery. In addition to the scheduled monthly visit, the GP would attend to see people as required and we supporting evidence of this within different care records. People's additional healthcare needs were met by visits from the district nursing team and chiropodists. During the inspection we spoke with a visiting community nurse. They told us they have no concerns with the care provided and that communication with the service was regular and effective.

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

We spoke with the manager who was aware they had the responsibility for making DoLS applications when they felt they were required. At the time of our inspection, there were two people within the service who were lawfully being deprived of their liberty. An additional four applications were being processed by the local authority. We spoke with staff about the people in the service who were currently subject to DoLS. One member of staff could clearly explain who in the service was subject to DoLS, however the other member of staff could not. We spoke with the manager and highlighted the importance of communicating this information to staff.

Staff told us they had received training in the Mental Capacity Act 2005 (MCA) and the training record reflected this. Staff understood how the MCA had an influence on their employment and that supporting people in making decisions was part of their role. One member of staff we spoke with told us, "I always give options and never pick for people." We made observations during the inspection of how different staff offered people choices. For example, people were offered choices of meals, drinks and snacks and if they wished to be involved in the activities being provided.

We spoke with the manager who told us that no person in the service was currently assessed as being at risk of malnutrition. People in the service were able to eat and drink independently without the support of staff. We saw that people had their weight recorded monthly and that a nationally recognised tool was used to establish if people were at risk of malnutrition or obesity. People were observed being offered a choice of hot and cold drinks throughout the day and a choice of snacks was available.

## Is the service caring?

### Our findings

We received positive feedback about the staff at the service from people, their relatives and a visiting healthcare professional. People were at ease in the company of staff and their comments reflected this. One person said, "They are ok and nice here." Another person said, "[They are] Brilliant staff here." The person's relative we spoke with said, "The staff here are absolutely fantastic."

Staff understood the care and social needs of the people they supported. Staff were able to tell us about different people they cared for when asked. We spoke with staff about people's preferences, their routines and their individual care needs. Staff were able to describe how they cared for people and this was aligned to the information contained within people's care records. People we spoke with told us they received care in line with their wishes.

We made numerous observations during our inspection of staff communicating with people. All of the interactions we observed were caring. People were observed engaged in jokes and banter with staff which showed there was a good bond and relationship between them. When people were seated, staff took their time to bend down and speak with the person at eye level. Communication was clear and patient when people were unable to digest what was being said to them.

There was information and signs around the service that aimed to promote caring and understanding by staff. For example, within the main corridor on the ground floor of the service there was a printed sign. The sign read, 'Our residents do not live in our workplace, we work in their home.' One member of staff we spoke with told us they felt this was, "An important message" in relation to how staff should provide care. Other messages in the foyer contained guidance on the patience and understanding required when communicating with a person living with Alzheimer's or other types of dementia.

People's relatives were welcomed to the service. This ensured that people could maintain a close relationship with the people closest to them in their lives. The manager told us that people's relatives were welcome at any time and we observed relatives arriving throughout the day. When relatives were communicating with the manager and staff there was a good relationship evident.

The service maintained a record of the compliments they received from people and their relatives. We looked at some of the compliments and made a record of some. One compliment received read, '[Service user details] had a very special bond with you.' Another compliment received by the service read, 'I feel that I must contact you to express my absolute delight with the care and attention [service user details] is receiving at your care home.'

## Is the service responsive?

### Our findings

People and the relative we spoke with felt care needs were met at the service. A visiting healthcare professional told us they felt they service were responsive to people's needs. They said that where required appropriate records had been completed showing that people had received care in line with their assessed needs.

There were systems for people or their relatives to formally complain or raise issues within the service. The service had a complaints procedure and this information was available to people and their relatives. We saw that within the ground floor communal corridor the complaints procedure and policy was also openly displayed. The procedure gave guidance on how to make a complaint and the timelines and manner in which the provider would respond. There was information on how to escalate a complaint to the local government ombudsman should this be required. We saw that two historical complaints within the complaints log had been responded to by the provider.

Care records showed additional, personalised information about people's preferences and life histories. This information can be of value to aid communication when supporting people living with dementia. The records we reviewed showed that information such as where people were born, the names of family members, their education, life travelling achievements, religion and how they preferred to spend their time was recorded. We also saw that additional preferences relating to people's preferred foods, personal care provision, grooming and hygiene was recorded. This enabled staff to deliver care personalised to people's preferences.

There were systems to ensure that care reviews and the reviews of people's risk assessments were completed. People were allocated individual keyworkers. These keyworkers were senior members of staff designated to people. The keyworkers ensured the person received care and support in line with their wishes and completed a review of people's care with them. The people we spoke with and their relatives were aware there was a keyworker system and people were aware of who their keyworker was. We saw from the records of these keyworker reviews that people's mobility, daily living needs, health needs, social activities and personal safety were discussed.

We observed when staff were responsive to people's needs. For example, people were supported with their mobility when needed and staff ensured that people had their mobility equipment to hand if required. Staff were quick to respond to call bells during the inspection to ensure people's needs were met timely. We heard staff being responsive to people's changes needs and requests. For example, comments we heard for staff included them asking people, "Are you all right. Is there anything I can get you?" In the morning one person was in the lounge and was unsure where to eat their breakfast. The staff responded to this by giving the person options and said, "I will bring your breakfast to you if you like?"

Staff completed a daily verbal handover of people's care needs when staff shifts changed. In addition to this, daily care records were produced for people to ensure staff accurately recorded their care needs and what care people had received. A staff Each person had three daily records completed by staff a day for each shift

worked by staff. This included the morning, evening and night shift. Staff were required to record all aspects of people's care, for example the personal care they received, the support they required with their continence, their activities over that time period and their food and drink consumption.

There was also a communication book in operation to allow staff to effectively communicate people's needs and respond if required. We reviewed the communication book which showed that significant information was recorded in addition to within people's main care records. Staff we spoke with told us they reviewed the communication book when on duty as it enabled them to be aware of significant information quickly. For example, within the communication book we saw that staff recorded matters such as when a person's GP was called, if any medication changes had occurred, if somebody had gone or was going out with their family or if somebody was going to be discharged from hospital.

A range of activities were provided for people to participate in. The manager and staff told us that activities were provided to people daily. We saw that a schedule of activities was on the wall in the main foyer on the first floor. We saw that music and dance was held daily and people appeared to enjoy this activity when we observed them. Other activities included skittles, quizzes, ball games and dominoes. We saw from the posters in the main foyer that events were also being planned for St Georges Day and the Grand National horse races. People also had the opportunity to go out on day trips to locations in the surrounding in the provider's minibus.

## Is the service well-led?

### Our findings

People understood who was currently running the service and no concerns were raised about the management of the service. People spoke positively about the manager and from observing the manager interacting with people it was evident they knew people well. Although the current manager was in the process of registering, they had previously been the deputy manager at the service. This meant they already knew the people they cared for well.

The provider had systems to support the manager. The provider, manager and some senior staff held a weekly meeting to discuss higher level business matters within the service. We saw from the supporting minutes that financial matters, training, new people arriving at the service, quality assurance and any current staff matters were discussed. This demonstrated the provider and registered manager communicated frequently about the service to ensure important business information was shared.

A quality assurance survey had recently been completed by people and their relatives to give their views on the service. In addition to this, visiting professionals were also asked for their views. Following the inspection, the provider's head office sent us the headline feedback for the service. The visiting healthcare results were answered positively about the atmosphere of the service, the welcoming nature of staff and if they felt people were treated with kindness and respect. One comment read, "I like the way all residents are treated as individuals."

Results from people and their relatives were also positive. People were asked questions such if they felt their needs were met, if people felt supported to live the life of their choice and if they felt safe in the service. In addition to this, additional questions were asked about the quality of the food and the standard of activities provided. In the main, the service had received a high level of positive feedback. Positive comments had been made. One comment read, "I think I have said everything I can about this wonderful home. The residents are very, very lucky." One person's relative had raised an issue within the survey. We saw the provider had been instantly responsive to this by creating an internal action plan to address the points raised.

Staff were positive about the manager and the teamwork between the staff. No concerns were voiced over the leadership of the service. One member of staff said, "[Manager's name] is really nice, I could raise matters if needed." The staff member also told us, "The staff are good here, we all get on and are a good team." Another member of staff commented, "It helps having [manager name] here, she doesn't mind getting involved and helping out when we need it."

Staff told us they felt the provider and manager communicated well with them. Staff felt informed about matters in the service. One staff member commented, "We have handovers and communicate well." Staff meeting had been previously held but from speaking with the manager and reviewing records it was evident the last staff meeting was held in early December 2015. We saw from supporting meeting minutes that matters such as paperwork completion, staff changes, timekeeping, people's care needs and staff handovers were discussed. The manager told us further staff meetings would be shortly arranged.

There were governance systems to monitor the health, safety and welfare of people. For example, the manager completed infection control audits and medicine audits. It was highlighted to the manager that the current depth of medication audit should be reviewed as they had failed to identify the shortfalls we identified during the inspection. The provider and the provider's quality manager completed monthly self-assessment against the five key questions the Commission review as part of our inspection methodology and the key lines of enquiry. We saw that where areas for improvement were identified, an action plan was created and the action signed off when completed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>People who use services and others were not protected against the risks associated with medicines.<br><br>Regulation 12(2)(g) |