

## Rosemount Trust

# Rosemount Home

### Inspection report

Medomsley Road  
Consett  
County Durham  
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Website:

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#### Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

#### Overall summary

This inspection took place on 18 May 2015 and was unannounced. This meant the provider was not aware we were inspecting the home at that time.

We last inspected Rosemount on 22 April 2014 and found it was compliant with our regulations.

Rosemount is registered with the Care Quality Commission to provide care for up to 16 elderly people. The home does not provide nursing care. Rosemount is a registered charity and has a board of trustees that oversees the management of the home. At the time of

our inspection there were 14 people living in the home. The provider had recently altered the first floor accommodation to create two single bedrooms which was previously a very large single bedroom.

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. During our inspection we found the previous registered

# Summary of findings

manager had left the service and had deregistered with CQC and a new manager had been appointed . On the day of our inspection the new manager had been in post for six weeks and was now registered with CQC. She was previously the deputy manager of the service for a number of years.

We found staffing levels at the home were appropriate for the number of people living there.

We found people's medicines were well managed.

We saw the home had in place personal emergency evacuation plans displayed close to the main entrance and accessible to emergency rescue services.

We found the home had robust cleaning schedules in place to prevent the spread of infection.

The provider had worked within the Mental Capacity Act 2005. We saw that all people living in Rosemount had

undergone consent to support' and Mental Capacity Act assessments to identify their capacity to consent to their care. We also saw Deprivation of Liberty Safeguards were in place.

We observed staff speaking with people in kind, respectful and reassuring ways.

People told us they felt their dignity and privacy were respected by staff.

We saw a notice board on which was displayed information about the activities for that week. During our inspection we found lots of various activities taking place, for example one to one activities and group activities such as hoopla.

We found the provider had audits in place to measure and monitor the quality of the service.

We saw the provider had in place a complaints policy in place and this was clearly displayed for people to see.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Records showed recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the home.

Staffing was arranged to ensure people's needs and wishes were met promptly. There were arrangements in place to ensure people received medication in a safe way

Good



### Is the service effective?

The service was effective.

Staff received training and development and formal supervision and support from the registered manager. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to make choices in relation to their food and drink and were supported to eat and drink sufficient amounts to meet their needs.

People's needs were regularly assessed and referrals made to other health professionals to ensure people received care and support that met their needs.

Good



### Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home and care and support was individualised to meet people's needs.

People, who lived at the home, or their representatives, were involved in decisions about their care, treatment and support needs.

Good



### Is the service responsive?

The service was responsive.

Staff encouraged people to maintain their independence and offered support when people needed help to do so.

There was a personalised activity programme to support people with their hobbies and interests. People also had opportunities to take part in activities of their choice inside and outside the home.

There was a complaints procedure in place.

Good



### Is the service well-led?

The service was well-led.

Good



## Summary of findings

The home had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

People who used the service were regularly asked for their views and their suggestions were acted upon. Quality assurance systems were in place to ensure the quality of care was maintained.

# Rosemount Home

## 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.

The inspection took place on 18 May 2015 and was unannounced. This meant the registered manager and staff did not know we would be visiting. Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We also met with the local authority safeguarding team and Healthwatch and commissioners and used the information we gained about the service to plan our inspection.

One Adult Social Care inspector carried out this inspection. We spoke with 12 people who lived at Rosemount, two

visitors and two health care professionals. We did this to gain their views of the service provided. We also spoke with the registered manager and four staff, including the activities co-ordinator and catering staff.

We carried out observations of care practices in communal areas of the home.

We looked at three care records, three personnel files including one recently recruited member of staff and staff training records for all staff. We looked at all areas of the home including the lounge areas, people's bedrooms and communal bathrooms.

For this inspection, the provider was not asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During the inspection we talked with people about what was good about the service and asked the registered manager what improvements they were making.

# Is the service safe?

## Our findings

Everyone we spoke with confirmed they felt safe living at Rosemount. They told us the staff were always kind and caring towards them and when assisting people with daily activities they were consistently very considerate and gentle. This information was confirmed through our observations. One person commented, "I feel very safe indeed." Another said, "Oh yes, I am very safe here, the staff are so kind and I have no worries at all." A relative said, "I am confident in my mother's care here and I feel she is very safe."

Detailed policies were in place in relation to abuse and whistleblowing procedures. Records showed the staff team had received training in safeguarding adults and this was regularly updated, so that they were kept up to date with any changes in legislation and good practice guidelines. This helped to ensure staff were confident to follow local and national safeguarding procedures, so that people in their care were always protected.

There was a system in place to record accidents and incidents. The records we looked at showed that management took appropriate steps to learn from such events and put measures in place. This helped to reduce the risk of this happening again.

Records showed the training programmes for staff covered a wide range of health and safety topics, such as moving and handling, infection control and fire awareness. This helped to ensure those who worked at the home were knowledgeable about health and safety issues.

Detailed risk assessments were conducted as part of the care planning process and included areas such as, moving and handling, falls and nutrition. This meant that staff were provided with guidance to enable them to provide safe care and support. This clearly indicated that the home considered the wellbeing of people who lived there and responded quickly to any potential risks identified.

We asked the registered manager about the home's policy on restraint. We were told that staff had been trained to distract people if they displayed behaviour that challenged the service. For example, Staff were aware of signs, symptoms and triggers that people displayed before they became up-set or anxious. This meant people were protected from the risk of harm because physical interventions were not used.

During our inspection we looked at the personnel records of three people who worked at Rosemount. We found all the necessary checks had been conducted before people were employed, which demonstrated robust recruitment practices were in place to keep people safe. This meant those who had been appointed were deemed fit to work with this vulnerable people. This meant people's health, safety and welfare was sufficiently safeguarded. The home had a volunteer activity coordinator. We saw the same robust recruitment checks had been carried out for this person.

Most people who lived at the home said they felt there were enough staff to meet their needs. One person told us, "I think the home is quite well staffed, I never feel as if they are rushing me." Relatives we spoke with felt there were sufficient staff on duty when they visited.

On the day of our inspection we saw there were sufficient staff to support people in the different areas of the home. A member of staff was always present in the communal areas. This meant people's needs were met promptly and their safety was promoted. We noted call bells were answered quickly and people did not have to wait long periods of time for assistance to be provided. Staff we spoke with told us there were usually enough staff on duty to meet people's needs. The staff rotas that we looked at demonstrated that there was consistently enough staff on duty to meet people's needs appropriately.

Clear protocols were in place, which outlined action that needed to be taken in the event of various emergency situations. Systems and equipment within the home had been serviced, in accordance with the manufacturer's recommendations. This helped to ensure they were fit for use and therefore people's safety was consistently promoted.

A fire safety policy and procedure was in place, which clearly outlined action that should be taken in the event of a fire. An assessment had also been developed, which was reviewed annually and which showed fire precautions were implemented to reduce the element of risk. Records showed this was performed weekly, to ensure the fire alarm system was fully operational and therefore people were protected against risks associated with fire.

## Is the service safe?

The medication policies and procedures were comprehensive and easy to read. These covered areas such as self-administration of medicines and the use of homely remedies such as, creams and ointments.

Staff members we spoke with in relation to the management of medications told us they were well supported by the supplying pharmacist. Records showed that audits of Medication Administration Records (MARs) were checked each week, so that a full audit was conducted every month.

The application of prescribed local medications, such as creams, was clearly recorded on a body map, showing the area affected and the type of cream prescribed. Records were signed appropriately indicating the creams had been applied at the correct times.

Information about the management of medications was easily accessible by staff and relevant guidance was available to outline safe dosages and to help in recognising any adverse side effects. Medicines were stored safely and hand-washing facilities were available for staff.

Medications were ordered appropriately and a clear record of their receipt was maintained.

Where controlled drugs had been prescribed, these were checked and administered by two members of staff.

A current list of staff signatures were retained with the Medication Administration Records (MARs). This helped to identify the signatures of those assessed as being competent to administer medications. Medicines for disposal were clearly recorded and stored securely until collected by the pharmacist.

Records confirmed that medicine competency checks were done annually for all relevant staff.

Detailed policies and procedures were in place in relation to infection control and regular internal audits had been conducted. During our tour of the home there were no unpleasant odours noted and everywhere we saw was extremely fresh and clean. People we spoke with told us they were more than happy with the cleanliness of the home.

Staff we spoke with confirmed they had received infection control training and they were aware of steps to take in order to reduce the possibility of cross infection, which followed current legislation and good practice guidelines.

# Is the service effective?

## Our findings

People received support from a very stable staff team most had worked at the home for several years. We found staff were experienced and suitably skilled, they had the knowledge and skills to carry out their roles and responsibilities effectively. People who used the service said, “The staff are very good”, “They are friendly” and “The staff are nice here, very kind and they know what they are doing.” Relatives told us, Rosemount was a good place for their family members to live because the staff provided a very good service.”

Staff told us they were happy with the training that they had received whilst they had been working Rosemount. We saw that staff accessed their training face to face by an accredited independent training company. On the day of our inspection, staff were receiving deprivation of liberty training. Training records showed that staff had completed courses for safeguarding adults, infection control, health and safety and mental capacity. Practical courses had been provided around fire safety, moving and handling, dementia care, challenging behaviour, first aid and end of life care. The training records that we looked at showed us that 13 staff had an NVQ level two and three in care. Four staff had commenced the new care certificate training qualification.

We saw staff were regularly supervised and they told us they felt well supported by the registered manager so that they were able to do their job effectively. They said they discussed all aspects of their work, training and any challenges faced and they felt well supported.

Records showed that staff attended regular team meetings and had their work performance appraised annually by the manager. Two new staff had commenced work at Rosemount recently. We saw a staff induction programme was available for all new staff to complete within the first weeks of commencing their employment. The two we looked at had been completed.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered

manager, who told us she had considered the impact of the Supreme Court decision made last year about how to judge whether a person might be deprived of their liberty and had attended such training. The registered manager told us she had prioritised which people to apply for DoLS based on risk. The manager told us that they had recently referred a person for a DoLS assessment. This showed that the appropriate procedures were being followed to help ensure people’s rights were being safeguarded.

We saw staff considered people’s capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people’s best interests and where necessary involved the right professionals. Where people did not have the capacity to make decisions, their friends and family were also involved. This process helped and supported people to make informed decisions where they were unable to do this by themselves.

People were not restricted from leaving the home. People who used the service told us they were able to go out when they wanted, usually with a family member or a member of staff. One person told us, “I often go out whenever I like, a few of us went to a pantomime last week, and we are going to a garden centre next week.”

People spoke positively about the food provided to them and said that they had enough to eat and drink. Comments included “Lovely homemade food” and “We asked for bread buns from the local baker, they are so nice and we now have these every week.” People were able to choose what to eat and told us there was always a good selection to choose from. We saw people’s dietary needs were considered, a person who required a soft diet told us they were supported with suitable meals that helped them manage their condition. A weekly menu was displayed and this was developed by people using the service. This was confirmed when we spoke with people who used the service. The registered manager told us, they had a new cook who had lots of new ideas. She told us; new recipes were being discussed with people who used the service. For example, people said they would like to have bolognaise, and this was now on the menu.

We saw a staff member supporting one person who required assistance with their lunch, this was carried out sensitively. People were assessed to determine whether they were at risk of malnutrition and where risks were



## Is the service effective?

identified care plans were put in place to assist staff in meeting their needs. For example, a care plan had been put in place and agreed with one person to help them maintain a healthy weight.

We looked at the care records for three people. Each file contained a nutritional assessment called malnutrition universal screening tool' (MUST). We saw people's nutritional needs were regularly monitored and reviewed. The assessment included risk factors associated with low weight, obesity, and any other eating and drinking disorders. The registered manager told us that they were considering changing the dining room into a lounge and

creating a new dining room by removing a partition wall between two rooms which were adjacent to the kitchen. She said, "This would provide additional lounge and leisure space for people to use." When we looked at this proposed plan, we could see how this could improve the environment and provide people with additional communal space.

A health care professional told us, "The staff team at Rosemount were very effective; they keep us informed of people's changing healthcare needs. When we visit, they are always prepared, friendly and professional and they are very good at monitoring people's conditions."

# Is the service caring?

## Our findings

People we spoke with told us they were very pleased at how kind the staff were. One person said, "We are very well looked after here, it is a lovely place." Another said, "I cannot fault it. The staff are all so caring and kind." One person told us, "I never feel embarrassed in any way." I am very comfortable with my personal care. They let me do what I can and I like that. I'm quite happy here."

The Statement of Purpose and Service Users' Guide provided people with clear information about the aims and objectives of the home and the facilities and services available to those who lived at Rosemount. We saw all relevant information was displayed in the foyer of the home. Including advocacy services and palliative care support.

We saw all staff had received end of life care training. This helped to ensure staff could collectively provide a compassionate and caring service for people nearing the end of their lives and their families. We saw people had a before, during and following death care plan in place. Some people also had a 'Do not attempt to resuscitate' (DNAR) in place. This meant the service supports people's end of life wishes.

Records showed independence was promoted, so that people were supported to be as active as possible, in order to maintain their self-reliance. One person told us, "It's very important to me to remain as independent as possible. I came to live here following a serious fall at home. With the support I have received, my mobility has improved and I am much more confident and this enables me to do much more for myself."

Care records incorporated the importance of respecting people's privacy and dignity, particularly when providing personal care. Relatives we spoke with told us people were always treated with dignity and respect.

We saw people's needs were being met in a kind and considerate manner by the staff supporting them. This showed that people were treated with fairness, dignity and respect by the staff team.

We saw Information was readily available about accessing the use of an advocate. An advocate is an independent person who can support people with decision making, if they wish to use this service. This helped people to make sure decisions were made in people's best interests.

Relatives we spoke with told us they were always made to feel welcome when they visited. They felt an important part of the support for their relatives was being fully involved with their care and everyday activities. We observed the atmosphere in the home to be very friendly and caring.

Family members we spoke with told us they were kept informed about their relatives and were fully involved in the planning of their care.

One visitor told us he was very pleased with his relative's care and said anything he asked for was responded to positively. He also said that communication was very good through resident's and relatives meetings and reviews.

We spoke with two staff from the community health care team. One stated, 'We visit Rosemount two or three times a week. I find the care they provide to be excellent. Carers are very consistent and always prepared for our visits. Another said, "The staff are very good, the care here is first class. This is probably one of the better homes that I visit."

# Is the service responsive?

## Our findings

One of the people who used the service told us, “I chose to come here following a fall at home. I am now full of hope and optimism again about getting my independence back. The staff support has been wonderful.”

People told us they were treated with respect. They said the registered manager and all the staff were kind, compassionate and responsive. One person said, “The care staff are so considerate and always respond to any request I make, nothing is too much for them, they are akin to family.”

People’s needs were initially assessed upon referral to establish if the home was a suitable placement and was able to meet the person’s needs. This helped to make sure the service was the right place for them and could respond to their needs. Prior to admission, information was also requested from the care management team about the person’s care, treatment and support needs and the staff used this to implement assessments and care planning accordingly.

We saw evidence of staff actively involving individuals in care planning, and in decision-making and in supporting them in their care, treatment and self-management skills. People were supported to access local community health services when they needed them. People told us they were involved in all decisions regarding their care and welfare. One person said, “I am still in charge, I like things to be done in the way that I want because I am quite fussy. But I can honestly say I find the care workers always do as they are told. That might sound a bit rude, but it’s the truth.” Another person said, “I worked in social care for over 30 years. I understand everything about care plans and I can assure you that I didn’t sign mine until I was sure it was accurate.”

The care records that we looked at were well written. They promoted a holistic approach and provided staff with very clear information about the people they supported. This enabled staff to deliver the care people required in accordance of their personal preferences and wishes. We saw staff on duty completing the daily records for each person in their care.

Family members told us they were asked for their views about the care and support their relatives received. Staff told us how people’s relatives/representatives were

involved in assessments and care planning. One relative told of staff were vigilant and responsive, they kept them up to date with the condition of a family member, especially if concerns arose relating to their health.

Staff maintained effective communication with healthcare professionals which helped establish continuity in the care of people who use the service. Feedback from the health team included, “Staff at the home respond appropriately to people’s needs and seek intervention from medical and social professionals as and when necessary.” We saw that relevant information was available in the event of people being transitioned between services. This meant people would receive continuity of care in the way that they preferred.

The home held regular meetings with people who used the service in order to obtain their views on the service provided. One person told us, “They always respond well to our suggestions.” We saw from minutes of previous meetings that people had discussed arrangements around meals, activities and events in the local community. The meetings also provided an opportunity for staff to inform people about changes which affected the day to day running of the service.

People told us there was a very good selection of activities and outings always available.

We saw a broad and varied programme of activities was in place. The programme included things such as talks, quizzes, beetle drive, knitting afternoons, bingo, and sing songs. People we spoke with told us they enjoyed the activities provided. One person told us, “The staff really makes an effort to entertain us with crosswords, quizzes and talks; they keep your brain nice and active. And we have knitting afternoons sing songs and games. There are two entertainment staff. They both really keep us occupied and because it is such a small home, we all join in together.” We saw regular bookings for entertainers such as singers, bell ringers and a children’s choir. Several people told us that when it was their birthday the cook made them a birthday cake. This meant people were supported to engage in meaningful activities.

Records showed that people were supported to maintain their religious beliefs by regular visits from local ministers and services held in the home.

The home also had a relative’s support group who were very active in raising funds and they also organised regular

## Is the service responsive?

theme nights in the home such as pie and pea suppers. The support group tended all the external flowering baskets and container planting. They were currently planning to redesign the patio garden to make it more accessible for people who use the service.

A life record outlined people's past history. This included information about their childhood, school life, working life, people important to them, significant events, interests and preferences. This helped the staff team to generate a clear picture about the individual and therefore develop good relationships with them and their families. This meant having an awareness of people's histories and lifestyle, provided staff with the right information to be able to interact, care and support them in an individualised way.

The complaints procedure provided clear guidance for any interested parties about how concerns should be raised and this was clearly displayed, as well as being included in the Service Users' Guide. People we spoke with told us they would know how to make a complaint, if they needed to and they would feel comfortable in doing so. However, no-one we spoke with had ever had cause to make a complaint. Systems were in place for recording any complaints received. This helped the registered manager to assess and monitor the frequency and type of complaint, so that any patterns emerging could be easily identified.

# Is the service well-led?

## Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

During the inspection we saw the registered manager was active in the day to day running of the home. We saw she interacted and supported people who lived at Rosemount. From our conversations with the registered manager it was clear she knew the needs of the people who lived at Rosemount very well. We observed the interaction of staff and saw they worked as a team. For example, we saw staff communicated well with each other and organised their time to meet people's needs.

The staff we spoke with were complimentary of the registered management. They told us they would have no hesitation in approaching the registered manager if they had any concerns. They told us they felt supported and they had regular supervisions and team meetings where they had the opportunity to reflect upon their practice and discuss the needs of the service users they supported. We saw documentation to support this.

The registered manager told us she encouraged open, honest communication with people who used the service, staff, the board of trustees of the home and other stakeholders. We saw this was achieved through regular meetings where staff and service users were provided with feedback and kept up-to-date about any changes within the service. We saw the registered manager worked in partnership with a range of multi-disciplinary teams including tissue viability and specialist nurses in order to ensure people received a good service at Rosemount.

We saw the registered manager had in place arrangements to enable service users, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, we saw service users, their relatives and professionals were asked for their views in regular meetings and also by completing surveys. The surveys we saw were very complimentary about the care people received. This meant that people who use the service and those that mattered to them were involved in the management of the home.

We saw records of resident's and family meetings, which had taken place approximately every three months. Subjects discussed at these meetings included food, activities, laundry and staffing levels. We saw that where specific questions had been asked, the manager had provided a response. For example, People who used the service had asked for bread buns to be purchased from a very popular local bakery. Following this, the registered manager then arranged a weekly delivery. This showed us the registered manager believed in openness and demonstrated a willingness to listen and respond to people's suggestions.

People, and their family members, we spoke with told us they were regularly asked for their thoughts and comments regarding the quality of the service. They told us, "There was a meeting a couple of weeks ago and "they really take notice of everything you say".

We saw there were procedures were in place to measure the success in meeting the aims, objectives and the statement of purpose of the service. The quality assurance systems in place for self-monitoring included regular internal audits such as infection control, medication, care plans and health and safety issues. We saw the registered manager worked alternative week-ends to ensure good standards of care were being maintained during seven days a week.

There were also audits carried out by trustees of Rosemount. We viewed the report of their last visit carried out in April 2015 which included talking with people using the service and staff. This visit focused upon service user participation, quality of care, quality of staffing, the environment and staffing. Actions made following this visit were clearly recorded with a target date for completion. All of this meant that the provider gathered information about the quality of their service from a variety of sources and used the information to improve outcomes for people.

The management team at Rosemount had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities and had also reported outcomes to significant events.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.