

## Rosegarland Residential Home Ltd

# Rosegarland

### Inspection report

846 Thornton Road

BD8 0JN

Tel: 01274 543054

Website: hannagumeniuk@hotmail.com

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

We conducted an unannounced inspection on 19 and 20 November 2014. There were two inspectors present. Rosegarland is a large semi-detached property on the main Thornton Road approximately three miles from Bradford City centre. The establishment is registered as a care home and accommodates eighteen older people in both single and twin bedrooms providing nursing and personal care. Communal areas including the lounge and dining room are located on the ground floor of the premises.

There was a registered manager in place. 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.

Feedback regarding the quality of the service was positive from people, their relatives, and care professionals. They all told us people had their needs met and were encouraged to do as much as they could for themselves. They also said the service was good at dealing with any risks which emerged.

We found sufficient food was available to people. People that used the service told us they enjoyed the food and

# Summary of findings

could change their mind During the inspection we noticed there was no menu offered to people, but we observed one person did not want their food and the staff member said they would bring something else.

Systems were in place to ensure medicines were safely managed. Medication was stored in line with guidance and nurses would administer the medication.

We spoke with people and their relatives and they felt people were respected and treated in a dignified way. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us and to record a detailed log of interactions with people.

The Care Quality Commission (CQC) monitors the operation of the DoLS (Deprivation of Liberty Safeguards) which applies to care homes. Staff we spoke with did not have a good understanding of the Mental Capacity Act (MCA) and how to ensure the rights of people with limited mental capacity when making decisions was respected. We found the location was not meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

We found a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found care records were written in a person centred way for each individual. People's plans contained specific information staff needed to be aware of in order to work effectively with that person. Plans had people's likes and dislikes as well as their history. This helped staff get to know people using the service and build up a professional relationship with them.

Relatives and staff told us the manager was understanding and supportive and said they believe they would take concerns seriously. Systems were in place to continuously improve the quality of the service. This included a programme of audits and satisfaction questionnaires. We saw complaints had been recorded appropriately, managed and responded to. The manager had liaised with the appropriate authorities when dealing with complaints.

You can see what action we asked the provider to take at the back of the report.

# 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. The service had a safeguarding policy in place. Staff told us they were aware of the policy and knew how to act appropriately.

The registered manager told us the staffing levels required to keep people safe and we saw the rotas reflected this. Staff told us there was sufficient staff to deal with issues or concerns and in emergencies the manager and provider could help. On the day of inspection we saw the provider was working as they are also a registered nurse.

We saw risks identified and minimised through assessments that had been completed. People's care plans were written together with the risk assessment.

Good



### Is the service effective?

The service was not always effective. We looked at the training matrix and saw six courses were booked in for people to attend between the day of inspection and 5 December 2014. We saw less than half the staff team had completed one course in mandatory training within the past three years. Other training courses showed the majority of staff attended.

We found the location was not meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The manager had not sought and acted on advice where they thought people's freedom was being restricted. This showed us people's rights were not protected. Staff we spoke with did not have a good understanding of the Mental Capacity Act (MCA) and how to ensure the rights of people with limited mental capacity when making decisions was respected.

We observed during lunch time and saw many people had difficulty with eating and needed one to one support to enjoy their meal, to ensure they were getting enough to eat and to enable others to eat without being disturbed. We saw meal times were busy but people were not left for long periods of time.

Requires Improvement



### Is the service caring?

The service was caring. We were told only positive comments about the staff from people and relatives. From the observations, relationships seemed easy and comfortable with no signs of unease or concern from the people. Staff knew people by name and crouched down to eye level when speaking to them.

We saw staff interacting with people in a positive manner and talking to them about things that were important to the people.

Good



### Is the service responsive?

The service was responsive. The manager told us reviews were carried out on an annual basis unless someone's needs changed. If someone's needs had changed the care plan would be reviewed to reflect this.

Good



# Summary of findings

We saw the home had an activities board in a communal area so people could see what was available to do that day. We saw a hairdresser on site, staff dancing in the lounge and a dog that visited people.

We saw the home had a complaints policy in place. Staff told us how they dealt with complaint. We saw the complaints log book with evidence the service had responded to peoples satisfaction.

## Is the service well-led?

The service was well led. We saw the service had systems in place to manage and learn from complaints or shortfalls.

The manager told us if there were any changes to the home or policies and procedures that staff needed to know about, this was shared in supervisions or in the team meeting. We also saw a staff notice board with leaflets and letters attached.

Staff told us team meetings and supervisions were held every six months and any concerns raised would be listened to and actioned.

Good



# Rosegarland

## 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, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 19 November 2014 and was unannounced. At the last inspection in November 2013 the home met all the regulations that we looked at.

The inspection team consisted of two inspectors.

As part of our planning for this inspection, we contacted the City of Bradford's Adult Protection Unit and Healthwatch for their views on the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also spoke with health care professionals who regularly visit the service.

We used a number of different methods to help us understand the experiences of people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with five people who used the service, five relatives, three members of staff and the registered manager. We spent time observing care and support being delivered. We looked at three people's care records and other records which related to the management of the service such as training records and policies and procedures.

Before our inspections we usually ask the provider to complete 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. We did not ask the provider to complete PIR on this occasion. Before the inspection, we reviewed all the information held about the provider.

# Is the service safe?

## Our findings

We spoke with five people that used the service and all the people who were able to comment said the care staff were competent and gentle during personal care. One person said, "I feel safe and have my own key." Another person said, "There are enough staff to deal with me." Another said, "We are very safe here." A relative told us, "I feel my family member is safe here and I don't have any concerns." Another family member said, "I can go away without worrying about my family member." A third relative told us, "Staff are plentiful." However some people said personal possessions sometimes went missing and clothes got lost. We asked staff about this and staff told us people's bedroom doors are often locked and clothes were marked to prevent this.

We spoke with the registered manager who told us they were confident people were protected from bullying, harassment and avoidable harm. We spoke with three members of staff who knew what safeguarding was and could tell us what abuse was and the warning signs to look out for. Staff also referred us to a poster and leaflet in the nurses' offices raising awareness and giving useful contact numbers out. The registered manager completed competency checks on staff to maintain awareness.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. The staff we spoke with told us they knew where the contact numbers for the local safeguarding authority were and how to make referrals or to obtain advice. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

We looked at three staff files to see how people were recruited. In all the files we saw evidence of an application for interview, ID checks, at least two references and a Disclosure and Barring Service (DBS) check. Staff then completed induction training during their probation period and this was reviewed at regular intervals.

Staffing levels were adequate to meet people's needs. We asked three staff members if they felt staffing levels were sufficient to keep people safe. Staff told us people were safe in the home and staff were always around if anything happened. We looked at the rota for the previous four weeks and saw sufficient staff to meet people's needs.

Managers were additional to these numbers but were based on the premises. The registered manager told us if they had staff sickness, they tried to cover it, but sometimes they would help. On the day of inspection we saw the registered manager working in the home. Relatives told us they thought there were enough staff and felt their relatives were safe. During the inspection we saw staff in communal areas of the home regularly. This showed us appropriate procedures were in place to keep people safe.

We looked at three care plans and saw risk assessments had been completed by the registered manager and deputy manager to identify and minimise areas of risk. We saw risk assessments for falling, moving and handling, pressure ulcer prevention, behaviour that challenged the service and bed rails. These were identified hazards that people might face and provided guidance to staff about what action was needed in order to reduce or remove the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily life with minimum restrictions. There were risk assessments in place matching plans of care which detailed what behaviour the person may display and how staff should respond to this. This meant people were protected against the risk of harm because the provider had suitable arrangements in place.

Medicines were managed safely. We observed medicines being administered to people and saw staff collected one person's medication at one time, checked it against the records and then supported the individual to take their medication, while explaining what it was and offering a drink when required. Staff were patient with people and gave them sufficient time to take their medication. We saw people received their medication at the right time as directed by the prescriber. We looked at the Medication Administration Records (MAR) and saw medication was signed for, indicating that people were receiving their medication and any refusals or errors were documented. Senior staff were responsible for administering the medication and they told us if anyone refused medication, they would try again later. If people still refused, this would be documented; the medication would be locked away and logged down. Staff told us if people regularly refused their medication, they would inform the person's GP for advice. This showed us systems were in place for staff to follow when people refused to take their medicines..

Medication to be used as and when required (PRN) was recorded on the MAR. There was not a protocol sheet for

## Is the service safe?

these medicines. A PRN protocol should identify the medicine and guide staff on when the medication should be used, and how to administer it. We mentioned this to the registered manager who said they would put one in place for all PRN medicines. We looked at a sample of eight medications and found them to be stored in a safe trolley attached to the wall; all were in date and quantities matched the MAR sheet. The home had arrangements in place for storage of controlled drugs. However, there was not a controlled drugs record book in place. We raised this with the registered manager who ordered one and showed us the receipt during the inspection.

We found the premises to be safely managed. We walked around the premises escorted by the registered manager. At the time of inspection the home had two communal areas. This gave people a chance to have their own space when required. We found the service was maintained and free from clutter. Regular maintenance and checks of equipment were in place, such as nurse call buttons, fire alarm and gas and electric.

# Is the service effective?

## Our findings

We spoke with five relatives and they told us people received their care in an effective way from responsible and competent staff. For example, one relative told us, “Rosegarland has good communication with us” and, “The staff know what they are doing and how to do it.” We spoke with a healthcare professional and they told us staff followed advice and had a good understanding of people living in the home. For example, they told us, “Staff appear competent and always let us know if they require our services.”

Staff told us they had a training induction programme they had to complete when they started work. We looked at three staff records and saw a completed induction book with competency checks carried out by the registered manager and deputy manager. We spoke with registered manager who told us a programme of training was in place for all staff. We saw several training courses booked in the calendar including Dementia, Safeguarding and NVQ level 2 in Health and Social Care. The registered manager said through supervisions and appraisals they monitored staff and what training had been completed and what still needed to be completed. This information was then entered onto the training matrix. We looked at the training matrix and saw 11 out of 14 staff had completed safeguarding training and 5 out of 14 had completed Mental Capacity Act training. No further dates of training courses were booked in for those care workers who still required up to date training. All other courses we looked at indicated 12 out of 14 staff had completed.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Staff told us training was on going throughout the year and they would identify new or refresher courses through supervisions and appraisals. Staff also told us in their supervision they discussed any issues on a one to one basis. We saw evidence that each member of staff received supervision on a regular basis. Staff also told us they had sufficient training and skills to complete the job and the knowledge and understanding of how to act and react.

We looked at people’s nutritional needs and observed during lunch time. There was one care worker in the dining room and one care worker in the living room over the lunchtime period. The registered manager, deputy

manager and cook helped out where required. There was a menu on a laminated sheet for people to look at which was different daily. The menu also gave alternatives if people did not want the main meal. Tables were set with knives and forks, mats and table cloths. The cook told us they knew who had a special diet and made sure alternatives were available if someone did not like what was on the menu. Food was served with a cover on to keep it hot. People that used the service and their families all gave positive feedback about the food. For example, one person said, “The food is always nice and lots to eat.” Another person said it was always good and tasty and another person said, “I always look forward to the food here.”

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We looked at three care plans and saw mental capacity assessments were not in place for people who lacked capacity to make decisions for themselves. Staff told us they did not understand the main requirements of the Mental Capacity Act 2005 (MCA) and how to protect people’s rights with limited mental capacity in helping them to make decisions. We spoke with the registered manager and deputy manager about the MCA and Deprivation of Liberty Safeguards (DoLS). The manager told us no referrals had been made for people living at Rosegarland but they would make contact with the DoLS team immediately. The home was not following the MCA code of practice and were not making sure that the human rights of people who may lack mental capacity to take particular decisions were protected. There was not appropriate paperwork in place to check whether people were lawfully being deprived of their liberty.

We found that service users had been deprived of their liberty without lawful authority. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People’s care files had evidence that health professionals were involved in their care. For example one person recently had the doctor called out to the home as they were not feeling well. Staff we spoke with told us if they have any concerns, they immediately contact a professional for advice and guidance. We spoke with a health professional who told us from their observations staff appear competent and well trained. They told us,”



## Is the service effective?

Staff act in a professional manner following guidance” and, “Communication is good and charts have always been filled in correctly.” One relative we spoke with told us, “The home would support our family member to get a health care professional if they needed it.

# Is the service caring?

## Our findings

Some people had complex needs and were unable to tell us about their experiences in the home. We spent time observing staff with the people they cared for and found people responded in a positive way toward staff. We saw staff were respectful to people and support was offered in a sensitive way. We saw people were relaxed and enjoying laughter with staff that supported them. We observed staff speaking clearly when communicating and people were given sufficient time to respond. This enabled staff to build positive relationships with the people they cared for.

We spoke with five people who said they were very happy with the care they received. People told us the staff were friendly and kind and respected them and their decisions. For example, one person said, “We’re treated with respect” and, “Yes its alright” and, “I have settled here, it’s a good home.” Another person said, “I like living here” and, “I can tell the staff something and they listen.” Another person told us, “I have been here a while and have my friends here, we are Ukrainian and some staff speak Ukrainian.” We also spoke with family members of people that used the service. They told us they were confident staff treated their family members with dignity and looked after their wellbeing. One family member told us, “The staff involve us in our family member’s life.” ” and, “They encourage our family member to do as much as they can for themselves.” Another family member said, “We are able to visit at any time” and, “Staff are always friendly and know our family member as a person and their likes and dislikes.”

We looked at care plans for five people that lived at the service. The registered manager told us all care plans were under review as the service was introducing a new format. The care plans we looked at were person centred and created with the person and their families where possible. We saw evidence that advocacy had been sourced previously, this showed us the service took an unbiased view towards people’s care. We saw the service had appropriate arrangements in place to manage end of life care. People’s plans clearly set out people’s preferences during this time. Records of family input were present and the persons that used the service were at the centre of this model.

We spoke with three staff members and asked them about people living in the service. Staff were able to give us person specific information about individuals. Each person that used the service had a key worker. These staff members took a particular interest in this person, so they would have a more up to date and person centred knowledge. One staff member told us, “We genuinely do care” and, “We want people to maintain their independence.” Another staff member told us, “We know people personally and their history.”

The health professional we spoke with told us they thought the home and staff team looked after people in a caring way. The health professional told us they see staff crouching to eye level with people when conversing with them and offering sufficient time to talk. They said, “Staff always respect and treat people with dignity here” and, “I would recommend the service.”

# Is the service responsive?

## Our findings

We saw people had a pre-admission assessment completed before moving into the home to check people could have all their needs met. The assessment listed agreed objectives to aim for while living in the home. For example, one person had an objective of seeing a chiropodist every six weeks. This document was used to feed information into the care plans. We checked three care plans and saw records confirmed people's preferences, interests, likes and dislikes. Plans were person centred and include specific information that was important to that person. For example one person's plan referred to them only wanting to use a particular brand of soap. We saw people's care plans had information from, and were signed by family members. People's individual choices and small day to day decisions were documented in their support plans and reviewed on a monthly basis. Daily records were in place, these confirmed people received daily care and support such as mobility and personal care.

We found the service was good at responding to people's changing needs. For example, we saw regular reviews of care plans and risk assessments. We also saw after an accident or incident happened in the service, an investigation was started which could lead to a change in a person's care plan or risk assessment. We saw in one person's care plan, after they had a fall their risk assessment had been reviewed. We observed another person's plan recorded soreness which could lead to a pressure ulcer. This had been referred to the district nurse who visited the service. Each day between a change of staff, a handover of information was passed on. We saw one staff member informed another staff member about how people were through the night. This showed us a level of personalised care that was responsive to people's needs.

On the day of inspection we saw people singing with staff in the living room. We also saw a dog visit the home and one person asked a member of staff if they could draw in their book which the staff member supported them to do. We noted a programme of activities displayed so people could see what was happening each day. We saw activities were recorded in people's daily records. In people's daily records it also evidenced community participation. For example, people visiting a local group for people of the same nationality.

The manager and staff monitored the well-being of people living in the home and were aware of the warning signs of people being isolated and opting out of activities. For example, we saw one member of staff spend time with a person because they had been more quiet than usual. Staff told us the service was flexible and responsive to people's needs, for example if they did not want to take part in an activity they could change to something else.

The manager told us they encouraged people to make compliments or complaints so the service can learn and improve. The manager said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints book and saw complaints had been acknowledged, responded to promptly and sensitively. The manager had made the CQC aware of complaints of a serious nature. We saw other agencies had also been notified. This told us the service had been acting appropriately with regards to the complaint and taken advice from other agencies. We saw a complaints policy in place that was reviewed on a regular basis.

# Is the service well-led?

## Our findings

At the time of our inspection the service had a registered manager who was registered with the Care Quality Commission.

The registered manager told us they completed monthly audits which included home presentation, care records, complaints, water temps, medication and bed rails. We looked at the audits for the last four months and saw this system of audits raised any issues and concerns. If issues were identified an action plan would be produced. Action plans included the nature of action to be taken and when it was to be taken by. For example, water temperature checks completed on 30 September 2014 highlighted one tap approaching 43 degrees centigrade. This was the cut off point to be reported. We spoke with the registered manager who told us this tap was being monitored but no temperature had been above 43 degrees.

We saw care plans and risk assessments were reviewed and amended to reflect people's changing care needs.

During the inspection we observed interactions between the registered manager and the staff. We found interactions to be positive and supportive. The registered manager knew everyone by name and their roles within the home.

The staff we spoke with told us they worked hard together to create a nice atmosphere and culture for those people living in the home. They told us they enjoyed their jobs and that interactions with senior staff and the management had a positive effect on the home. Management were approachable and they thought would listen to concerns or ideas for change. One staff member said, "I love coming to work" and, "We're well supported by the manager." Another staff member said, "The manager is helpful a lot." The registered manager was very visible during the day and hands on in the communal areas helping to give out drinks and supporting people during lunch time. They were friendly and familiar with people, were on first name terms and knew details about their lives and history and spoke the first language of eight of the people living at Rosegarland. This showed us they had a good understanding of the home and how it operated.

We looked through three staff members files and saw evidence of supervisions. The supervision notes showed a two way communication with recognition of achievements and targets set for a specified time frame. Staff told us they

receive sufficient support from management to carry out their duties. They said they had to attend staff meetings when they were available. The home also had regular meetings for people living in the home and their families. We saw dates for the next meeting on 6 December 2014. This showed us the service promoted an environment where staff were open to criticism and were willing to learn from experiences.

The registered manager told us they listened to people's views and opinions of the home. They did this by asking people questions from a survey form they sent out. We looked at the most recent survey sent to three professionals that regularly communicated with the home and saw positive comments and opinions. A survey tailored for staff and people living in the home was also sent out. We saw mostly positive comments and comments of suggestions for improvement. For example, one person said they would like a salad more often with their food. We saw from the menus there was a salad offered most days but this could also be made on a personal basis. Another person said they would like the chance to go out more. We looked in this person's daily notes and saw staff regularly offered even though sometimes it was refused. This showed us the staff listened to people's ideas and acted on them accordingly.

We looked to see if the provider analysed accidents and incidents and what lessons had been learnt. We saw once forms were completed, they were placed into a 'falls register' so comparisons and trends could be looked for. For one person we saw records indicated a walking frame was acquired following a series of falls when mobilising. This showed the service had systems in place to learn from events and seek improvements.

Policies and procedures were in place and reviewed on an annual basis. These policies supported staff to maintain a consistency of approach. We looked at some of the policies and procedures including accidents, complaints and whistleblowing. Staff told us they knew how to access the policies and procedures and when changes were made, this was passed on to staff to read the changes.

The home had a complaints book to log people's complaints when they came in. This allowed the registered manager to investigate and learn from accidents or mistakes and/or take further action when required. For example, we saw one complaint made by a family member

## Is the service well-led?

received on 28 July 2014. The complaint was acknowledged, investigated and action taken in line with the provider's policy. A full response was given to the family member to their satisfaction.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

People were not protected from being deprived of their liberty lawfully because appropriate paper work had not been completed.