Mrs R I Odeh

Rosemary Residential Care Home

Inspection report

2-4 Guinea Lane
Fishponds
Bristol
BS16 2HB

Tel: 01179584190

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24 January 2019

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service: Rosemary Residential Care Home provides accommodation and care for up to ten people with mental health needs.

The home is a single provider run family business.

At the time of our inspection there were ten people living at the home.

People's experience of using this service:

People liked the meals and their dietary needs were well catered for. There was up to date nutrition guidance set out in their care plans.

The care plans had been improved and were being developed further to provide more information about people and their care needs. One person did not have a fully up to date care plan. This had not been picked up by the by the registered manager and their quality checking system.

People enjoyed living at the home, and several people said they felt it was "their home".

People and staff felt the registered manager was supportive and caring.
Staff had been on training to support their role and received supervision to continue this support.

People had the right health care support from professionals to meet their mental health and physical care needs. When people were physical or mentally unwell, staff had responded swiftly and worked with health professionals to address their health care needs.

Staff followed guidance from Mental Health Professionals to ensure they knew how to support people's mental health needs.

The way the quality of the service was monitored had improved. Sufficient helpful checks and audits were completed to determine the quality of the care. The provider had swiftly acted on some areas already identified for improvement.

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around
Details of action we have asked the provider to take can be found at the end of this report.
Rating at last inspection: This service was rated Requires Improvement at the last inspection in December 2017.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

At this inspection we found that improvements had been made to the environment and governance systems. However, we also identified some other areas which required Improvement.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner. We have also asked for an improvement plan.

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 Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was not always responsive Details are in our Responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below	**Requires Improvement**

Rosemary Residential Care Home

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of two inspectors

Service and service type:

The service is registered to provide accommodation and personal care to adult with long term complex mental health needs. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection: This inspection was unannounced and took place on 24 January 2019

What we did:
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We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from and other professionals who work with the service.

We assessed the information we require providers to send us at least once annually to give some key

information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with four people and three members of staff

We spoke with two members of care staff, a domestic worker and the registered manager.

We reviewed a range of records. The records we saw included two people's care records and medicine records. We looked at two staff files in relation to staff recruitment. We also reviewed records in relation to training and supervision of staff. As well as records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People continued to be kept safe from the risk of abuse and harm. The staff understood about risks to people and how to minimize the likelihood of possible harm.
- Risks related to people's care were identified, recorded and acted upon although sometimes information was not detailed enough.
- There was a safe number of suitably qualified staff deployed at anytime to meet people's needs.

Assessing risk, safety monitoring and management

- There were risk assessments in place to minimise the likelihood of harm to people and for some areas, guidance was provided. However, some areas of risk had not been assessed in relation to one person. This related to behaviours that could be challenging to others.
- The premises and equipment being used by staff and people was safe and properly maintained.

Staffing and recruitment:

- People were supported by enough staff to meet their needs;
- The support staff responded promptly and were attentive to people on the day of our visit. People we spoke with told us the staff were always there for them. We saw staff responded to people's request for support during the day swiftly and very calmly.
- Staff had been recruited safely to ensure they were suitable to work with people.

Using medicines safely:

- People's medicines were safely managed. Staff were trained in medicine management, the staff knew what to do to make sure they had given people their medicines safely.
- People's medicines management were managed safely and in line with current correct practice. The records we looked at showed that the medicines had been recorded correctly which confirmed that the stock was correct.
- Medicines were being kept safely. The fridge temperature was in the safe range to make sure the medicines kept in the fridge were safe to use.

•□The drugs trolley was kept locked and secure when used and when not required.
•□Creams had been dated on opening and we saw that they were in date for safe and effective use.

Preventing and controlling infection:

•□Since the last inspection regular checks were completed to make sure that the home looked and smelt clean and free from odour.
•□A staff member was employed to help to keep the premises clean and hygienic. The service had put better hand washing facilities in the home to support staff to wash their hands more regularly.
•□The service had a copy of the NHS's "preventing infection workbook" and staff were required to read the book.
•□Staff had a good supply of personal protective equipment, including disposable gloves, and aprons. We saw staff using this equipment during our visit.

Learning lessons when things go wrong:

•□The registered manager reviewed incidents, accidents and occurrences to pick up any themes and trends. For example, they checked whether there were staff, training, or system related root causes to repeated incidents.
•□Blank incident forms were kept to hand for staff to use. If an incident or accident occurred, the care worker filled out a form and returned it to the office.
•□The manager reviewed incident forms as they came into them. They checked that people's safety was maintained and conducted any investigations or further enquiries.
•□There was a file containing all relevant information to each incident so that there was ready access to information, as required.

Good

Is the service effective?

Our findings

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

Good:People's outcomes were consistently good, and people's feedback confirmed this.

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

•People told us they were happy living at the home and we saw that they experienced good outcomes.
• Assessments of people's needs, including their range of complex mental health needs were in place and up to date.
•Each person had identified their own outcomes for good mental health. These were regularly reviewed to make sure people were happy with their care.
•Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience:

•Staff had been trained to understand how to support people with complex and long term mental health needs
•Staff felt well supported, and they were motivated and developed in their roles.
•Staff understood how to meet people's needs and we saw them support people effectively.

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

•People liked the food and drink options and we saw that they could eat and drink at times of their choosing.

•Care Plans showed what actions were needed to make sure people ate and drink enough for optimum health.
•Staff understood what each person liked to eat and drink and menus were written based on these preferences.

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

•A professional who went to the home often was positive about staff and told us referrals were appropriate.
•The staff had insight and knowledge about people and understood to make sure professional advice was followed correctly.

•□Staff responded to people's health care needs. Staff had identified when people's mental health was unstable and requested medical support when needed.
•□ Referrals were made to many health care professionals when people needed extra support with their mental health.

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

•□There were signs in the home to support people to locate different rooms and bathrooms.
•□Seating areas were available throughout the home and we saw people used these. There was a lounge and a separate dining room. This gave people privacy if they wanted to sit away from other people
•□People had chosen to personalise their room with photographs and televisions. There were also small items of furniture in people's rooms that they had bought themselves.

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

•□The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA:

•□Staff knew to assume people had the capacity to make decisions, unless they had been identified otherwise.
•□There were mental capacity assessments completed when required and clear outcomes.
•□Staff could give us examples of how they made sure people were involved in decisions about their care.
•□Staff new what actions they needed to follow to make sure decisions were taken in people's best interests.
•□ Staff told us people were supported to have as much choice and control of their lives as possible.
•□The staff and people told us they were supported in the least restrictive way possible.

Good

Is the service caring?

Our findings

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

Good:People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People were supported and treated with dignity and respect.
- Staff ensured people were well treated and supported to maintain optimum mental health People provided consistently positive feedback about staff and the service.
- Comments included, "The girls are nice ", "The manager is a nice guy, ", and "Yes they are all nice."
- Staff spoke about people with kindness and compassion.
- Each person had their life history and wishes briefly recorded in care plans and managers and staff told us they used this to get to know people and to build positive relationships with them.
- Care co-ordinators showed us they knew people and the staff assigned to them, and regularly reviewed care plans.
- Staff we spoke with knew people's preferences and used this knowledge to care for them in the way they wanted.
- People and their relatives had given positive feedback to staff and to the manager.

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

- People told us they met with their keyworker regularly. They also saw the registered manager daily.
- Care records showed that people spoke to staff about their care and how they wanted to be supported.

Respecting and promoting people's privacy, dignity and independence:

- Staff were able to tell us what actions they took to make sure they treated people with respect and always maintained their dignity.
- We saw staff talk to people in a way that was respectful as well as kind and caring.

Requires Improvement

Is the service responsive?

Our findings

Is the service responsive? RI
Our findings

Responsive – this means we looked for evidence that the service met people's needs
Good: People's needs were met through good organisation and delivery.

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

- One person did not have an up to date care plan to show staff to provide the care and support they needed. They had a care plan that had been written in the previous service they had lived in. This was over 12 months ago
- The other care plan we read was detailed and informative. It clearly explained how to support the person with their mental health needs in the way they wanted
- Staff showed us they understood each person's likes and dislikes. They used this knowledge to care for people in the way they preferred.
- Care plans and speaking with staff confirmed people were supported to make choices and have as much control and independence as possible, including in developing care, support and treatment plans.
- Relatives were also involved where they chose to be and where people wanted that.
- People's needs were identified, including those related to protected equality characteristics such as age, disability, ethnicity and gender, and their choices and preferences were regularly reviewed.
- People were supported to follow their own interests and activities in the home and the community. One person told us they liked to go shopping on the bus.
- Other people enjoyed frequent contact with family and friends in the home and away from it .

Improving care quality in response to complaints or concerns:

- People told us they knew who to speak to if they had a concern or a complaint
- The staff understood part of their role was to listen to people and help them if they needed to make a complaint or raise a concern.
- The service had a complaints procedure that clearly explained what to do to make a complaint.
- People and staff knew about the complaint procedure
- There had been no complaints since our last inspection which was over 12 months ago

End of life care and support:

- Care plans were written with people who wanted their end of life care wishes to be known and acted

upon.

Requires Improvement

Is the service well-led?

Our findings

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

RI:Service management and leadership was inconsistent. Leaders and the culture

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

- Since our last inspection quality audits were now effective when checking the infection control arrangements in the home.
- Systems and arrangements were not always used to monitor and improve the quality and safety of the service. For example, care planning audits. One person's care had not been fully planned in a way that was person centred or reflected the care and support needs. There was no care plan written for them to show how to meet their needs . The service were using a care plan from the last home the person lived in over 12months ago.

This meant the staff may not know what to do to care and support this person.

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

- The registered manager was clear about their roles and responsibilities.
- The manager understood the legal requirement of their role
- The staff also told us what their roles were and felt these were very clear to them.
- Information was provided in format to support people's needs. For example, there was a picture menu board.
- The saw staff had twice daily handover meetings to discuss and plan for events of significant importance for people. These meetings were also used to talk about peoples 's possible changing needs.

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

- There was an information notice board in the home with a lot of out of information on display, For example, possible activities, the food hygiene rating and safeguarding information
- The home had an informal and relaxed atmosphere. It was welcoming and friendly. On the day of the inspection some family members visited unannounced, to consider the home for their relative. We heard the registered manager engaging with them in a pleasant and informative manner.

•There was also information to support a person for whom English was not their first language.
• People and relatives had regular meetings. We saw that items raised had been actioned. For example, the house menu, where new meal choices had been asked for and these had been added.

Continuous learning and improving care

•The registered manager received support within their role. They had many years experience supporting people with mental health needs. The home was a family run business and the provider was a very experienced mental health nurse.
• People knew who the registered manager was and found them approachable.
•People told us their concerns were acted upon.

Working in partnership with others:

•There was partnership working with other services or bodies. Along with other external agencies. This included working with the local authority.
• The service had links with local organisations and external bodies for the development of the service. This included close links with Mental Health services, and other providers in the area.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care One person did not have a care plan in place to show how to meet their needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance system had not identified that one person had no care plan in place.