

# Mrs B J Dachtler Rosamar

## Inspection report

81 Locking Road  
Weston Super Mare  
Somerset  
BS23 3DW  
Tel: 01934 633397

Date of inspection visit: 28 and 30 January 2015  
Date of publication: 31/03/2015

### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

The inspection took place on 28 January 2015 with one inspector and was unannounced. We returned on 30 January 2015 to complete the inspection. Rosamar is a care home which provides accommodation and personal care for up to ten people with a learning disability who may also have additional complex needs. There were eight people living at the home at the time of our inspection. The home is a terraced house situated in a residential area of the town.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

We inspected Rosamar in January 2014. At that inspection we found the provider to be in breach of Regulation 15 Safety and suitability of premises. The provider wrote to us with an action plan of improvements that would be made to the premises. During this inspection we saw improvements identified had been made, there were however areas of the premises still requiring improvement.

# Summary of findings

People who use the service appeared calm and relaxed during our visit. Staff knew the people they were supporting well. We saw staff encouraging people to engage in activities within the home. Relatives told us staff treated their family member well and their approach to supporting people was caring.

People were protected from risks associated with their care because staff followed the appropriate guidance and procedures. People's medicines were administered safely. The service had appropriate systems in place to ensure medicines were stored correctly and securely.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are an amendment to the Mental Capacity Act 2005 which allow the use of restraint or restrictions but only if they are in the person's best interest. We observed where restrictions were placed on people the principles of the Mental Capacity Act were not always followed. There were no Deprivation of Liberty Safeguards (DoLS) applications made for people living at the home where they were subject to continuous supervision and lacked the option to leave the home without staff supervision. The manager told us they were in the process of seeking advice on making DoLS applications to the local authority.

The service was responsive to people's needs. We saw that people's needs were set out in clear, individual plans. These were developed with input from the person and people who knew them well. Relatives were confident that they could raise concerns or complaints and they would be listened to.

Staff received appropriate training to understand their role. Staff had completed training to ensure the care and support provided to people was safe. New staff members received an induction. We found there were some staff who had not received up to date training, the registered manager did not have a plan in place to address the gaps at the time of our inspection.

Staff did not always receive regular one to one supervision with their manager. We found where concerns about staff performance had been identified there was no evidence of this being addressed by the registered manager. Staff did not always feel confident concerns they raised with the registered manager would be appropriately addressed.

The registered manager did not have effective systems in place to monitor the quality of the service. The Department of Health's Code of Practice on the prevention and control of infections and related guidance was not being followed at the time of our inspection.

Records we reviewed showed staff reported incidents to the manager, we found that we were not notified of these. Services are required as part of their registration to tell us about important events relating to the care they provide using a notification. This meant the appropriate authorities were not always notified of significant events and we could not check the appropriate action had been taken.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this 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 not always safe. The Department of Health's Code of Practice on the prevention and control of infections and related guidance was not being followed at the time of our inspection.

Areas of the home were in need of improvement and the registered manager did not have an action plan in place to remedy this.

Staff told us about the different forms of abuse and how to recognise them. Staff did not always feel confident concerns they raised with the registered manager would be appropriately addressed.

The provider had systems in place to ensure that medicines were administered and disposed of safely. All medicines were stored securely and accurate records were kept.

**Requires Improvement**



### Is the service effective?

This service was not always effective. Some restrictions were placed on people without considering the principles of the Mental Capacity Act 2005. There was no clear evidence the restrictions were in the person's best interest.

Staff did not always receive regular one to one supervision meetings with their manager. Where it had been identified that staff were not meeting some competencies, actions needed to address this had not always been identified.

People's healthcare needs were assessed and they were supported to have regular access to health care services.

**Requires Improvement**



### Is the service caring?

Staff knew the people they were supporting well and had developed relationships.

People and their relatives told us they were treated well and staff were caring.

People's preferences regarding their daily care and support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided.

**Good**



### Is the service responsive?

People had clear and individualised care plans in place and there was evidence of people being involved in developing these. The care plans focused on what a person could do for themselves and the support they required from staff.

**Good**



# Summary of findings

The care plans were reviewed by staff regularly; however they did not involve people in the review of their care plan. The registered manager had plans in place for people to be involved in reviewing their plans with their chosen keyworker.

People were supported to access their local community facilities and attend local activities and clubs of their choice.

## Is the service well-led?

The service was not always well led. The registered manager did not have effective systems in place to audit the quality of the service and identify where there were shortfalls.

The registered manager did not always notify us of significant events. This meant we could not check appropriate action had been taken.

The registered manager was attending local provider meetings to share ideas and information on current practices and procedures.

**Requires Improvement**



# Rosamar

## 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 28 and 30 January 2015 and was unannounced.

The inspection was completed by one inspector. Before the inspection we reviewed previous inspection reports and all

other information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us.

During the inspection we spoke with three people who use the service, five members of staff and the registered the manager. We spent time observing the way staff interacted with people who use the service and looked at the records relating to care and decision making for four people. We also looked at records about the management of the service. We spoke three relatives and three community professionals by telephone after the visit.

# Is the service safe?

## Our findings

We inspected Rosamar in January 2014. During the inspection we identified people and others accessing the home were not protected against the risks associated with unsafe or unsuitable premises in relation to adequate maintenance of the home. The provider submitted an action plan to us detailing the action they proposed to take in response to this. During this inspection we found the provider had taken some steps to respond to our concerns. For example works had been completed to remedy where there had been flood damage and parts of the kitchen had been repaired.

The registered manager was not carrying out infection control audits within the home. There was an infection control policy in place, however it was out of date and did not reflect the Department of Health's Code of Practice on the prevention and control of infections and related guidance. At the time of our inspection the home did not have a nominated infection control lead person and they did not have a copy of the Code of Practice in the home. We saw staff had access to appropriate personal protective equipment. We observed cleaning being carried out by staff and people who use the service. The registered manager told there was a cleaner employed and they worked three or four days during the week. There were records in place detailing the areas cleaned. We found some part of the kitchen required maintenance, for example we found the worktops in the kitchen were showing signs of being worn, a kitchen cupboard door had the covering peeling off and tiles behind the sink and cooker were cracked. We found other areas of the home also required maintenance. For example the sink in the downstairs toilet had moved away from the wall. This meant robust cleaning of these areas could not be effectively undertaken and people were at increased risk of being exposed to infection.

Communal hand towels were in place in the bathrooms which enabled people to dry their hands. The use of hand towels instead of disposable paper towels increases the risk of cross infection. The manager told us paper towels had been considered but it was thought people may not use them appropriately. Whilst acknowledging this, there was no risk assessment in place for the use of hand towels.

Therefore, it was not clear how many people used the towel and how often it was changed. During our visit, the registered manager told us they had ordered paper towel dispensers and paper towels.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2010).

Staff had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. Staff described how they would recognise potential signs of abuse through changes in people's behaviour and their body language and this would be reported to the registered manager.

Staff were also aware of the whistle blowing policy and the option to take concerns to agencies outside Rosamar if they felt they were not being dealt with. Not all staff we spoke with felt confident concerns raised would be appropriately responded to by the registered manager.

One person's relative told us "I am happy (my relative) is safe, staff keep in regular contact with them and they seem happy". They told us if they had any concerns they would report them to staff or the registered manager.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. We saw that a medicines administration record had been completed, which gave details of the medicines people had been supported to take. Whilst there had not been any medicine errors, staff were able to explain what they would do should an error occur. A review of people's medicines had taken place in 2014 with the person's doctor to ensure that people continued to receive the correct medical treatment. We saw an audit of medicines had been carried out in 2014 by the pharmacist. Comments from the audit included "medication is provided in a safe and efficient manner and they are working to a high standard".

Assessments were undertaken to identify risks to people who use the service. Where risks had been identified management plans were developed to minimise the risk occurring. We saw assessments about how to support people to manage the risk of going out alone, use of stairs, falls and fire evacuation. Where a person required support

## Is the service safe?

with a health condition an emergency protocol was in place, this had been developed with input from a health professional. The risk assessments we saw had been regularly reviewed by staff.

During our inspection there were enough staff available to meet people's needs, staff told us sometimes they lone worked in the event of staff being absent. The registered manager had a policy in place in the event of staff lone working, this stated the registered manager would be available to attend Rosamar in the event of an emergency. The registered manager told us they didn't use agency staff and relied on permanent staff covering the home because they knew people well. Staff confirmed this was the procedure they used.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. We looked at three staff files to ensure the appropriate checks had been carried out before staff worked with people. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people.

# Is the service effective?

## Our findings

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are an amendment to the Mental Capacity Act 2005 (MCA) which allow the use of restraint or restrictions but only if they are in the person's best interest. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals where relevant.

At the time of the inspection there were no authorisations to restrict people's liberty under DoLS. The registered manager told us they were in the process of considering applications for people who use the service. We saw the registered manager had contacted the local authority for advice on DoLS applications and they were waiting for a response. We spoke with care staff about their understanding of the MCA and DoLS. They demonstrated an understanding of the importance of supporting people to make decisions about their care and support by asking people what they want and offering choices.

We saw capacity assessments and best interest decision making processes had been followed for some aspects of support, for example in relation to people requiring medical procedures. We observed there were some areas where the principles of the MCA were not being followed. One person told us they wanted a television in their bedroom and they were not allowed to have one. We spoke with the registered manager who told us the person was not allowed a television in their bedroom. They said this was because the person would choose to spend a lot of time in their room and would be at risk of becoming socially isolated. This decision had been made solely by the registered manager with no evidence of the restriction being in the person's best interest.

The registered manager told us a person had restrictions placed on them with regards to access to their money. They said this was because the person could get anxious if they had access to large amounts of their money, they were only allowed to have small amounts at one time. The registered manager told us this had been in place for a long time and

in their opinion in the person's best interest. There was no evidence this decision had been made in the person's best interest and in line with the principles of the MCA. This meant people's choices were not always respected and they weren't being supported in the least restrictive way and in their best interest.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2010).

Staff told us they had regular meetings with the registered manager to receive support and guidance about their work and to discuss training and development needs. There was a supervision policy in place stating staff should receive a formal one to one supervision meeting with their manager every six to eight weeks. We found not all staff received formal one to one supervision meetings with the registered manager in line with the policy. One staff member told us they had not received formal supervision for five years. We looked at records which confirmed this. We spoke with the registered manager and they told us they had not formally supervised the staff member for five years. The registered manager was not able to provide a suitable reason for this. This staff member's records also demonstrated they had not received an appraisal during their employment.

We saw some staff had received an annual appraisal with the registered manager. We saw one staff member's annual appraisal where the staff member had identified an area of development in relation to their performance. This was not formally followed up and documented in the appraisal by the registered manager. We spoke with the registered manager about this and they told us they informally spoke with the staff member regarding this area of their performance. This meant people were at risk from receiving support from staff who were not receiving regular and appropriate support in relation to their role and responsibilities. Staff told us they had received a range of training to meet people's needs and keep them safe. This training included safeguarding, first aid, epilepsy, infection control and moving and handling.

People had access to food and drink throughout the day and staff supported them as required. One person told us "the foods alright, you can choose what you want". A relative told us they were happy with the quality of food. We saw residents meetings included the planning of meals.



## Is the service effective?

We observed people being offered food choices at lunchtime. Staff told us people could choose what they wanted to eat. Care plans included people's food likes and dislikes and staff demonstrated knowledge of this.

People were supported to have regular contact with health professionals where required. We saw people were supported to see their GP, chiropodist, optician and dentist. Care plans detailed the amount of support people required from staff to access health services. Where guidelines had been put in place by a health professional staff were aware of and followed these. On relative told us "they (staff) seek relevant health input" and "their (my relative's) health care is well served".

People's care plans described the support they needed to manage their day to day health needs and conditions. These included personal care, medicines management, eating and drinking and information relating to specific health needs and conditions. Community professionals told us the registered manager contacted them regarding any concerns relating to health needs. One community professional told us when they visited Rosamar they observed guideline's they had put in place for a person were being followed.

# Is the service caring?

## Our findings

People and their relatives told us they were treated well and staff were caring. One person told us “I like staff (referring to two staff members), they are kind”. Comments from relatives include “I am very happy with how my relative is treated” and “my relative is treated well and staff genuinely care”. We observed staff interacting with people in a friendly way. We saw people laughing and joking with staff and engaging in positive conversations. For example where a person had an interest in particular sports staff engaged them in conversation about how the team they supported were currently performing.

Staff told us they spent time getting to know people and chatting to them about what they like. One staff member told us “sometimes it’s just about being there and listening”. Staff recognised the importance of developing relationships with people and knowing what is important to them.

Staff had recorded important information about people in their care plans, for example, likes and dislikes, important dates and relationships, hobbies and interests. Care plans included a document called “what makes a good day”, this documented key information relating to a person’s specific likes and dislikes. People’s preferences regarding their daily care and support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their care to be provided, for example people’s preferences for the way they received their

personal care and how they liked to spend their time. Staff were aware of how people reacted differently and the support required to help people when they were upset or distressed. This information was used to ensure people received care and support in their preferred way. People were involved in developing their care plan’s, for example where it was decided a person required additional staff support with their medicine’s an agreement was written and signed by the person demonstrating their agreement.

Staff described how they would ensure people had privacy and how their modesty was protected when providing personal care. For example offering people the level of support they preferred and waiting outside of a bathroom until a person requested their support.

Relative’s told us they could visit at any time. They said that staff were friendly and welcoming. They felt that staff knew their family member well and supported them appropriately. People went out with their families for day trips and trips to the family home. People were encouraged to maintain family relationships, including being supported to make regular telephone contact.

Relative’s said they were involved in planning with their family member and in making decisions about their care. They were aware of care plans and would be invited to attend reviews. They said that they were always kept up to date with any changes to their family members care needs. Relative’s told us “they (staff) regularly keep us up to date” and “we have regular contact with staff and they always keep us in the loop”.

# Is the service responsive?

## Our findings

Each person had a care plan which was personal to them and people told us they were involved in writing them. Care plans included information on maintaining people's health, their daily routines and personal care. The care plans set out what their care needs were and how people wanted them to be met. The plans contained detailed and specific information, including information from health and social care professionals where necessary. For example, we saw that there were plans about the support people needed to manage their behaviour or when they became distressed. These had been developed in consultation with staff from the community health team.

The plans focused on what a person could do for themselves and the support they required from staff. For example, a person was able to make an appointment with their GP but would require support to attend the appointment. The plans had been regularly reviewed by staff to ensure the information was current and changes had been made where necessary. However the plans were not reviewed with input from the person. This meant people were not always involved in their care planning and supported to make decisions about their care.

The registered manager told us they were introducing a "key worker" system. This involved people choosing the staff they would like to support them to review their care and express their views on a monthly basis. The registered manager told us this information would form part of the care plan reviewing process.

There was a procedure in place detailing the provider's response to complaints, this included an easy read version for people who use the service. The registered manager told us they had not received any formal complaints or concerns and none were recorded. We saw residents meetings had been held fortnightly to seek the views of

people relating to the home. One person told us the meetings were used to discuss house related matters such as preferred meals and recycling. We saw in the meeting minutes the fire procedure and complaints procedure were also discussed. One person had raised a concern during the meeting, this was discussed and agreed action points were recorded. Relative's told us they felt confident any concerns or complaints they raised would be responded to and action would be taken to address their problem. They told us they would raise concerns with the registered manager or staff and they had confidence it would be looked into. Comments included "If I have any concerns they (staff) respond" and "my views are listened to". The home had access to a local advocacy service to support where required.

We saw people had regular access to local community facilities and activities. The care plans recorded what activities people enjoyed these included visiting the library, local clubs and café's and shopping. The plans also included activities people liked to do in the home such as sewing, crosswords and watching the television. During our visit we observed people being involved in activities in the home. For example one person was involved in peeling potatoes for their dinner and another was washing up dishes after lunch. We also saw people undertaking their chosen activities such as rug making and crosswords.

One person told us they went to a local club regularly where they helped to make the coffee and teas. Another person told us they attended the local day centre for three days during the week and they enjoyed spending their time there. Two people told us they missed not having the minibus and going out on day trips. Staff told us people were supported to go out in staff's cars and they were hoping to have the bus fixed in the near future. During our visit we observed person being offered to go to the local shops to buy some vegetables for lunch and another person was offered to go out for a walk.

# Is the service well-led?

## Our findings

There was a registered manager in post at Rosamar. The registered manager had systems in place to monitor the quality of the service; we found these systems were not effective. For example, building audits that were carried out monthly did not identify communal areas of the home requiring improvement. We observed during our inspection some areas of the home required maintenance and updating, for example paint on the skirting boards was scuffed and the sofa cushions in the lounge had holes in them. We spoke to the registered manager about this and they told us they updated parts of the home as required. There was no clear evidence of a plan in place to identify and complete the maintenance work required in communal areas. We saw feedback from relatives from 2014 stating the décor was “average”. We also saw a water temperature had been recorded in a diary; however there was no reference to where the temperature was taken or any action required as a result of this. The registered manager told us during the inspection they would complete an audit of the communal areas and develop an action plan to remedy this.

We found there were no systems in place to identify where staff training updates were required, for example training records identified staff had not received up to date training in the safe management of medicines. The registered manager did not have plans in place to address this at the time of our inspection. Once we had identified this the registered manager told us they would arrange medicines training for all staff during 2015.

This meant the provider was not assessing and monitoring the quality of the service and people were at increased risk of receiving unsafe care and treatment.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2010).

Providers of health and social care services have to inform us of important events which take place in their service. The records we hold about this service showed us the provider had not notified us of any incidents involving the police. We observed there had been one recent incident where the police were involved and we should have been notified of this event. The manager was not aware of the

legal requirement to inform us of this event. This meant we were not able to check that the appropriate action had been taken. We found however the registered manager had notified us of other events that affected the service.

The registered manager told us they attended regular provider forums where they met to discuss issues with other providers from outside their organisation. This provided them with an opportunity to discuss issues and share knowledge. Topics discussed at these meetings included safeguarding adults, behaviour management plans and recording processes. The registered manager told us these meetings had enabled them to develop support networks outside of the organisation.

The registered manager had a system in place to receive feedback from relatives annually in the form of a questionnaire. The questionnaire detailed general comments regarding their thoughts relating to the service their relative was receiving and general comments about the home. Relative's we spoke to confirmed they received this. We saw one relative had made comments regarding the décor of the home being ‘average’ and another comment stating “staff do their best with the finances available”. However the registered manager did not have an action plan in place to respond to the feedback received. The registered manager told us they were improving the process of receiving feedback from people and their relative's by using resources from an organisation with predesigned questionnaires. The questionnaires would be sent to people who use the service, their relative's, staff and relevant others. The registered manager told us this process would enable them to receive and act on feedback in order to improve the service.

We saw records of team meetings, the registered manager told us these had been held monthly since November 2014 to discuss any concerns or cascade information to the team. For example we saw where recording information had changed in response to a person's health needs, staff were informed of these changes. We saw information stating the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were on the agenda for the meeting the following month. The registered manager told us they planned to discuss this with the team following their training on the subject.

We discussed the values and visions of the service with the registered manager who stated their key priorities were to ensure people who use the service are safe and live as

## Is the service well-led?

independently as possible. Staff told us the service's vision was to ensure people are happy and they respond to people's needs and to ensure Rosamar was their (people's) home. The registered manager told us they had plans for all

staff to receive up to date training on person centred care delivery during 2015. They told us the training would develop their knowledge and approach to supporting people in a person centred way.

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	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control.</p> <p>People who use services were not protected from the risk of infection because appropriate guidance had not been followed. Regulation 12 (2) (a).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment.</p> <p>There were no processes in place to support people to make best interest decisions in accordance with the Mental Capacity Act 2005. Regulation 18 (2).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision.</p> <p>There were no effective systems in place to assess and monitor the quality of the service. Regulation 10 (1) (a).</p>