

Barker Care Limited

Rose Villa

Inspection report

Grosvenor Villas, Lightfoot Street
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Date of inspection visit:

08 June 2022

22 June 2022

Date of publication:

14 July 2022

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 ●

Summary of findings

Overall summary

About the service

Rose Villa is a care home providing personal and nursing care to up to 30 people. The service provides support to older people and people with physical disabilities or dementia who require general nursing care. At the time of our inspection there were 30 people using the service.

Rose Villa is set within the Grosvenor Villas complex of care services and is a purpose build single story building. People have their own bedrooms and there are a variety of communal areas including living, dining and outside areas and adapted bathrooms. The main kitchen, laundry and offices for the services are shared with the other registered care homes on site.

People's experience of using this service and what we found

People felt safe and well supported by staff who were suitably recruited. People received the medicines they needed and these were safely stored. Systems were in place to reduce further risks if people had incidents or there were safeguarding concerns. The home was clean and tidy and there were suitable systems in place to ensure checks, servicing and maintenance of the environment and equipment were being completed.

People's needs were assessed, and staff were given the training and support required to meet people's needs. The environment had been adapted to meet the needs of the people living there. People appeared to enjoy their food, although some of the feedback about the quality of food was mixed. People were given the support and encouragement they needed to eat and drink well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff. People told us they felt involved in making decisions about their daily lives and that their preferences and choices were respected. People were supported to remain as independent as possible.

People were supported by staff who knew them well and care was person centred. A new care record system was in place and this needed to be embedded within the home. People were supported to have visitors and a range of activities and opportunities to access the community were available.

People and families were happy with the care they received at the home. People told us the registered managers were approachable and responsive, and they felt able to feedback ideas and make suggestions. Systems to check the quality of the home were in place including systems for feedback, observations and reviews of records. The provider and registered managers were committed to driving ongoing improvement in the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 02 April 2019 and this is the first five domain inspection.

The last rating for the service under the previous provider was requires improvement (published 29 December 2018).

Why we inspected

This was a planned inspection of this newly registered service under the current provider registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Rose Villa

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Rose Villa is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rose Villa is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there were two registered managers in post. One registered manager was registered for the regulated activity of 'Accommodation for people who require nursing or personal care' and the other registered manager was registered for the regulated activity of 'Treatment of disease, disorder or injury'. The registered managers worked together and shared oversight of how the service was run and the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on the first day of inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the service and reviewed staffing levels and walked around the building to ensure it was clean and a safe place for people to live. We observed how staff supported people and provided care.

We spoke with six people who use the service, four relatives / friends, and 15 members of staff including the registered managers, area director, compliance officer, clinical lead, nurses, care workers, and auxiliary workers. We spoke to one health care professional.

We reviewed a range of records including six people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were examined.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person commented, "I feel safe here. If I didn't, I'd tell them." Relatives agreed and one relative told us, "I know my [family member] is safe here. They are very well looked after."
- Staff had completed training in safeguarding adults and understood their responsibilities to safeguard people. The provider had policies and procedures in place to guide staff on actions required in this area.

Assessing risk, safety monitoring and management

- People's risks and needs were assessed. This included individual needs such as falls risk, and risks around eating and drinking. Action was taken to address and minimise risks where possible.
- Systems were in place to ensure the environment was safe. Staff completed environmental checks to ensure the home was clean, tidy and free from clutter. There were a variety of other maintenance checks in place including for moving and handling equipment, mattress checks and checks of fire alarms. Equipment was serviced and suitable checks of lifting equipment were being completed.

Staffing and recruitment

- There were enough staff on duty, who had been recruited following safer recruitment processes, to meet the needs of people at the service.
- We received mixed views from people about staffing levels. One person told us, "There is enough staff, they come reasonably quickly when I press the buzzer." Although another person said, "I don't think there is always enough staff. Sometimes I have to wait if I use the call bell."
- Staff told us there were enough staff. One staff member said, "Staffing levels are ok. If we need agency it is usually regular ones." Another member of staff commented, "In the past staffing has sometimes been difficult but there is more stability at the moment. It can be nonstop for care staff though."
- During the inspection staff responded to people quickly and there were systems for oversight to ensure people did not have to wait too long to receive support.

Using medicines safely

- People were receiving their medicines as prescribed.
- The clinic room was clean and tidy and medicines were suitably stored.
- Staff were maintaining accurate records of people's medicines given. The records contained details of any allergies and there was a current photograph available to staff at the point of administration, either in the storage systems or MAR chart.
- People who required 'as and when' medication, such as medication for pain, had guidance for staff (PRN

protocol's) detailing how and when to provide these medicines. We observed staff ask if people were in pain and offered these medicines where needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

People received visits from friends and family in line with the guidance in place at the time of inspection. During the inspection we saw a number of people who were enjoying visits from friends and family in their rooms. There were systems to support visiting should any changes in guidance be implemented which included a visiting room and options for telephone and video calling if needed

Learning lessons when things go wrong

- The registered managers used information from any incidents or complaints to take action to reduce future risk.
- Systems were in place to ensure staff had oversight of any accidents, incidents or concerns and ensure appropriate action was taken and the relevant people were contacted. For example, referrals to health care services and updates with family members were made.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Assessments and care plans were in place and reviewed on a regular basis.
- The home had recently introduced a new electronic care planning system and the management team recognised that further work was required to develop and utilise this system. Original paper records were available for staff to review if needed until all relevant care plans had been developed in the new system. This will need time to embed and will be reviewed when we next inspect the service.

Staff support: induction, training, skills and experience

- Staff had received an induction and completed regular training to ensure they were able to meet the needs of the people they were supporting.
- Staff spoke positively about the induction, training and ongoing support they received. One member of staff told us, "When I first started, I had a mentor. They took time to show me everything I needed to know and went at a pace that was right for me." Another member of staff told us, "We have regular supervision with [the registered manager]. They are very supportive and they always ask how we are."
- Staff told us they were supported to do the training they required and said there was an extensive range of online training available. Staff received regular supervision and told us they felt well supported in their role. One member of staff said, "I feel very well supported and I've been encouraged to develop in my role."

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

- People were provided with a variety of meals and drinks throughout the day and supported to eat and drink well.
- Kitchen staff understood people's needs and preferences. They provided specific diets for people who required a modified diet or required a different diet due to health conditions or preferences. Kitchen staff told us communication worked well, and said, "If somebody has specific needs we get told straight away."
- Care plans contained the required information about people's nutritional needs and staff were recording what people had eaten and drunk. The electronic care system was new and further work was needed to ensure records were accurate and expectations for record keeping were embedded.
- The food looked and smelled appetising although people's views of the food provided was mixed. People who required additional support to eat and drink were provided this in a kind and unhurried way by staff.
- The majority of people living at the home chose to eat their meals in their bedrooms. The registered managers had identified this as an area to develop in order for mealtimes to be an enjoyable and social experience where possible. Work in this area was ongoing.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff worked closely with the local GP practice to meet people's needs. The doctor visited the home on a weekly basis and reviewed people's needs and care. One medical practitioner commented, "This home is one of the best. I rely on them heavily to know when people aren't themselves. The staff are really good at picking this up."
- Referrals to relevant health care agencies were made when needed. Referrals to dieticians were made for people who were losing weight and to the speech and language team for people who were experiencing difficulties with eating and drinking. This information was being incorporated into the care plans. Further work was needed to develop the new electronic care plans system and embed its use.

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

- The service was clean, tidy and free from clutter. Equipment was available to support people with a wide range of needs.
- The home had a variety of adapted equipment including a bed shower and an adapted bathroom.
- People were supported to personalise their bedrooms. Staff worked to make the home feel homely and warm.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 when this is in their best interests and legally authorised under the MCA. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff asked consent from people before providing support. People were encouraged to be involved in making decision about their care and daily lives and these decisions were respected.
- DoLS applications were being made when needed and systems were in place to ensure the registered manager had oversight of these, when authorisation had been granted, and whether there were any conditions that were required to be incorporated into people's care plans.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated well and supported kindly.
- We observed staff knew people well, spoke to them nicely, and were unhurried and patient.
- People were happy with the care they received. One person told us, "Staff are very kind and have good senses of humour." Feedback from families and friends was also positive and one relative told us, "The staff are lovely. I am so grateful they are supporting my [family member]."

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

- People felt involved in decision making about their care. One person told us, "Staff do ask me and listen, they act on what I say."
- Care plans contained details about people's likes and preferences. Staff had worked with people and families around understanding and recording how they typically liked to spend their day, including what matters to the person and what was important. Staff knew people and their preferences and were able to anticipate people's needs.
- Staff told us people and families were involved in decisions about care including care plans and review. There was a new electronic care record system in place which was still to be embedded to ensure this accurately reflected people's decision and evidenced how people, families and other were involved.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and privacy, and independence was promoted.
- People told us that staff always knocked before going into their bedroom, and we observed staff to generally be discreet when supporting people with personal care.
- People were supported to remain as independent as possible. Some care plans contained very detailed information about to promote a person independence, but others required further work around this. We observed people's independence was promoted as much as possible and one person told us, "Two staff accompany me when I am walking, and my walking is improving every week."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were receiving personalised care. People told us they were given the care they needed and that this was in line with their preferences.
- Care plans were in place, but some were more detailed, and person centred than others. The home had recently transferred from paper records to electronic care plans and work was still ongoing to ensure all the relevant care plans were in place and these contained person centred information. The original paper care plans were in place for staff to refer to if needed.
- We found some care plans contained inaccurate or confusing information and discussed this further with the management team. However, we observed that staff understood people's needs and were providing the support needed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication care plans in place. These contained details about how to support people and the equipment they may need. For example, where people needed glasses or hearing aids to aid good communication. Information could be adapted to meet people's needs

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with family and friends and pursue activities or interests.
- There was a wellbeing lead in place who supported people with a range of activities including games and crafts and would take people out into the community. They told us, "I try to tailor activities and ask people about their likes, dislikes, any hobbies, any family pet, so I can really get to know them. I also visit everyone who stays in their room too." People told us they were happy with the range of activities available and particularly enjoyed when they had entertainers and singers visiting the home.
- People were supported to have visits from friends and family safely. We saw a number of people having visits through the day and people and families told us they were free to visit and felt welcomed when visiting the home.

Improving care quality in response to complaints or concerns

- People and families told us they felt able to raise concerns but no one felt they needed to make a complaint.
- Information about making complaints was available in the home and the registered managers understood the process of responding to any concerns or complaints. The provider had appropriate policies and procedures in place.

End of life care and support

- People who were receiving this stage of care were receiving dignified care and support.
- At the time of inspection one person was receiving this type of care. We observed the family were supported and encouraged to visit. Staff were aware and considerate when providing care.
- Care plans were in place for some people including people receiving this type of support. We found that further work was required to improve the detail recorded and ensure they considered both physical and emotional comfort.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People, families and staff spoke positively about the culture at the home. Managers and staff were clear about their roles and committed to ensuring people received good care.
- People spoke positively about the registered managers and told us that staff knew them well. One person said, "I can talk to the manager. She is a very nice person, approachable and listens."
- Staff had a good understanding of what was expected from them and their roles. Staff told us they felt well supported and able to report concerns. One member of staff told us, "I feel well supported. There have been a lot of changes, but I like the new systems."
- The registered managers and provider ensured staff had the information they needed. For example, when there had been changes in visiting guidance, this was discussed in a staff meeting and the relevant information clearly recorded in records which were readily available for staff to review. One member of staff told us, "Communication is a lot better. We get lots of information from head office about internal changes and have handover and memos which keep us up to date on what is going on in the home."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had policies to ensure appropriate action was taken if things went wrong. Systems for oversight were in place and being used by the management team.
- Accidents, incidents and safeguarding concerns were investigated and families informed. Appropriate information was shared with the relevant authorities including CQC.
- We found some improvement was required to the use of the electronic care planning system, to ensure all information was clear and accurate and daily records were being maintained in a consistent and accurate way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There were systems to involve people in service development.
- Staff felt able to feedback any ideas and suggestions they may have. There were regular meetings and staff told us the registered managers and management team were approachable. Surveys were also in place for staff to provide feedback. When surveys had been completed these were analysed and used to identify areas for improvement.

- Meetings for families and relatives were planned and there were opportunities to provide feedback through face to face discussion, surveys and meetings. People and families all felt able to raise any concerns or ideas they might have.
- Staff worked closely with other agencies. Feedback we received from health care professionals about the staff and the home was positive. One health care professional told us, "Staff are very responsive. They take on board any feedback."

Continuous learning and improving care

- The provider, registered managers and management team were committed to continuous learning and driving improvement within the home.
- Feedback from surveys, meetings, complaints and accidents and incidents were used as opportunities to learn and improve the quality of care. Staff were encouraged to develop and further learning was made available.
- A variety of checks and audits were completed by the registered managers and management team. This included observations, audits and checks of records.