JJB Patel & KJ Patel

Rosevilla Nursing Home

Inspection report

148-150 Eccleshall Road
Stafford
Staffordshire
ST16 1JA
Tel: 01785 254760

Date of inspection visit: 2 October 2014
Date of publication: 15/01/2015

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?	Requires Improvement
Is the service well-led?	Good

Overall summary

We inspected Rosevilla on 2 October 2014. The inspection was unannounced.

Rosevilla provides accommodation and nursing care for up to 35 people. Nursing care is primarily provided to older people who have physical health needs. However some people who use the service may also have mental health needs, such as dementia.

At the time of our inspection there were 27 people using the service.

There was no registered manager at the service as the previous registered manager had left the service on 12 August 2014. 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.

A new manager had been recruited and at the time of our inspection they were working through their induction and

Summary of findings

probationary period. This showed that the provider had taken prompt action to recruit a new manager and the provider informed us the manager would apply to register with us once they had completed their probationary period.

At the last inspection on 16 July 2014 we asked the provider to take immediate action to make improvements. This was in relation to the content and accuracy of the information contained in people's care records and how risks to people's safety were identified, managed and reviewed. We also asked for immediate action to be made to how the quality of care was assessed and monitored and how incidents were investigated and managed. During this inspection we identified that these actions have now been completed.

People who used the service and their relatives told us they were happy with the care and we saw that people were treated with kindness, compassion, dignity and respect. The staff enabled people to make decisions about their care by giving people information in a manner that reflected their understanding.

Some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed. The Mental Capacity Act 2005 and the DoLS set out the requirements that ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves.

The staff understood how to keep people safe and safety concerns were reported and investigated to prevent the risk of harm. Medicines were given to people in a safe manner and the environment and equipment within it were regularly checked to ensure its safety.

The staff received regular training and their learning needs and competencies were monitored by the managers to ensure they had the knowledge and skills required to meet people's needs.

People were supported to eat and drink and staff monitored people's health and wellbeing. Staff understood when they needed to seek professional advice and support to enable people to access health, social and medical support when required.

There were enough staff available to keep people safe, but improvements were needed to ensure the staff had the time to meet people's individual care preferences and wellbeing needs.

People who used the service, their relatives and the staff told us that the new manager and operations manager had made significant improvements to the quality of care. The managers regularly assessed and monitored the quality of care by completing audits and seeking feedback from people who used the service

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?

Good

The service was safe. Staff knew how to keep people safe and how to report any safety concerns.

Safety concerns were assessed and managed and regular checks were made to ensure the environment and equipment was safe.

There were sufficient numbers of staff to keep people safe and medicines were managed safely.

Is the service effective?

Good

The service was effective. People were supported to eat and drink and staff received training that enabled them to provide care and support.

Staff monitored people's health and wellbeing and worked with other professionals to ensure people received the right care at the right time.

When people did not have the ability to make decisions about their own care the staff followed the legal requirements that ensured decisions were made in people's best interests.

Is the service caring?

Good

The service was caring. Care was delivered with kindness and compassion.

People were treated with dignity and respect and their right to privacy and independence was promoted.

The staff enabled people to be involved in making decisions about their care.

Is the service responsive?

Requires Improvement

The service was not consistently responsive. Improvements were needed to ensure people's care preferences and wellbeing needs were consistently met.

People and their relatives were involved in the assessment and review of their care to ensure there was a record of their care preferences.

The provider sought, listened to and acted upon feedback from people who used the service to improve care.

Is the service well-led?

Good

The service was well led. The service was open, honest and supportive to people who used the service, their relatives and the staff.

Effective systems were used to regularly assess and monitor the quality and drive improvements.

The provider and management team were committed to improve the quality of care. Plans were in place to show this.

Rosevilla Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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.

This inspection took place on 2 October 2014 and was unannounced.

Our inspection team consisted of two inspectors and a specialist advisor with specialist knowledge of skin care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked the information we held about the service and the provider. This included the notifications that the provider had sent to us about the care and information we had received from the public and the local authority. We used this information to formulate our inspection plan.

We spoke with nine people who used the service and five relatives. We also spoke with two nurses, four members of care staff, the cook, the operations manager, the provider and two visiting health care professionals.

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.

We looked at five people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included audits, health and safety checks, staff rotas, training records, three staff recruitment files and minutes of meetings.

Good

Is the service safe?

Our findings

At our last inspection we found that effective systems were not in place to keep people safe. We saw that risks to people's safety were not always identified, managed or reviewed and people's care records did not always provide staff with the information they needed to keep people safe. We also saw that when incidents occurred they were not always investigated or managed to keep people safe. We told the provider that they needed to make immediate improvements to ensure people were safe at Rosevilla.

During this inspection we saw that the required improvements had been made and people who used the service told us they felt safe. We asked people what made them feel safe at Rosevilla. One person said, "There's always someone there for me". Another person said, "Because the staff are kind and they look after my needs very well".

Risks to people's safety were assessed, managed and reviewed. Where risks had been identified, management plans were in place that provided staff with the information they needed to keep people safe. The staff we spoke with were aware of people's risks and knew how to keep people safe.

The staff had a positive approach to risk that promoted people's independence and wellbeing. For example one person was at risk of choking because of the speed in which they ate their meals. The staff managed this risk by giving the person a smaller spoon and observing them at an agreed distance. This meant the person could continue to eat independently with informal supervision from staff to ensure their safety and wellbeing.

We saw that when incidents occurred they were reported and investigated appropriately. The information contained in people's care records was reviewed and amended following incidents, and staff told us they were made aware of changes after incidents through daily handover meetings. The manager showed us how they analysed and monitored incidents to identify potential triggers and causes.

Recruitment checks were in place that ensured staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with vulnerable people. Regular checks were also made to ensure nurses were correctly registered with the Nursing and Midwifery Council.

There were sufficient numbers of staff available to support people in a safe manner. The provider had a system in place to identify the minimum numbers of staff required and rotas showed that minimum staffing numbers were met. On the day of our inspection a staff member had been sent home sick. The operations manager attempted to cover the shift with agency staff, but when no agency staff were available the operations manager assisted with care provision. This showed that systems were in place to ensure people were safe in the event of staff absence.

Medicines were safely managed by the staff. Medicines, including controlled drugs, were correctly stored to protect people who used the service and to ensure that the medicines would be effective when used. We observed two nurses administering people's medicines in a safe and consistent manner. People's medication administration records (MAR's) contained occasional gaps. However, the stock audit system in place was robust enough for the staff to demonstrate that where gaps on MAR's had been identified people had received their prescribed medicines.

Procedures were in place that ensured any concerns about people's safety were appropriately reported. The staff we spoke with explained how they would recognise and report abuse and we saw that suspected abuse was reported in accordance with the local reporting procedures.

People were cared for in a safe environment. The environment and the equipment it contained were regularly monitored and serviced to ensure its safety.

Good

Is the service effective?

Our findings

Most of the people we spoke with told us they were happy with the food and drink provided. One person said, “The food is always good”. Another person said, “The staff bring a menu round, there is always a good selection of food”. Two of the people and relatives we spoke with told us they would like to see improvements with the variety of food available for people who required specialist diets, such as; pureed or soft diets. The menus we looked at showed that a variety of foods were offered to people on standard diets, but less choices were available for people on specialist diets. This meant people who required specialist diets did not always feel they had sufficient menu choices. We made the operations manager aware of this and they agreed to meet with these people to discuss and address their concerns about the variety of food available for people on specialist diets.

People were supported to eat and drink in accordance with their planned care. The staff used a colour coded tray system that ensured people received the assistance they required to eat and drink. For example a red tray meant the person required assistance to eat and drink. The operations manager said, “Everyone knows what the tray colours mean. If someone has a red tray, the staff will not take the tray to the person until they are ready to provide them with assistance”. We saw that people who had their meal on a red tray received the assistance they required from the staff.

Assessment and monitoring tools were used to enable the staff to identify changes in people’s health and wellbeing. For example we saw that people’s food and fluid intake and weight were regularly monitored. The staff demonstrated they understood the action they needed to take if a person’s weight had changed. People’s care records showed that doctors and dieticians were consulted with in the event of a person being identified as at risk of losing too much weight.

People were able to access health, social and medical support when they needed it. For example, we saw that visits from doctors and other health professionals were requested promptly when people became unwell or their condition had changed.

Staff received training that enabled them to provide effective care and support. Training topics included; safeguarding people, moving and handling, infection control and behaviour that challenges. Training records showed that staff were up to date with the provider’s essential training and the staff we spoke with were able to tell us how they applied their training in their roles. For example staff told us how they had applied techniques to manage behaviour that challenged when a person who used the service presented with these behaviours. The staff also told us that following our last inspection, training had been provided in pressure area care. One staff member said, “We’ve now had pressure sore training and we have been given a booklet on pressure sore prevention”. This showed that the provider had identified a training gap and had addressed this to ensure staff had the knowledge required to meet people’s needs.

New staff received a structured induction which was based around achieving the Skills for Care ‘Common Induction Standards’. These are the national standards people working in adult social care need to meet before they can safely work unsupervised. We also saw that a system was in place to ensure agency staff received a suitable induction to enable them to work effectively and safely on a short term basis at the service. An agency staff member who we spoke with confirmed they had received a suitable induction before they started their first shift at the service. This covered topics such as; where and how to record care interventions and fire procedures.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out these requirements that ensure where appropriate, decisions are made in people’s best interests when they are unable to do this for themselves. The staff demonstrated they understood the principles of the Act and the DoLS and they gave us examples of when they had applied these principles to protect people’s rights. Care records confirmed that mental capacity assessments, DoLS referrals and best interest decisions had been made in accordance with the legal requirements.

Good

Is the service caring?

Our findings

People who used the service told us they were happy with the care and support provided. One person said, “Nowhere is perfect, but it’s good here”. Another person said, “I’m comfortable here, the staff are very good”.

We observed the staff interact with people who used the service with kindness and compassion. For example, we saw one staff member gently waking one person up by talking quietly and stroking their arm so they could receive their medicines. We saw another staff member make one person comfortable in their chair by gently tucking a blanket around them at their request.

We saw that where appropriate people’s independence was promoted. For example, we observed one staff member enable a person to eat their breakfast in bed by holding the bowl of food close to them. This enabled the person to use a spoon and eat independently without having to struggle to reach their food from a table.

The staff involved people in making choices about their care. Throughout our inspection we saw that people were given choices. For example one person was asked if they would like to eat with a spoon or a fork and another person was asked if they wanted to sit out in their chair or stay in their bed. We saw that the choices people made were respected by the staff.

The staff spoke with people in a manner that reflected their understanding. This enabled people to be more involved in their care. For example, we observed a nurse offer one person their ‘as required’ medicine by explaining what the medicine was for and what symptoms it could help in a simple and effective way. The person was then able to make an informed decision about their need for their medicine.

The staff treated people with dignity. Throughout our inspection we saw that staff knocked on people’s doors and waited for a response before they entered their rooms and doors were closed when care was being delivered to promote people’s privacy and dignity.

Requires Improvement

Is the service responsive?

Our findings

Although people and their relatives told us they were happy with the care some people told us that their care was not always delivered in accordance with their personal preferences because the staff did not always have the time to do this. One person told us, "I've missed having a shower for a little while now because they are short staffed, but the staff have given me a good wash on the bed instead". A relative told us, "A lady [The activity coordinator] occasionally comes in to chat to [A person who used the service] but the staff are too busy to do this all the time".

On the day of our inspection we saw that there were not enough staff to enable people to engage in their preferred hobbies and interests. The activities coordinator was not on duty and one member of staff had been sent home sick. The staff on duty were able to keep people safe, but they told us they did not have the time to engage people in leisure based activities. This meant that although there were enough staff to keep people safe, there were not enough staff available to consistently meet people's wellbeing needs and individual care preferences.

The operations manager told us they were looking at ways of working 'smarter' so staff could be deployed more effectively. The provider and manager also showed us they were actively recruiting new staff to address the staffing gaps. This meant they were aware of the gaps in staffing and were working towards improving the staffing numbers and the quality of care.

We saw that people who used the service and their relatives were involved in the assessment and review of care. This enabled the staff to gain information about people's care preferences. The operations manager said, "There is nothing better than asking people what they want when it comes to care planning". In conjunction with people and their families, the staff were in the process of reviewing the needs of every person who used the service. This involved a change to the way care was planned and recorded. We looked at one of the recently reviewed care records. This contained information about the person's care preferences. For example we saw that the type of clothes the person liked to wear had been recorded. We saw that on the day of our inspection the person was wearing clothes that were consistent with the information we found in their care records. This showed that the person's care preferences had been sought and followed by the staff.

People's relatives and friends could visit at any time and they were able to play an active role in care provision if the person consented to this. For example relatives could assist people to eat and drink if this had been agreed with the person who used the service and the staff.

We saw that people who used the service and their relatives were given the opportunity and were supported to express their views about the care through meetings. The minutes of the last meeting showed that people's views were sought, listened to and acted upon. For example we saw that people and their relatives had told the operations manager that they had concerns about staffing numbers. The operations manager responded to this by explaining how they had reviewed staffing numbers and had started to recruit new staff to increase the staffing numbers.

There was an accessible and effective complaints process in place that enabled improvements to be made when required. People and their relatives told us they would be happy to approach staff to share concerns or make a complaint. One person said, "I would go to the head of the place". One relative told us, "I would tell any of the staff if I had something to complain about". Records showed that complaints were managed in accordance with the provider's complaints policy.

Good

Is the service well-led?

Our findings

At our last inspection we found that the service was not well led. Effective systems were not in place to regularly assess, monitor and improve service provision. We told the provider that they needed to make immediate improvements to ensure the service was well led.

During this inspection we saw that the required improvements had been made. People, their relatives and the staff told us that a new manager had been recruited who alongside the operations manager had made significant improvements to the quality of care. One relative said, “Things are now on the up” and, “The care and ethos has got much better since the change in management”. Another relative said, “There have been a lot of changes recently but they have been for the better”.

At this inspection we saw that effective systems were in place to monitor and improve the quality of the care provided. Frequent quality audits had been completed. These included audits of; care records, infection control, health and safety and incidents. These audits were evaluated and where required action plans were in place to drive improvements. For example, we saw that following a recent health and safety and infection control audit more hand washing facilities had been provided.

The operations manager and provider were committed to improving the quality of care. The operations manager said. “We’ve improved how we do paperwork, we’ve improved staff morale, we are involving families more and we are slowly and surely improving the environment. We’ve come a long way, but we have further to go yet”. This showed that the manager had a positive and realistic view of the service. They were able to highlight the improvements that had been made, but appreciated that there were areas of care that could be further improved. For example, there was a service improvement plan that detailed how and when improvements to the environment and facilities would be made. This showed that the provider was committed to improving and maintaining the environment and facilities.

The staff told us that the managers were approachable, supportive and had a regular presence within the service. One staff member said, “The managers are always approachable and helpful”. Another staff member said, “Both managers are kind and approachable”. The operations manager demonstrated they had a good understanding of the care provided which showed they had regular contact with the staff and the people who used the service.

The staff told us that their learning and development needs were assessed and monitored through regular supervision and appraisals. The operations manager showed us how they had recently changed the supervision process to include regular assessment of the staff’s competencies. This showed that the operations manager was making improvements to the systems used to assess and monitor the staff’s knowledge and skills.

We saw that there was an open and honest culture at Rosevilla. Minutes of the last meeting with people and relatives about the care showed that the operations manager had been open about the outcome of our last inspection. The minutes showed that the concerns raised at the inspection had been discussed and the actions the provider was taking to improve the quality of care had been shared with people and their relatives.

We saw that care was provided with compassion, dignity and respect in accordance with the service’s values. The staff were made aware of the service’s values through their induction, training and staff meetings. This was confirmed by staff we spoke with and records we looked at.

Prior to our inspection the provider notified us that their registered manager had recently left Rosevilla. They told us that a new manager had been recruited who was being supported on a daily basis by the operations manager. The provider told us that the new manager would apply to become a registered manager once they had completed their probationary period and induction. This showed the provider had a suitable management structure in place in the absence of a registered manger.