

Roseville Care Homes (Melksham) Limited

The Old Parsonage

Inspection report

The Street
Broughton Gifford
Melksham
Wiltshire
SN12 8PR

Tel: 01225782167

Website: www.rosevillecarehomes.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The Old Parsonage is a care home with nursing for up to 22 older people living with dementia and other needs in relation to their mental health in one adapted building. 18 people were living in the home at the time of the inspection.

What life is like for people using this service

The registered manager had made improvements to the way risks were managed for people. However, work was needed to ensure moving and handling techniques were implemented consistently by all staff.

People were supported make choices and have as much control and independence as possible.

People and their relatives had been supported to develop care plans that were specific to them. These plans were regularly reviewed with people to keep them up to date.

People received caring and compassionate support from kind and committed staff.

People and their relatives were positive about the care they received and about the skills of staff.

Staff respected people's privacy and dignity.

People received support to take their medicines safely.

People were supported to maintain a good diet and access health services if needed.

The registered manager provided good support for staff to be able to do their job effectively.

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

Rating at last inspection

The last rating for this service was requires improvement (published 30 May 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Old Parsonage

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 Care Act 2014

Inspection team

The inspection team consisted of two inspectors.

Service and service type

The Old Parsonage is a care home. People in care homes receive accommodation and nursing or personal care. 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.

What we did before inspection

Before the inspection we reviewed the information we held about the service and the service provider. The registered manager completed a provider information return. 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

We spoke with three people and three relatives to gather their views about the care they received. 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 six people's care records. We checked recruitment, training and supervision records for staff and looked at a range of records about how the service was managed. We also spoke with the registered manager, director and five care staff. We received feedback from a nurse practitioner and mental health social worker who had contact with the home.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- At the last inspection in March 2018 we assessed that improvements were required to the way risks were managed. We highlighted that the management of specific risks in relation to moving and handling and choking were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.
- At this inspection we found the registered manager had made significant improvements to the way risks were managed. The improvements meant the requirements of Regulation 12 were being met. However, further work was needed to ensure these improvements were sustained and implemented consistently by all staff.
- Care records contained assessments of people's mobility and plans to manage the risks of falls. The plans set out the support people needed to stay safe, including any equipment they needed, such as a hoist or handling belt. Staff had received training in the use of these techniques and equipment.
- Whilst staff followed the moving and handling guidance on most occasions, we observed some staff supporting people to move in ways that were not listed in the risk management plans. On one occasion staff supported a person to stand without using the handling belt that was assessed to be necessary. On other occasions staff provided physical reassurance to people by holding them under their arm. Staff did not lift people under their arm, however, this method increased the risk that people could be harmed if they became unsteady or fell.
- Staff had been trained in the correct way to support people and of methods they must not use because they increased the risk of harm to people.
- The registered manager told us they regularly observed staff moving and handling practice. They provided feedback and guidance through formal supervision sessions and in staff meetings. Records demonstrated issues of poor practice had been raised with staff individually and as part of the staff meetings.
- Care records contained detailed information about people's risk of choking and plans to manage those risks. Plans had been developed following assessments from the speech and language therapist where necessary. Staff demonstrated a good understanding of each person's risk and the methods that were used to reduce the risk of them choking. Staff followed these plans throughout the inspection.

Staffing and recruitment

- There were sufficient staff to meet people's needs. Staff responded promptly to people's requests for assistance. Relatives told us there were enough staff to provide the care that people needed.
- Staff told us there were enough staff to be able to provide care in a way that was not rushed. They said the team worked well together to meet people's needs.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience

and character. 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 or whether they have been barred from working with vulnerable people.

- The registered manager checked that nurses employed in the home were registered with the Nursing and Midwifery Council.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm. Staff were confident the registered manager would take action if they raised any concerns.
- Staff told us they received regular safeguarding training and records confirmed this. Safeguarding issues were also regularly discussed in staff meetings and staff one to one supervision sessions.
- Relatives told us they felt people were safe in the home.

Using medicines safely

- Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. Records of the medicines people had been supported to take had been fully completed. There was a record of all medicines received into the home and disposed of.
- Where people were prescribed 'as required' medicines, there were protocols in place detailing when they should be administered.
- Relatives told us staff provided good support with people's medicines, bringing them what they needed at the right time.
- We observed staff following safe practice when supporting people with their medicines.

Preventing and controlling infection

- All areas of the home were clean and smelt fresh. People and relatives told us this was how the home was always kept.
- Staff had received training in infection control procedures. There was a supply of protective equipment in the home, such as gloves and aprons, and staff were seen to be using them.

Learning lessons when things go wrong

- Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report events.
- The registered manager reviewed these reports and recorded any actions that were necessary following them. This ensured lessons were learnt following incidents and reduced the risk of an incident re-occurring.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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

- People's needs were assessed before they moved into the home to ensure they could be met. Relatives told us staff understood people's needs and provided the care they needed. Staff demonstrated a good understanding of people's medical conditions and how they affected them.
- Staff had access to guidance from the National Institute for Health and Care Excellence (NICE) and referred to these when developing care and treatment plans with people. Staff had worked with specialist nurses where necessary to develop care plans, for example a tissue viability nurse and mental health specialists.

Staff skills, knowledge and experience

- Staff told us they received regular training to give them the skills necessary to meet people's needs. This included a thorough induction and training on meeting people's specific needs. New staff spent time shadowing experienced staff members and learning how the home's systems operated.
- Staff completed assessments to demonstrate their understanding of training courses. Staff told us the training they attended was useful and relevant to their role in the service. Staff were able to complete training on health conditions specific to people they were supporting.
- The registered manager had a record of all training staff had completed and when refresher training was due. This was used to plan the training programme.
- Staff were supported to complete national qualifications in social care.
- Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. The registered manager kept a record of the supervision and support sessions staff had attended, to ensure all staff received the support they needed. Staff said they received good support.

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

- People and their relatives told us they enjoyed the food provided by the home. People were able to have something different to the main meal if they wanted.
- Staff provided good support for those that needed it to eat. Staff sat at the same level as people and explained what the food was. Staff provided encouragement and offered alternatives to people who were reluctant to eat. People had access to drinks throughout the day and staff supported people where needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People could see health professionals where necessary, such as their GP, specialist nurse or attend hospital appointments. People's care plans described the support they needed to manage their health

needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted.

- A visiting nurse practitioner told us staff were always prepared for their visits and provided clear information about people's condition. They said staff followed their advice and contacted them promptly if people's condition deteriorated.
- A mental health senior practitioner told us the service worked well with them to meet people's needs. They said staff were receptive to advice and raised concerns promptly when people's health was deteriorating.

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

- Specialist equipment was available when needed to deliver better care and support.
- The home had an on-going decoration programme. The registered manager had sought advice about making the décor more suitable to the needs of people living with dementia.

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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Applications to authorise restrictions for some people had been made by the service. Cases were kept under review to ensure any restrictions in place to keep people safe were the least restrictive option available.
- Where authorisations had been granted with conditions, the service had met these conditions.
- Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity.
- Staff demonstrated a good understanding of the MCA.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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; equality and diversity

- People were treated with kindness. Relatives were positive about the staff's caring attitude. Comments included, "It's very good here. Staff are very kind" and "Everyone is very pleasant. They have been fantastic and have such patience."
- A visiting healthcare professional told us "Staff are welcoming and happy. They maintain a high standard of care."
- People's diverse needs, such as their cultural or religious needs were reflected in their care plans. Staff supported people to meet these needs.

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

- Staff supported people and their representatives to make decisions about their care. Staff signposted people, families and friends to sources of advice and support or advocacy.
- Staff had recorded important information about people; for example, personal history, plans for the future and important relationships. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided.
- People's communication needs were assessed and recorded in their care plan. Staff were seen to be following these plans and communicating with people in their preferred way.

Respecting and promoting people's privacy, dignity and independence

- Staff worked in ways that respected people's privacy and dignity. Staff were discreet when asking people whether they needed support with their personal care. Staff ensured sensitive conversations about people were not held in public areas.
- Staff supported people to maintain their independence where possible. Examples included encouraging people to eat their meals independently and supporting people to carry out their own personal care where possible.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant 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

- At the last inspection in March 2018 we assessed that improvements were required to the way staff responded to people's requests for support. The shortfalls were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

- At this inspection we found the provider had met the requirements of the Regulation. Staff were responsive to people's needs and requests for support and assistance.

- Relatives told us staff responded promptly to people when they needed help with something. We observed staff providing support for people promptly. Where people refused support staff tried different approaches, including using different staff to offer support and giving people space.

- Staff knew people's likes, dislikes and preferences. They used this detail to provide support for people in the way they wanted. Relatives told us staff respected people's preferences.

- The service met the information and communication needs of people with a disability or sensory loss. People's care plans set out any support they needed with communication and staff were seen to be following these during the inspection. Examples included use of picture cards, other languages and objects of reference.

- People were supported to take part in a range of activities. There was a programme of planned group activities, which some people enjoyed participating in. In addition, other people were supported to take part in individual activities, including looking at favourite books and playing games.

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to make a complaint and were confident any concerns would be dealt with. Comments included, "I would speak to [the registered manager] if I had any concerns." People told us they had not needed to make any complaints.

- The home had a complaints procedure, which was given to people when they moved in and was displayed on a noticeboard. Records demonstrated complaints had been investigated and action taken in response. The registered manager had responded to complainants to let them know the outcome of their investigations and the actions that had taken.

- The registered manager monitored all feedback received and ensured positive comments were passed on to the staff.

End of life care and support

- People and their relatives were supported to make decisions about their preferences for end of life care. This information was used in developing care and treatment plans. The service worked with health professionals where necessary, including the palliative care team.

- Staff understood people's needs, were aware of good practice and guidance in end of life care. People's religious beliefs and preferences were respected and included in care plans.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection in March 2018 we assessed that improvements were required to the quality assurance systems in the service. We highlighted that the failure to identify shortfalls in the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.
- At this inspection we found the registered manager had made the improvements that were necessary. The quality assurance system had been used to effectively identify shortfalls in the service and plan improvements.
- The quality assurance systems included reviews of care records, medicine records, care plans, staff files and quality satisfaction surveys. In addition to checking records the management team completed observations of staff practice. This was to assess whether staff were putting the training and guidance they had received into practice. The results of the quality assurance checks were used to plan improvements to the service.
- The management team had identified further support was needed to ensure staff were consistent in the way they supported people to move and re-position. As a result, additional training had been planned and the registered manager had raised issues with staff individually where necessary.
- There was a clear staffing structure and staff were aware of their roles and responsibilities.
- The registered manager had notified us of significant events in the service when necessary.
- The service had effective systems to manage risks to people using the service, staff and members of the public.
- Staff told us they thought the service was well managed. Comments included, "She is a good manager and very supportive. She regularly checks round the home and will raise any concerns with all staff" and "The service is well-led because the main priority is the residents. [The registered manager] does pull staff up if they are not doing what they should be."

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

- The service involved people, their families, friends and others effectively in a meaningful way. The registered manager responded to issues raised in quality surveys and let people know what action they had taken. Changes had been made to the planned activities and staff had completed additional training as a result of people's feedback.
- Staff told us they felt listened to, valued and able to contribute to the running of the service.

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

- The registered manager worked in the home on a daily basis. They had created a homely service, where the management were accessible. The registered manager successfully maintained an open and transparent culture and supported staff to deliver good care for people.
- Relatives felt the service was well-led. One relative commented, "You could not get a more conscientious, dedicated, professional and warm-hearted person as the manager of this home."
- The management team had a good understanding of their responsibilities under the duty of candour.

Working in partnership with others

- The provider worked well with the local health and social care professionals. They had established good links and working relationships. A mental health professional who provided feedback to us said they had positive experiences of the service. They said the registered manager had made a lot of improvements to the home, concluding "She has turned it round from what it was."
- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation or good practice guidance. Nurses employed by the home were supported to access suitable resources to maintain their professional development.