Rosevilla Residential Home Limited

Rosevilla Residential Home

Inspection report

Penkford Lane
Collins Green
Warrington
Cheshire
WA5 4EE

Tel: 01925228637

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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

At the last inspection in May 2016 the service was rated good overall, although the safe domain was rated requires improvement because controlled drugs in injection form were not stored or recorded correctly. At this inspection we found the service had rectified this and we have rated it good in all domains.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Recruitment checks were carried out to ensure suitable people were employed to work at the home.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Risk assessments had been developed to minimise the potential risk of harm to people who lived at the home. These had been kept under review and were relevant to the care and support people required.

Care plans were in place detailing how people wished to be supported. People who received support or, where appropriate, their relatives were involved in decisions and consented to their care.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required.

People received adequate nutrition and hydration. Their nutritional needs were assessed and appropriate diets were provided, such as diabetic diets and mashable diets.

We found people had access to healthcare professionals and their healthcare needs were met.

People were encouraged to participate in a range of activities that had been organised.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff and resident/relatives surveys to seek the views of people about the quality of care being provided.

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.

Medicines were stored, administered and recorded correctly.

People were protected by staff who understood how to recognise and report possible signs of abuse or unsafe practice.

People were protected by safe and robust recruitment practices and there were sufficient numbers of staff to meet people's needs and keep them safe.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Rosevilla Residential 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 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.

This inspection visit took place on 04 September 2017 and was unannounced.

The inspection was carried out by one adult social care inspector.

Before our inspection visit we reviewed the information we held on Rosevilla Residential Home. This included notifications we had received from the provider about incidents that affected the health, safety and welfare of people who live at the home. We also reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service.

We spoke with a range of people about the home including three people who lived at the home, two relatives and seven staff members. In addition, we spoke with the registered manager of the service, who is also a director of the registered provider.

Some of the people living in the home found it difficult to tell us what they thought of the care in the home due to their dementia, so we carried out a Short Observational Framework for Inspection (SOFI), which involved observing staff interaction with people who used the service.

We looked at care records of three people who lived at the home, training and recruitment records of staff members and records relating to the management of the service. We also contacted the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced living at Rosevilla Residential Home.

Good

Is the service safe?

Our findings

People we spoke with who lived at the home told us they felt safe living at Rosevilla Residential Home and the way staff supported them.

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. The staff members we spoke with understood what types of abuse and examples of poor care people might experience. They understood their responsibility to report any concerns they may observe and knew what procedures needed to be followed. The service had cooperated and worked with safeguarding teams when concerns had been referred to them to investigate.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by the service had been recorded.

We looked at how medicines were stored and administered. At our last inspection we found that some controlled drugs (CDs) in injection form were not stored in the CD cupboard and the CD register was not up to date. At this inspection we checked the storage and recording of CDs and found that they complied with requirements. The registered provider had installed an electronic system for the recording of medicines. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The system produced daily reports to show whether people had received their prescribed medicines.

We found staff had been recruited safely, appropriately trained and supported. They had the skills, knowledge and experience required to support people with their care and social needs. The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. This was completed through a dependency tool which calculated the number of staff required to meet people's needs. During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who lived at the home. Staff told us that they sometimes found it difficult to meet everyone's needs in a timely manner during the night shift, which was 10pm to 8am, when there were two waking staff on duty and a sleep-in member of staff. We raised this with the registered manager who informed us they had just recruited four more staff and would be providing another waking member of staff on the night shift.

The building was clean and free from offensive odours with hand sanitising gel and hand washing facilities available around the premises. We observed staff making appropriate use of personal protective equipment such as disposable gloves and aprons. We found equipment had been serviced and maintained as required. For example records confirmed electrical equipment complied with statutory requirements and was safe for use. A new call system had been installed and an extension was being built to provide another lounge, another lift and some more bedrooms with en-suite facilities.

Good

Is the service effective?

Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. We saw people visiting the home were made welcome by staff and where appropriate updated about their relative's welfare. Comments received from people visiting the home included, "I feel a weight has been lifted from my shoulders since Mum's been here" and, "I have been visiting for a year and am very happy with the service they provide."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the staff confirmed they understood when an application should be made and how to submit one to the supervisory authority.

We observed staff supported people to eat their meals wherever they wished, including in the lounge and their own bedrooms. Staff offered a choice of drinks and were patient when they supported people with their food. They encouraged individuals with their meals and checked they had enough to eat. We observed staff gave people an alternative choice if they didn't like the meals on offer. Comments about the food were good. One person who lived at the home said, "The food's very nice, I'm well fed." One relative said, "They seem to cater for all tastes and my relative has put on weight since they've been here" and another said "The food is nice, they always offer people more and they have creative ways of getting people to eat, such as making their favourite dish".

Staff recorded in care records each person's food and fluid likes and dislikes. This was good practice to provide preferred meals in order to increase their nutritional intake. People were weighed regularly and more frequently if loss or increase was noted. Records showed that staff assessed people against the risks of malnutrition.

Care records we looked at contained information about other healthcare services that people who lived at the home had access to. Staff had documented when individuals were supported to attend appointments or received visits from for example, GPs and district nurses. Documentation was updated to reflect the outcomes of professional visits and appointments.

Good

Is the service caring?

Our findings

Although a number of people had limited verbal communication because they lived with dementia, we were able to speak with three people who lived at the home. We also spoke with two visiting family members. One person who lived at the home said, "I've no complaints about the staff, they're alright with me". Both the relatives we spoke with said, "All the staff are very nice".

We observed staff engaged with people in a caring and relaxed way. For example, they spoke to people at the same level and used appropriate touch and humour. They were respectful and gave people time to understand and reply.

Staff had a good understanding of protecting and respecting people's human rights. Training had been provided and staff described the importance of providing person-centred care. For example, one member of staff described what they would do if two specific people who used the service were exhibiting signs of being agitated. The approach described was different for each individual and the member of staff explained that each person responded better to different approaches.

Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering. Staff also addressed people by their preferred name.

People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. We saw recent comments from relatives praising the staff and managers, which included "Thank you for making [relatives] final days comfortable" and "We are very grateful for the care provided by the staff".

Relatives told us the management team encouraged them to visit at any time. They said this gave them the freedom to access the home around their own busy schedules. We observed staff welcomed relatives with care and respect.

The service had information on advocacy services should people require their guidance and support. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Good

Is the service responsive?

Our findings

People who lived at the home and relatives told us they felt the registered manager and staff were responsive and met their needs with an individual approach. For example a relative said, "My relative feels the cold a lot so they've put an extra heater in the room".

We looked at care records of three people to see if their needs had been assessed and consistently met. They had been developed where possible with each person and their family to identify what support they required. We saw evidence that people and their relatives were being involved in regular reviews of their care.

Staff completed a range of assessments to check people's abilities and review their support levels. For instance, they checked individual's needs in relation to mobility, mental and physical health and nutrition. We found assessments and all associated documentation were personalised to each individual. Each person had a hospital passport that could be sent with them if they were admitted to hospital which described their care needs and preferences. This meant other professionals had access to that information if the person was not able to tell them themselves.

The service had a complaints procedure which was made available to people on their admission to the home. Copies were on view in the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. We spoke with people who lived at the home and relatives. They told us they knew how to make a complaint if they were unhappy. They told us they would speak with the manager who they knew would listen to them.

We found that there were a number of activities taking place in the home. There was a weekly activities programme was which included ball games, Zumba (exercise) twice a week, crafts, films and themed events. They had recently had a beach themed event and a visit from donkeys. On the morning of the inspection staff were singing old time songs with people and in the afternoon the hairdresser visited. People could have a television in their room, a telephone was available for people to use and newspapers and magazines were ordered on request.

Good

Is the service well-led?

Our findings

There was a registered manager employed at Rosevilla Residential Home. 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 2008 and associated Regulations about how the service is run.

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with told us they felt the registered manager worked with them and supported them to provide quality care. For example we only received positive comments from relatives and staff and they included, "I think the home is very well managed". Also, "The managers are great, easy to talk to and always available" and "the managers are very supportive, if I raise any concerns they do their best to sort it out".

Staff and residents/relatives' surveys were carried out annually. We looked at the survey carried out in April of this year and saw that the responses were positive.

The registered manager had systems in place to assess the quality of the service and the maintenance of people's wellbeing. These included checks on medication, the environment, care, accidents and incidents and infection control. Regular checks were also made to ensure equipment was safe and in line with health and safety guidelines. This helped to ensure people were living in a safe environment.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including GP, psychiatrist's and district nurses. The service also worked closely with Independent Mental Capacity Advocates (IMCAs). IMCAs represent people subject to a DoLS authorisation where there is no one independent of the service, such as a family member or friend to represent them.