Cotswold Spa Retirement Hotels Limited

Rosemount Care Home

Inspection report

Sunningdale
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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

The inspection took place on 27 March and 4 April 2018. The first day of inspection was unannounced and the second day announced. We last inspected the home on 15, 19 and 20 December 2016. We found the provider had breached the regulations relating to safe care and treatment and good governance because the arrangements for managing medicines were not always safe. We rated the home as 'Requires Improvement'. Following this inspection, to reflect the improvements the provider has made, we have rated the service as Good.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions is the service safe. We found progress had been made and the provider was now meeting the regulations. In particular, medicines were administered safely and there was a structured approach to quality assurance to check on the effectiveness of medicines management.

Rosemount Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Rosemount Care Home accommodates up to 60 people. At the time of our inspection there were 53 people living at the home, some of whom were living with dementia.

The home had a registered manager. 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. People, relatives and staff told us the registered manager was supportive and approachable.

People and relatives had positive feedback about the care provided at the home. They told us the care people received was good and staff were kind and considerate. We observed there were positive interactions between people and staff.

People, relatives and staff told us the home was safe.

There were sufficient staff on duty to meet people's needs. People told us staff responded as quickly as they could to their requests for assistance. We noted staff were visible around the home and available to support people when needed.

Staff had a good understanding of safeguarding procedures and the provider's whistle blowing policy. They knew how to raise concerns and told us they would not hesitate to do so if they were concerned about people's safety.

The provider followed the agreed local safeguarding procedures when dealing with safeguarding concerns.

Previous concerns had been fully investigated involving advocates when needed.

There were effective recruitment processes to help ensure new staff were recruited safely.

Health and safety checks were completed and risks were assessed to help maintain a safe environment. Personalised evacuation plans were written to help ensure people received the support they needed in an emergency.

Management supported staff well and staff received the training they needed. Records confirmed training, supervisions and appraisals were up to date.

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

Staff supported people to meet their nutritional and healthcare needs. We saw people received support with eating and drinking in line with their needs. Care records showed people had input from a range of health care professionals.

People's care plans were accurate and contained personalised information which reflected their particular circumstances.

Previous complaints had been fully investigated and resolved in line with the provider's complaint procedure.

There were opportunities for people, relatives and staff to provide feedback about the home. This included regular meetings and using the electronic system to provide on-going feedback at any time.

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.

People received the medicines they needed.

There were enough staff deployed to meet people's needs in a timely way.

Staff knew about safeguarding and the whistle blowing procedure including how to report concerns.

The provider carried out regular health and safety checks to maintain a safe environment.

Is the service effective?

Good

The service was effective.

People's needs were assessed to determine the individual care they needed.

Staff received good support and training relevant to their role.

The provider acted in accordance with the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to meet their nutritional and health care needs.

Is the service caring?

Good

The service was caring.

People and relatives said the care provided was good.

People and relatives confirmed care staff were kind and caring.

Staff treated people with dignity and respect and promoted their independence.

Is the service responsive?

Good

The service was responsive.

People had detailed and personalised care plans.

There were regular opportunities for people to participate in a range of activities.

People and relatives gave us mostly positive feedback about the home. Previous complaints had been fully investigated and resolved.

Is the service well-led?

Good

The service was well led.

People, relatives and staff gave us positive feedback about how approachable the registered manager was.

The provider continued to operate a structured approach to quality assurance.

There were regular opportunities for people, relatives and staff to give their views about the home.

Rosemount Care 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 took place on 27 March and 4 April 2018. The first day was unannounced and the second day announced. One inspector carried out the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we contacted external commissioners of the service from the local authority and the Clinical Commissioning Group (CCG), as well as the local authority safeguarding team and the local Healthwatch. We used their feedback during the planning of this inspection.

During our inspection we spoke with nine people and five relatives. We also spoke with a range of staff including the registered manager, one nurse, one senior care worker, three care workers, an activity co-ordinator and the cook. We reviewed a range of records including four people's care records, medicine records, five staff files, training records and other records relating to the quality and safety of the home.

Good

Is the service safe?

Our findings

When we last inspected Rosemount Care Home the provider had breached the regulation relating to safe care and treatment. We concluded the home was not always safe and rated it Requires Improvement. This was because arrangements for managing medicines were not always safe, particularly in relation to stock control and reordering of medicines. We found some people had missed their medicines due to stocks running out. Historical records showed this had been a long-standing issue at the home. We also found gaps in some medicines administration records (MARs).

At this inspection we found improvements had been made so that people now received their medicines safely. As a result, we have changed our rating to Good.

We found the issues with stock running out had been resolved and there was no evidence of people going without medicines. The provider had reinstated the practice of administering medicines from the original packaging which staff told us was safer for people. Staff administering medicines had completed relevant training and had their competency assessed. Medicines were stored securely. Medicines administration records (MARs) accurately accounted for the medicines people had received. Non-administration codes were used where medicines had not been given. Each person had a medicines care plan which described the support they needed from staff with taking their medicines safely.

People and relatives felt Rosemount Care Home was a safe place to live. They commented they had no concerns about the home and would speak to staff if they had any concerns. One person commented, "Oh yes I am safe, you just feel at peace here." They went on to explain how careful staff were when supporting them. They said, "I have to go up on the hoist. They are very patient when they use the hoist. They are very careful, there are always two of them." Another person said, "I am quite safe." One relative told us, "I come in every afternoon, it feels safe here." Another relative commented, "It is very safe."

Likewise, staff also felt the home was a safe place. One staff member commented, "Staff are vigilant, I have no concerns with safety." Another staff member said, "I do think it is safe." A third staff member said, "All staff are really good at maintaining a safe environment."

Where staff had identified potential risks to people's safety, individual risk assessments were in place to guide staff about how to keep people safe. This included the risk associated with falling, poor nutrition and skin damage. For example, one person was at risk of choking when eating. We saw risk assessments were in place which identified the measures in place to prevent the person from choking and the action staff should take if this occurs.

Staff had completed safeguarding training which gave them a good understanding of how to keep people safe. Staff also knew about the provider's whistle blowing procedure. They told us they knew how to raise concerns and would do so if they had concerns about people's safety. One staff member told us, "I have never needed to use it (whistle blowing procedure) but would do if needed." Another staff member commented, "100% I would use it." Previous safeguarding concerns had been fully investigated and action

taken to keep people safe. Advocacy services had been contacted to support people where required.

There were sufficient staff deployed to meet people's needs. The feedback we received from people and relatives confirmed staff responded quickly when people needed assistance. One person said, "When I ring my buzzer they all run (to help me)." Another person told us, "The carers come as quick as they can."

Staff also felt staffing levels were appropriate for the number of people living at the home. One staff member commented, "They are great (staffing levels), they are a lot better now." Another staff member told us, "Yes there are enough staff. All residents are looked after and cared for. Throughout our visits to the home we found staff were visible and on hand to help people when required. The registered manager reviewed staffing levels on a regular basis. At the time of our inspection the registered manager was reviewing night-time staffing levels following feedback from staff.

The provider continued to operate effective systems when recruiting new staff. A robust interview and selection process was in place. This included carrying out pre-employment checks with the Disclosure and Barring Service (DBS) and receiving references from previous employers. DBS checks help employers make safer recruitment decisions as they are used to complete a criminal record and barring check on individuals intending to work with children and vulnerable adults.

People displaying behaviours that challenge were supported sensitively. Staff had a good understanding of people's needs and readily discussed the strategies they used to support particular people. Very detailed behaviour plans were in place describing the care and support people required when they were feeling anxious. These included various distraction and diversion techniques based around people's specific needs.

As with our previous inspection, the provider continued to carry out regular health and safety checks. These helped ensure a safe environment and that equipment was safe to use. For instance, we saw records confirming checks of the fire, gas and electrical safety systems, as well as checks of the water quality, emergency lighting and portable appliances. Risk assessments had been completed for areas like fire safety, Legionella and the use of hoists and wheelchairs. People had personal emergency evacuation plans (PEEPs) to help ensure they received the correct support in an emergency situation.

The provider had systems for the review incidents that happened in the home, including accidents. This helped to check the correct action had been taken and identify lessons learnt. Findings were then discussed during team meetings to raise awareness of issues amongst the staff team.

Good

Is the service effective?

Our findings

When we last inspected Rosemount Care Home we concluded the home was effective and rated it Good. Following this inspection, we found the home was still effective and our rating remains Good.

Staff assessed people's needs both before and on admission to the home. This was used to determine the home could meet people's needs and then used as a basis for developing care plans. The assessment covered a range of areas including identifying whether people had any specific needs in relation to culture, religion or lifestyle.

Staff told us they received good support and had opportunities to complete training relevant to their role. One staff member said, "I am very supported. The management team are easily approachable. I know I have their support." Another staff member commented, "We get regular training." A third staff member told us, "I get quite a lot of support. [Registered manager] is always on hand, she is really supportive." Records confirmed supervision, appraisals, induction and training were up to date. In addition to formal training, the provider checked staff member's competency to carry out some care tasks such as medicines administration and adding thickening agents to drinks where people had difficulties with swallowing.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS authorisations had been approved for relevant people. The registered manager maintained a DoLS register to ensure DoLS authorisations were renewed on time so they remained valid. We saw examples of MCA decision and best interests decisions in people's care records where required. For instance, where people were unable to consent to their stay at the home or for the use of restrictive measures such as bed rails.

Staff had completed training on the MCA which meant they displayed a good understanding of supporting people with making choices and decisions. They described the various strategies they would use when supporting particular people.

People gave us positive feedback about the meals provided at the home. One person commented, "The food is quality." Another person told us, "The food is good." A third person said, "The food is beautiful, really good." We discussed people's dietary needs with the cook. They showed an excellent understanding of people's needs and described the various specialist diets that were catered for in the home. These included

people who required their meals prepared to a particular consistency due to swallowing difficulties and others who required an adapted diet due to specific health conditions. The cook had recently consulted with people to gather information about their preferences to help with future menu planning.

Each person had a 'diet notification form' which described their needs with regard to nutrition. These provided kitchen staff with the information they needed to prepare meals which reflected people's needs and preferences. For example, it was important for one to person to choose their own meals every day following advice from staff. Where people were at risk of poor nutrition, a referral had been to a dietitian for additional guidance. We noted their advice had been incorporated into the 'diet notification form'. We observed over the lunchtime that people received the support they needed with their nutritional needs.

People were supported to access health care services relevant to their individual needs. One person told us, "The GP comes to see me." Care records showed regular input from professionals such as GPs, community nurses, podiatrists and speech and language therapists. Where people had been identified as being at risk staff contacted professionals for additional advice and guidance. For example, one person had been assessed as 'very high risk' of skin damage. Staff had implemented a range of measures, following advice from a nurse, including a specialist mattress, daily monitoring of the person's skin condition and regular positional changes when they were in bed. For another person, staff had taken advice from a speech and language therapist due to swallowing difficulties when eating.

Good

Is the service caring?

Our findings

When we last inspected Rosemount Care Home we concluded the home was caring and rated it Good. Following this inspection, we found the home was still caring and our rating remains Good.

Feedback from people and relatives told us the provider continued to provide good care. One person told us, "I like it here, I am not complaining. It is very good, every little need they are there. It is a good place to be and the staff are very kind." Another person said, "They (staff) are very good to me." A third person commented, "It's a wonderful place. The staff are good, I like it all."

People told us they received their care from kind and considerate staff. One person told us, "All the staff are lovely." Another person said, "[Staff member] comes in on his break and plays dominoes. He is good [staff member]." A third person commented, "[Staff member] is looking after me. She is very good. They are all very good here." A fourth person said, "It is lovely, the girls are nice." We observed many positive interactions between people and staff. Staff checked regularly whether people were alright and needed any assistance. For example, one person told a staff member they were cold. The staff member suggested a blanket would be a good idea which they got for the person straightaway.

People were treated with dignity and respect. One person said, "They are very respectful. You are kept very clean which is nice. They always explain (what they are doing). They don't ignore you." One relative told us, "All the girls speak to you, treat you as a person. They are kind." Staff described the practical steps they followed to ensure care was provided in a dignified way. This included always getting consent, closing curtains and doors and keeping people covered.

Between January and March 2018, the provider had received 10 written compliments from relatives and a student health professional. These praised staff for the care provided to people at the home. Words used to describe staff included 'very supportive', 'lovely', 'fantastic' and 'amazing'. They went on to say their family members were 'very well looked after', 'received immaculate care' and 'were looked after so well'.

Care records were personalised with information about people's care preferences recorded. Life histories had been developed for each person which included details such as the person's childhood, their education, their career, family and hobbies. This meant staff could access information to help them gain a better understanding of people's care needs.

People were supported to access independent advocacy services when required. We saw advocates had been contacted to support some people in relation to safeguarding concerns.

Good

Is the service responsive?

Our findings

When we last inspected Rosemount Care Home we concluded the home was responsive and rated it Good. Following this inspection, we found the home was still responsive and our rating remains Good.

The information gathered during the initial assessments was used to develop personalised care plans. These covered a range of needs including nutrition, mobility, hygiene, skin integrity and communication. Monthly care plan reviews took place to help keep them up to date with people's changing needs. Review records showed care plans had been updated where people's needs had changed. For example, one person's capacity to make decisions had reduced. We noted their care plans had been updated to describe the additional support the person now needed. Where health professionals had assessed people's needs, their recommendations had been incorporated in to care plans as a reminder for staff.

There were regular opportunities for people to take part in activities if they chose to. One person said, "We have coffee mornings and we did flower arranging. There is always something going on. They always try to get them involved. We have a good laugh." Activities included regular visits from a hairdresser and a friendship dog, as well as music, arts and crafts and games. We discussed the activity programme with an activity co-ordinator. They told us activities were reviewed each month and then advertised through a regular newsletter to residents. The activity co-ordinator had previous experience of working with people living with dementia. Therefore, they understood the importance of providing meaningful activities specifically for this group of people, such as one to one activities.

People and most relatives told us they had no complaints about the home. One person commented, "It is a good place, I have no concerns." Another person told us, "If there is a problem, they put it right." If I had a problem they would deal with it straightaway." One relative had told us they were generally happy with the home but had raised concerns previously about cleanliness in their family member's room. We viewed the provider's complaint log which confirmed previous complaints had been logged, investigated and resolved. Some previous complaints related to cleanliness in the home. Action had been taken to improve the cleaning processes and some carpets had been replaced. The registered manager completed a regular review of complaints to check appropriate action had been taken and to identify lessons learnt.

Good

Is the service well-led?

Our findings

When we last inspected Rosemount Care Home the provider had breached the regulation relating to good governance. We concluded the home was not always well-led and rated it Requires Improvement. This was because the provider's quality assurance systems were not always effective in identifying shortfalls and failings within the service. In particular, the issues we identified with medicines regularly going out of stock had not been picked up through the various checks in place at the home. The registered manager and deputy manager at the time were also not aware of these issues. We found some records relating to the care people received from staff were not completed consistently. For example, records of positional changes where people were at risk of skin damage.

At this inspection we found improvements had been made. As a result, we have changed our rating to Good.

When we last inspected the home, we noted the provider had a structured approach to quality assurance. We found this continued to be the case. A range of monthly audits were in place to check people received good care. This included checks of bed rails, health and safety, infection control, medicines and a mattress check. A clinical governance audit was also completed which checked people received safe care in areas such nutrition and skin care. The audit also included a review of the action taken following incidents and accidents to check all measures required to keep people safe had been implemented.

People, relatives and staff told us the registered manager was approachable and felt able to talk to her in they needed to. One person said, "[Registered manager] is lovely." Another person commented, "[Registered manager] is very nice. If you need her, you just have to ask." A third person told us, "Everybody loves [registered manager]. She is very, very pleasant." One relative said, "[Registered manager] is very pleasant, approachable." One staff member told us, "[Registered manager] has been brilliant. She is an amazing manager, she is very understanding."

Relatives and staff described the home as having a friendly atmosphere. One relative said, "I like it here, it is friendly." Another relative said, "They are all very pleasant in here. They are all very sociable." One staff member commented, "We all get on like a family, everyone gets on with everyone. The residents are like a family as well."

There were regular opportunities for people, staff and relatives to share their views about the home. A resident and relative's meeting was held regularly. People had discussed staff training, their experiences of living in the home and the activities programme. One person said, "We have a meeting every month, I always attend. They always ask if you have any problems. You always get a letter of you don't go to the meetings."

Team meetings included discussions around core values of staff being respectful, trusting, caring and making a difference. Other areas discussed included recruitment, training and health and safety. We noted incidents had been discussed to review whether follow up actions had been successful.

The provider had an electronic system to gather anonymous views about the home, on an on-going basis,

from people, relatives, staff and other visitors. This was readily available so feedback could be given at any time. Feedback had been collated for the period 1 January to 31 December 2017 which was mostly very positive. For example, 937 pieces of feedback had been collected from which over 99% of people felt the home was safe, that staff treated them with respect and that staff are warm and friendly. Relatives gave similarly positive feedback 100% indicating their relative was well cared for and safe.