

Mrs R I Odeh

# Rosemary Residential Care Home

## Inspection report

2 - 4 Guinea Lane  
Fishponds  
Bristol  
BS16 2HB  
Tel: 0117 958 4190

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### Ratings

#### Overall rating for this service

Requires Improvement



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?

Requires Improvement



### Overall summary

We carried out this inspection on 28 April 2015 and this was an unannounced inspection. When Rosemary Residential Care Home was last inspected in June 2014 there were no breaches of the legal requirements identified.

Rosemary Residential Care Home provides accommodation and personal care for up to nine people who have mental health needs. At the time of our inspection there were nine people living at the service.

A registered manager was in post at the time of our inspection. 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.

# Summary of findings

People felt safe and staff could identify and respond to allegations of suspected abuse. The provider had safeguarding and whistleblowing policies which gave guidance for staff on the identification and reporting of suspected abuse.

People and staff employed at the service felt staffing levels were sufficient and that people's needs were met. The service had a small stable staff team and all had been employed at the service for a long period of time. The provider had operated a safe recruitment process.

Records did not always demonstrate people's risks were regularly assessed. Although this did not present an immediate risk to people as their needs had not changed, it did not demonstrate the provider had robust review systems in operation.

People received their medicines on time and medicines were stored correctly. There were suitable arrangements in place for the ordering and disposal of medicines and records had been completed accurately.

People were happy with the care and staff at the service. Staff told us they were happy with the level of training provided and there was a regular supervision process.

Staff understood the Mental Capacity Act 2005 and training had been provided. The provider was aware of their legal responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS) and appropriate policies were in place.

People had access to healthcare professionals when required and records demonstrated the service had made referrals when there were concerns.

Staff were caring towards people and people were involved in the planning of their care and support. Some people's support records reflected their involvement and the decisions made in their care planning.

Support provided to people met their needs. Supporting records highlighted the important people and locations in people's lives. The provider had a complaints procedure and people told us they could approach staff if they had concerns.

People and staff spoke positively about the provider and registered manager and communication with staff was regular. The provider had not completed some people's person centred care records and the auditing system to monitor the service provision and safety had not been consistently used.

# 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?

The service was not fully safe. People at the service felt safe.

People's risks were assessed however some assessments required reviewing.

Staff could identify and report suspected or actual abuse. The provider had safeguarding and whistleblowing policies.

Staffing levels met people's needs and recruitment procedures were in line with requirements.

People's medicines were stored and administered safely however no formal auditing process was currently completed.

**Requires Improvement**



### Is the service effective?

The service was effective. Staff were trained and received supervision for support.

The provider was aware of the requirements of the Deprivation of Liberty Safeguards.

People received support to prepare their meals when this was in line with their preferences.

People's healthcare needs were met and appropriate referrals were made when required.

**Good**



### Is the service caring?

The service was caring. Staff provided personalised care

Staff understood people's needs.

People's independence was promoted by staff.

People made decisions about their care and their privacy was respected.

**Good**



### Is the service responsive?

The service was responsive to people's needs. People made choices about their lives and the level of support they received.

People were supported to maintain their independence.

People were involved in the planning of their care and support.

The provider had a complaints procedure and people felt able to raise matters.

**Good**



### Is the service well-led?

The service was not consistently well-led. People were positive about their relationship with the provider and registered manager.

**Requires Improvement**



# Summary of findings

The provider had not completed people's person centred care plans.

The manager communicated with staff and ensured staff could contribute to matters in the service.

The provider had not consistently used the quality assurance systems in place at the service.

# Rosemary Residential 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 was carried out by one inspector. When Rosemary Residential Care Home was last inspected in June 2014 no breaches of the legal requirements were identified.

Before the inspection we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

During the inspection we spoke with three people who lived at the service. Four other people were invited to speak with us but declined the offer. We spoke with three staff which included senior staff and support staff. We reviewed nine people's care and support records.

We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

# Is the service safe?

## Our findings

People felt they were safe and there were arrangements and systems in place to respond to actual or suspected abuse. One person commented they were “Happy” and said, “The staff help me.”

Safeguarding adults and whistleblowing policies were available for staff that contained guidance in the identification and reporting of suspected abuse. Staff knew how to report concerns both within the service to the provider or registered manager and externally to organisations such as the Commission or the local safeguarding team. There were also information posters displayed within communal staff areas that showed the contact details for the local authority. Staff had received training in safeguarding adults.

Risks to people were assessed and risk management plans were recorded to reduce identified risks. The risk assessments showed that an assessment had been completed for people’s risk of nutrition, their risk of developing pressure sores and their mobility. Where required, risk management plans were in place. For example, one person was at risk of developing pressure sores and we saw a risk management plan had been completed. The plan showed the person required a pressure cushion and should be prompted to sleep in their bed and encouraged to move around and change position when awake. The person had daily records of their movement and mobility, together with a record of their skin condition. These records had been completed daily as required.

Risk management was recorded for people with specific medical conditions. A person within the home had diabetes and took regular medication for this. We saw within the person’s records that staff were to support the person weekly to take their blood sugar levels. Guidance on how to do this and what equipment was used was recorded. Records showed the weekly testing was completed as required and the person told us they were happy with the support they received from staff to manage the condition. Within the person’s record there was guidance for staff on who to contact and what action to take should the person have an abnormal blood sugar level or appear unwell.

Risk management plans were recorded within some people’s care records to guide staff in supporting the

person with positive behaviour management. One person’s record showed they could become aggressive at times. The record showed that encouraging the person not to borrow items or lend items to other people reduced the risk of confrontation. It showed what actions staff should take should the person become aggressive.

People’s records did not always demonstrate people’s risks were regularly assessed. We raised concerns with the provider that some risk assessments and associated plans had not been updated since 2011 and others since 2013. The provider explained that people in the service had been there for a significant period of time and their needs had not changed. The provider did acknowledge reviews should be undertaken more frequently to ensure people’s needs were being met and told us they would be completed shortly during the implementation of new care plans.

Incidents and accidents were recorded and there was evidence the provider was learning from incidents. There had been no recorded accidents within the service since August 2013. Of the recorded incidents, we saw that events had been recorded and the actions taken by the provider to reduce the risk of the incident happening again were shown. One incident showed that a person had thrown a glass during a moment of aggression. The provider had taken the action of replacing all glasses within the kitchen to hard plastic to reduce the risk of injury to people and staff. Another incident showed a person had been displaying anti-social behaviour in the local community and following the provider requesting police and health professional involvement, this had stopped.

Staffing levels enabled staff to meet people’s needs and ensured people were supported safely if required. People said there were sufficient staff and the staff told us they felt they met people’s needs. Some people in the home were fully independent and required minimal support from staff. The provider worked full time at the service together with the registered manager and told us there were set staffing levels that had been in place for a significant period of time.

Safe recruitment procedures had been followed before new staff were appointed. The provider had an appropriate system that reduced the risk of unsuitable staff being employed at the service. There was a long standing staff team at the service and the provider had not employed any new staff since 2012. We reviewed these files that showed

## Is the service safe?

an application form with a previous employment history had been completed and the provider had obtained employment or character references. An enhanced Criminal Record Bureau [now the Disclosure and Barring Service] check had been completed. This check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

Medicines were managed safely whilst people's independence was promoted. Medicines were ordered and returned through a local pharmacy. People were supported

with their medicines by staff and said they got their medicines when they needed them. There were suitable arrangements for the storage of medicines in the home and medicines were kept securely. Medicine administration records for people had been completed accurately. The provider said they undertook a visual audit of medicines when they were delivered and associated medicine administration records but said this was not currently recorded. They said a formal record of this audit would be created and used following our inspection.

# Is the service effective?

## Our findings

People commented positively about the support they received. One person we spoke with said, "They staff are very good here." Another commented to us, "The staff help here."

Staff received regular training to carry out their roles. Most of the training provided to staff was given by the local authority and there was a regular training schedule that ensured all staff received regular update training. We reviewed the training certificates held by the provider that showed what training staff had completed. Staff had received training in Fire awareness, First aid at work, infection control, moving and handling and safeguarding. The training forecast for the year showed that staff had already been booked on to refresher training throughout the year.

Additional training to understand and meet the needs of people in the service had been provided for staff. Training in mental health, dealing with violence and aggression, dementia awareness and equalities had been provided for staff. Staff were satisfied with the level of training they received and some staff were also working towards a diploma in health and social care.

Staff felt supported by the provider and told us they received performance supervision. The provider told us that supervisions were due to be held approximately three times a year with staff. We reviewed recent supervision records that showed subjects such as job satisfaction, planned outcomes for staff and service users, staff priorities and any support required were discussed.

The provider did not currently have an induction system due to a stable staff team. We spoke with the provider about the induction a new staff member would undertake if they commenced employment at the service. The provider explained that only six staff were employed at the service and the same staff had been employed for between three and 15 years. Although there were no immediate plans to recruit, the provider was aware of the new care certificate and told us that any subsequent induction

would be based on the requirements of this. The provider stated they would ensure a formal induction process would be in place prior to undertaking any recruitment of new staff should there be a requirement.

The provider understood the Deprivation of Liberty Safeguards (DoLS) and was aware of their legal responsibilities. DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and it is in their best interests to do so. The provider explained that nobody within the service was subject to a DoLS authorisation. All of the people within the service were able to leave the service if they wished and all had door keys. The provider demonstrated an awareness of when a DoLS authorisation may be required, and demonstrated they knew the process required. There was a DoLS policy in place and the provider was scheduled to undertake additional management level training in DoLS with the local authority in the near future.

At the time of our inspection no one receiving support at the service was at risk of malnutrition. People had choice in relation to choosing their food and some chose to cook their own food with the support of staff. Risk assessments and risk management guidance were in place where required. People ate independently when they wished and in were able to access the local shops and amenities should they wish to buy any of their own food.

People were supported to use healthcare services and had regular health reviews with their GP and other healthcare professionals. People had regular access to a dentist, optician and chiropodist when they needed to.

When a person required additional regular clinical support this was provided. For example, one person received regular visits from the district nursing team for an existing medical condition. We saw within everyone's support plan that regular visits or appointments with dentists, opticians and chiropodists happened when required. When required, people were supported to attend appointments outside of the service.



# Is the service caring?

## Our findings

People felt cared for by the staff but told us they felt their independence was also respected. People in the main spoke positively about the care they received from the staff and told us they felt they lived independent lives whilst being aware that staff were available to support them if required. People were comfortable speaking with staff at the service and we observed positive interactions between staff and people. Staff spoke with people in a caring, dignified way during these interactions.

People were offered support to ensure their independence was promoted to allow people to make decisions about their care. For example, we saw within records that some people's independence was supported to go out into the local community alone. Other people could access the local community with the support of staff. People lived their daily lives as they wished and told us they were able to do things of their choice.

Staff had an understanding of people's personal needs. Staff understood people's preferences and were knowledgeable of people's individual needs and the importance of personalised care. Staff recognised people's behaviours and events that may cause the person's behaviour to become challenging, but also told us how this was managed and de-escalated through different methods.

People felt involved in their care and said they lived their lives as they wished. We saw through records and by listening to people the choices different people had. For example, most people in the service managed their own money, and made choices about how they spent their money. There was guidance within some people's records about how staff supported the person with this and assisted them to budget. Other records showed how some people travelled alone to meet relatives on a weekly basis, and people we spoke with told us they could do this whenever they wished.

Staff respected people's privacy. People had individual bedrooms and all bedroom doors were locked by a key and people all had a key to their room. People said they always felt that they could have private time to themselves if they wished. People were able to have time alone whenever they wanted and if they wished to stay in their rooms they could. During conversation, one person explained how they preferred to spend a certain amount of time in their room and a certain amount of time in the lounge or dining area of the house during the day. They told us the staff respected this and did not disturb them when they were in their room.

# Is the service responsive?

## Our findings

People felt they received care that was personal to them when they needed it and still lived independent lives. People said they made choices about how they lived their lives and all of the decisions about how they spent their day were their own. One person said, “I get to go out enough, overall I’m very happy here.”

Care records were personalised and described how people preferred to be supported. The provider told us they were currently changing the care plans for people and had completed two care plans in the new person centred style. The care plans showed people had discussed their care needs with staff and that they had an influence in the care they received from staff.

People’s individual needs had been recorded and personalised information was documented. For example, people’s records showed their preferred routines for the mornings, evenings and weekends. The records showed people’s chosen life choices for how they spent their day, such as what time they liked to get up, who they liked to go and visit and the preferred times of day they liked going to the dining or living area of the house.

Care records had additional information about people to help staff understand what was important to them. People’s support records contained personalised documents such as a ‘Relationship Map’ which showed the names of relatives and friends of people. A ‘Places Map’ showed places important to people, for example their relatives addresses or places they enjoyed spending their social time. Additional information was recorded on a ‘Dreams, Hopes and Fears’ document which showed people’s short term and long term life goals and matters that may cause them concerns.

People undertook activities personal to them. Most people in the house were completely independent and accessed the local community alone and were able to use public transport if required. Other people in the service required a small amount of assistance with their mobility and accessed the local community with staff. They said that staff were always available and willing to support them if people wished for staff to accompany them in the local community.

The provider had a system to obtain the views of people using the service and visiting healthcare professionals. A recent quality assurance survey had been completed and the results were mostly positive. People and healthcare professionals were asked for their views on matters such as the quality of their meals, social activities and homes environment. People expressed satisfaction with their meal choices and one healthcare professional described the standard of food as being ‘developed from quite good to very good.’ Healthcare professionals were also asked if they felt people were looked after well at the service and most responded with “Very well in most respects.”

The survey revealed that although the environment was generally rated as good, a minority rated the environment as poor and commented that decoration needed to be improved. We saw the provider has made an action plan, that involved replacing flooring and repainting and this was currently being completed.

People felt comfortable speaking with the staff if they had worries or concerns. There was a complaints process for people and people we spoke with felt staff would listen to them if they raised a concern. The service had a not received any formal complaints since our last inspection.

# Is the service well-led?

## Our findings

People were aware of who the registered manager and provider were and told us they both worked at the service regularly. The service was family run and had a small staff team supporting the provider and registered manager. People gave good feedback about the management within the service. One person told us, and “The staff and management are very good here.” Another person said the service management were “Good” when asked.

Staff were supported by the management. We received good comments from staff about the manager and the provider within the service. Staff told us their employment was enjoyable and said they could speak with the registered manager or provider should they need to. One member of staff told us, “The manager and [providers name] are very supportive.”

There was communication between the management and staff about the service. The provider told us that team meetings were held approximately every two to three weeks and staff confirmed this. We saw from meeting minutes that the management and staff discussed the needs of people using the service. This included discussing any welfare issues people may have or any changes in their behaviour. There was a record of how any issues identified would be progressed.

The provider had not completed the process of creating new person centred care records since our last inspection. During our inspection in May 2014, the provider informed us that the new person centred care planning was being developed. At that time, two people had their care records in this new style. During this inspection we found the provider had not progressed the completion of these new person centred care plans for others using the service despite there being a period of 11 months to complete this. Only two of the nine people in the service still had the updated care plans.

The provider had commenced recording notes from people to make these new plans, however the completion of the plans had not commenced further. It was also highlighted to the provider by the local authority during an inspection in February 2014 that these person centred plans should be completed. The date set by the local authority for these plans to be completed was May 2014 and the provider had failed to achieve this requirement. Although this did not demonstrate any immediate risk to people, it demonstrated poor management in failing to complete these plans in a significant period of time.

The provider had a programme of regular audits, however these had not been consistently completed. For example, we saw that a weekly audit was completed on matters such as the housekeeping and any maintenance that was required in the service. Despite these audits being recorded by the provider as being needed to be done weekly, there was no recorded evidence these audits had been completed for the two week period prior to our inspection.

The provider had previously commenced a cleaning rota following a previous inspection where failings in cleanliness were identified. We saw from the cleaning rotas that the provider had stopped using them in June 2014 shortly after our inspection. They told us the rotas were no longer used due to them generating a large amount of paper. The provider had not explored alternative methods in recording the areas of the home cleaned by staff and had simply stopped completing any paperwork relating to the standard of cleanliness in the service. Although the service was clean on the day of our inspection, the absence of formally recording cleanliness standards presented the risk the service would not maintain the current standard of cleanliness.