

Rose Villa Care Limited

Rose Villa

Inspection report

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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

About the service

Rose Villa is a residential care home providing personal care to 16 people aged 65 and over at the time of the inspection. The service can support up to 20 people in one adapted building. The service mainly provides care to people living with dementia.

People's experience of using this service and what we found

People were cared for by staff who had a good knowledge of the signs and symptoms of abuse and staff members would not hesitate to alert senior staff if they had concerns about someone.

Risk assessments of people and the environment minimised risks to people. The premises were kept safe through regular safety checks to equipment.

Recruitment was safe and there were sufficient staff deployed to meet people needs.

Medicines were safely managed and administered according to prescriptions.

The service was very clean, and records showed all areas were regularly cleaned.

A new electronic care record had enabled analysis of accidents and incidents and could identify trends which could minimise future incidents.

Assessments and care plans were holistic, and people contributed to them informing staff of how they wanted their care to be delivered.

Staff participated in regular supervision and the management team had developed a supportive environment for each other.

We received mixed feedback about training, some staff members thought more in-depth and face to face training would be of use, however the current training provided a good basic knowledge.

Meals were appetising, and staff new peoples likes and dislikes around food. Meals were a social occasion and people appeared to enjoy the interaction with peers and staff.

The premises could be adapted to become more dementia friendly. We recommended the provider research dementia friendly environments and adapt the premises accordingly.

A pre-arranged GP call happened daily to decide if a GP visit was required. There was a positive relationship with district nurses and the service could refer directly to them for support.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring and supported people with respect preserving their dignity. People were supported to maintain their independence and maintain their current level of skills.

Staff supported people to participate in care planning either through a formal approach of reviews or through informal chats.

Staff ensured that care was delivered as privately as possible and used screens to provide privacy in shared rooms.

Staff took time to get to know people which helped them in providing person centred care.

Information was supplied to people in the most suitable format and there was wide use of talking books and newspapers.

An activities programme provided structured day time activities for people. An activities officer added individual enrichments, spending time with people on a one-to-one basis.

Complaints were taken seriously and dealt with according to the providers procedures.

The registered managers were proud of the standard of end of life care provided and relatives confirmed that people were cared for well and supported to have a 'good death'.

The management team were effective and approachable. Overall staff felt supported in their role.

The registered managers understood their responsibilities under the duty of candour.

Notifications have been received from the service to inform CQC of significant incidents such as deaths or serious injuries.

Audits had been introduced, in part enabled by the new electronic care record system.

Staff meetings and meetings for people and their relatives were in place and a quality assurance questionnaire was in planning for 2020 to be sent to people, their relatives and staff.

The provider had forged links with health and social care professionals and other care providers.

For more details, please see the full report which is on the CQC website at
Rating at last inspection and update

The last rating for this service was requires improvement (published 30 November 2018) and there were four breaches of regulations. 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 previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rose Villa on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Rose Villa

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 was completed by one inspector.

Service and service type

Rose Villa is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers 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 the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we held about the service including notifications. A notification is submitted to CQC to tell us about significant events that have happened in the service.

We used this information to plan our inspection.

During the inspection

We spoke with five people who used the service and seven relatives about their experience of the care

provided. We spoke with ten members of staff including the nominated individual, registered managers, deputy managers, senior care assistants, care assistants and the chef. We spent time observing people and staff to understand the experience of people who could not talk with us. We reviewed a range of records including four care records, four staff recruitment and supervision records, multiple medication records and several records concerned with maintaining the safety of the premises.

After the inspection

The deputy manager forwarded us any outstanding records we had requested.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had access to the safeguarding policy on handheld tablets. Staff had a good understanding of the possible signs and symptoms of abuse and knew what action they needed to take should they suspect abuse had occurred.
- Staff participated in training in safeguarding which, staff told us, gave them a good basic understanding of the area. The management team had also run a one-off face to face safeguarding training session to supplement online and book-based training to provide a more interactive experience for staff.
- Staff were familiar with the whistle-blowing process, would not hesitate to alert the registered managers of any concerns and were confident that they would be protected and that matters would be dealt with.

Assessing risk, safety monitoring and management

- People's care records contained a range of risk assessments to minimise risks associated with their needs and care provision. For example, concerns around nutrition, mobility and behaviours were considered and actions implemented to minimise risk of harm to the person and others in the service.
- Risks associated with people's behaviours were assessed and, in the event that people were anxious, care was taken to minimise their access to other people in the service and supports such as distractions were used to minimise the possible impact of behaviours.
- The safety of the premises was maintained through regular checks including checks of portable electrical items, (PAT), regular sounding of the fire alarm and checks and servicing of items such as firefighting equipment, lifts and hoists.
- We saw some areas of the premises that, for safety and hygiene reasons needed to be better maintained. This included areas of flooring that were not properly fixed in hygiene areas, missing tiles leaving a rough surface and cupboards and the sluice room being left unlocked and accessible to people. The provider addressed all concerns found, during and after the inspection, adding a lock to the sluice door and to a cupboard containing chemicals, fixing flooring and tiled areas. They supplied us with photographs of the completed works following our inspection.

Staffing and recruitment

- Staff were safely recruited, and all relevant pre-employment checks and documentation as required by Schedule 3 of Regulation 19(3)(a) of the Health and Social Care Act (Regulated Activities) Regulations 2014 were available for most staff records reviewed. We found that two staff records lacked a full employment history. These were obtained during our inspection and the registered managers agreed to complete a full audit of staff records to ensure that a full employment history was available in each. They confirmed by email after the inspection that they had audited and updated all staff records. In future, employment history would be covered at interview.

- There were sufficient staff deployed to meet the care and well-being needs of people living at Rose Villa. Staff told us that during certain times of the day, though they managed, they would benefit from additional support. This was due to one of the registered managers being counted in the staff allocation and often being called away to complete management tasks rather than being 'on the floor' as planned. In these situations, staff had to call for support from the registered managers which could cause a short delay in supporting people with care. We spoke with the registered managers and providers and advised that the staffing numbers they gave were misleading, due to office-based staff being included in the staff allocated to work with people.

Using medicines safely

- Medicines were safely managed and all staff administering medicines had completed online training and had successfully completed a competency assessment.
- Medicines were audited weekly and had been audited by the supplying pharmacy and an NHS pharmacist. All recommendations had been taken on board by the provider.
- We saw a medicines round in progress and staff administering medicines were competent, asked people if they would like to take their medicines and in one case, where the person was reluctant, they locked the medicines away again and returned at the end of the round to offer them again.
- Medicine administration records, (MAR) were completed and audited to ensure complete and accurate. Medicines were safely stored in a wheeled medicines cabinet which was securely fixed to a wall and in a cabinet in the treatment room. Temperatures of medicines storage were recorded, and a plan was in place should the temperature fall outside of the recognised safe zone.
- We saw that one person was having fluids thickened. The thickening granules are prescribed and for safety reasons should be stored securely. We saw that the granules were left on a side table with other drinks items. We mentioned this to the registered manager and they arranged for the granules to be stored in the kitchen on a shelf not accessed by people living in the home. Staff were informed and would access the kitchen to thicken drinks as needed.

Preventing and controlling infection

- The service was very clean and there were no malodours. We saw housekeeping staff thoroughly cleaning the premises and staff ensuring that floors and surfaces were cleaned after meals for example. Cleaning records showed that there was a thorough cleaning schedule in place.
- Personal protective equipment, (PPE) was provided to staff and used appropriately. For example, all staff supporting at lunchtime wore plastic aprons.
- Some areas of the premises needed improvements to minimise infection risks, for example, in one bedroom, there was a toilet sited in the room rather than in a separate en suite. The bedroom was carpeted, and the carpet continued around the toilet and in front of the hand basin. We spoke with the provider about this as carpet is not an easy surface to keep clean in areas such as toilets. During the inspection they found there was a tile floor in place beneath the carpet and made plans to remove the carpet in favour of the washable tiles thus minimising future hygiene concerns.
- The sluice bins for both refuse and sanitary waste did not have lids as per good practice guidance, again, we mentioned this to the provider and they agreed to remedy it and replace the bin lids.
- The provider was open to making improvements and has sent in photographic evidence of improvements made since the inspection.

Learning lessons when things go wrong

- The provider had introduced an electronic care record system and while it was still new, the management team were using it to analyse accidents and incidents to ascertain if there were themes in terms of when they happened and where for example. Identified patterns helped staff to avoid situations which could pose a risk to people, such as if they frequently fell at certain times, additional staff might be needed to support

them to minimise risks.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found that staff did not receive appropriate support, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Staff now received regular supervision and told us it was useful. Supervision involved staff being observed by their supervisor and then having a one-to-one conversation to discuss their practice and any learning needs they may have.
- At our last inspection, the registered managers were not having supervision with the provider. Since that time, the registered managers and deputy manager had developed a mutually supporting environment where matters concerning the service and developments in social care could be discussed. This provided both the support and professional development that was previously not provided.
- We received mixed feedback from staff about the training provider. Training was mainly completed in workbooks or online. Some staff enjoyed the training and felt it beneficial, others found it only provided them with a basic awareness and would like to have more in depth and face to face training.
- Currently, moving and assisting and practical first aid were regularly trained in a classroom setting and there had been one safeguarding face to face training day. The registered managers had also identified that the workbooks needed to be supplemented with a practical safeguarding session so that staff could discuss topics with the trainer.
- The management team were focussing on improving their training offer to staff during 2020. They were looking to have more face to face training and enrol more staff on qualification training. The additional training would be used to supplement the current training package.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we were not assured that the provider fully understood the legal requirements of the Mental Capacity Act 2005, (MCA) or its associated Code of Practice, and how these should be used to protect and support people who do not have the ability to make decisions for themselves. This was a breach of

Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for Consent.

Sufficient improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA.
- Staff understood how the MCA affected their day-to-day duties. One staff member told us, "Yes I've been trained [in the MCA]. I give them their own choices and do what they want as much as I can and always consider their best interests."
- Records of consent to care were signed either by the person or someone who had the legal authority to sign on their behalf. Copies of lasting powers of attorneys were retained by the provider.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before moving to Rose Villa, a pre-admission assessment was completed. When information from this assessment was added to the electronic care record, relevant care plans were generated for completion by staff with the person and / or their relatives.
- Care plans were holistic and held details about people's needs and wishes and how they wanted their care to be delivered.

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

- People had assessments and care plans detailing support and preferences around food. People were regularly weighed and if they were losing weight would be referred to the GP for advice.
- Meals were served in an appropriate form for people. Different textured meals were provided and if someone did not like the food on the menu other choices were available.
- Meals looked and smelled appetising and we saw people enjoying their meals and eating most of what had been served to them. Lunchtime was sociable, people could choose whether to remain in the lounge for their meal or move to the conservatory dining area. Staff and people chatted constantly throughout the meal and support with eating was provided in an empathetic manner.

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

- There was an allocated GP surgery and though there was no GP round, the GP would telephone at 10 o'clock each day to see if a visit was required.
- There was a positive working relationship with district nurses who had been visiting to administer daily

insulin. District nurses would accept referrals directly from the service and attended as needed.

- Other agencies that the provider linked with include local authorities, the older persons mental health team and for pastoral care they had links with a local church.

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

- The provider was receptive to concerns raised regarding the environment. Services were provided predominantly to people living with dementia. The environment was not dementia friendly, for example, there were several large mirrors in unexpected places such as in the passenger lift and on walls in corridors. We spoke with the provider about making the premises more dementia friendly and they have since sent us photographs of many of the mirrors covered with transfers which would reduce the risk of a person being alarmed by an unexpected reflection.

We recommend the provider researches dementia friendly environments to further adapt the premises to improve people's quality of life and promote their wellbeing.

- The premises were accessible, a passenger lift provided access to the first floor and a ramp meant that people could access the gardens.

- There was a locked door to prevent people accessing the busy road at the front of the service. The door was opened using fingerprint recognition, so relatives could register their prints and be able to access the service at any time.

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 the same. 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; respecting equality and diversity

- We saw caring interactions between people and staff. The atmosphere of the service was homely, and people and their relatives confirmed this. One relative told us, "It's home from home." Another said, "It's like a proper home they love it here."
- Staff had completed equality and diversity training and care was delivered to people in a person-centred way, focussing on them as individuals.
- Staff knew people well and knew their likes and dislikes. We saw staff joking with people and trying to inject fun into everything they did.

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

- Staff told us they would sit and chat to people about their care plans if they were not able to participate in more formal reviews.
- People and their relatives participated in assessments when they first moved to the service which informed their care plans.
- People were constantly asked for consent before support was provided and could make choices about aspects of their life in the service such as whether to be in the lounge or their room, what to eat and whether to join activities.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their current skills and be as independent as possible. For example, a staff member told us, "I offer them to wash their own face and front." They felt that doing what they were still able to do would maintain their skills for longer.
- Staff were aware that maintaining privacy was very important and with several shared rooms having an awareness of this was vital. All staff we spoke with would ensure they used a screen to maintain people's privacy and would talk to people constantly to say what they were doing to ensure they were relaxed with them.

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- An ongoing review system was in place and any new learning about people was communicated between the staff team and added immediately to care plans.
- People were consistently offered choices about day-to-day events such as joining activities, where they would sit, where they would have their meal and what they may eat.
- Staff took time to get to know people well which enabled them to provide support as the person wanted it.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was compliant with the AIS. A welcome pack was given when people moved into the home. Information in the pack was in a standard format however would be changed for more appropriate materials such as braille or large print should the need arise.
- Staff sat with people and read them newspapers and talking books and newspapers were provided for people who wanted them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a programme of activities and most people spent time in the lounge area through the day both to socialise with others and to participate in activities.
- An activities facilitator was in post however they specialised in one-to-one enrichment rather than running large group activity sessions. They also provided some group music recitals.
- Care staff supported the activities programme by running some group sessions such as games and sing-a-longs.
- A church service was held monthly for those people who wished to attend.

Improving care quality in response to complaints or concerns

- There was a complaints procedure and information about how to complain was displayed in the home.
- We saw that concerns had been taken seriously and complainants treated with respect.

End of life care and support

- The registered managers were proud of the end of life care provided. They had supported people with end of life care and had recently, for the first time, supported someone who had capacity at the end of their life which had been a difficult but rewarding experience for staff.
- Staff members saw supporting people at the end of life as a privilege. They were committed to ensuring people had a good death and that they were supported in the manner that they had chosen.
- We spoke with a relative of someone who had recently received end of life care at the service. They praised the care for the person highly as well as the care they, and other family members had received.
- End of life plans were in place in people's care records and some end of life care was delivered. Staff told us they would like more training in this area.

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

At our last inspection, the provider had failed to notify the commission of injuries that could have exposed service users to experiencing prolonged pain. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Sufficient improvements had been made and the provider was no longer in breach of regulation 18.

At our last inspection, the provider or registered managers did not conduct regular checks or record them to monitor the quality and safety of the service. The registered managers and provider did not have adequate systems or processes in place to establish and operate effectively to ensure compliance within the requirements of Regulations. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulation 2014).

Sufficient improvements had been made and the provider was no longer in breach of regulation 17.

- Notifications have been received since we last inspected for different aspects of the service such as notifications of deaths and of serious injuries to people.
- Audits had been introduced. The newly implemented electronic care system had interactive auditing tools which could generate reports as requested. For example, frequency of bathing and care plan reviews.
- If audits identified necessary actions, these were followed up on and completed. Audits were becoming embedded into practice and the registered managers had an improved oversight of the service provision.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff and relatives told us the management team were approachable and supportive. One staff member told us, "I know I could go to any of them if I found something difficult, I know they would support me."
- We received mixed feedback about the nominated individual. Staff felt that when the management team were not there the nominated individual would be overly critical of cleaning or stocks in bathrooms. This would be dealt with in a heated manner rather than by sharing information that more toilet rolls were needed in the bathroom for example.
- There was a reluctance to raise concerns with the nominated individual as staff were unsure whether their

identity would remain confidential if they had spoken about a colleague's practice. Staff preferred to speak with the registered managers who would deal with matters professionally.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers understood that if something went wrong they needed to inform involved parties and be open and honest about what had happened.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There had recently been a relative and residents meeting which had been well attended. For the last few years, there had been little interest in these meetings however the relatives of people currently living in the home appeared to want to be more fully involved.
- Staff told us that staff meetings were useful, and they felt able to contribute and speak up about concerns. All staff we spoke with told us that staff meetings should be held more frequently as currently they were held twice per year which meant that discussions were limited as there were so many items on the agenda. Staff did find the current meetings informative.
- We saw records that evidenced that feedback from relatives had been acted upon and staff meeting records reflected discussions about areas of improvement.
- The registered managers were considering adding a quality assurance questionnaire during 2020, one for staff and one for people and their relatives, to identify areas for improvement.

Working in partnership with others

- The provider had linked to other care providers locally including other care homes. They had been invited to training events and would invite staff from the other services to any events they held.
- The provider had positive links to health and social care professionals in the locality.