

Mrs R I Odeh

# Rosemary Residential Care Home

## Inspection report

2-4 Guinea Lane  
Fishponds  
Bristol  
BS16 2HB

Tel: 01179584190

Date of inspection visit:  
19 November 2016

Date of publication:  
28 December 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 19 November 2016. The inspection was announced, which meant the provider knew we would be visiting. This is because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection. When the service was last inspected in April 2015 it was rated as 'requires improvement.' There were no breaches of the legal requirements identified.

Rosemary Residential Care Home provides accommodation and personal care for up to 10 people who have mental health needs. At the time of our inspection there were 10 people living at the service. The service was family run and had a small staff team supporting the provider.

A registered manager was in post at the time of 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. The registered manager was also the provider.

Staff members did not consistently receive regular training and supervision to enable them to carry out their duties.

This was the third inspection that the provider has failed to complete the process of creating new person centred records. This has not resulted in any immediate risk to people, but continues to demonstrate poor management in failing to complete these plans.

People were supported to maintain good health and had access to external health care professionals when required.

Risks to people were assessed and where required a risk management plan was in place to support people to manage an identified risk and keep the person safe.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely.

People's medicines were in the main managed safely. People were receiving their medicines in line with

their prescriptions. Staff had received training in medicines.

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. Staff were knowledgeable about people's different behaviours and specific needs such as the person's preferred personal care routines.

People received care that was personal to them and staff assisted them with the things they made the choices to do. We observed that people appeared content living in the service and they received the support they required.

People undertook activities personal to them and in the main were independent. They could come and go as they pleased. Where people required assistance to access the community they were supported by the staff.

Staff felt well supported by the registered manager. Staff were confident and knowledgeable of all aspects of the service and felt they worked well as a team.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## 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.

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe.

Staff had training in safeguarding adults and felt confident in identifying and reporting signs of suspected abuse.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff commenced their employment.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff members did not consistently receive regular training and supervision to enable them to carry out their duties.

Staff in the home had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's healthcare needs were met and the service had obtained support and guidance where required.

### Is the service caring?

Good ●

The service was caring.

We received positive feedback about the caring nature of the staff from people.

Staff supported people in a way that maintained their privacy and dignity.

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences.

### Is the service responsive?

Good ●

The service was responsive to people's needs.

People received care that was personal to them and staff assisted them with the things they made the choices to do.

People maintained contact with their family and were therefore not isolated from those people closest to them.

The provider had systems in place to receive and monitor any complaints that were made.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

This was the third inspection that the provider has failed to complete the process of creating new-person centred records.

Staff felt well supported by the manager.

People were encouraged by the provider to provide feedback on their experience of the service to monitor the quality of service provided.

# 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.

The inspection took place on 19 November 2016. The inspection was announced, which meant the provider knew we would be visiting. This is because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection. When the service was last inspected in April 2015 it was rated 'requires improvement.' There were no breaches of the legal requirements identified. This inspection was carried out by one inspector.

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.

We reviewed the information we held about the home. This included the Provider Information Return (PIR). The PIR is a document we ask the provider to complete to give us information about the service, what the service does well and improvements they plan to make.

On the day of the inspection we spoke with four people who lived at the service, three members of which included senior and support staff. Our main point of contact was the manager who reported to the provider.

We looked at three people's care and support records. We also looked at records relating to the management of the service such as the daily records, complaints, quality assurance records, supervision

and training records.



## Our findings

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe. Risk assessments included: Area of risk; Description of risk; Level of risk; and action plan to manage risks. Risk assessments covered issues such as being exploited by others and pressure sores. There was clear guidance for the staff to follow to minimise the risks and to prevent harm. Control measures included that all unknown visitors should have their identification verified to ensure that people who were thought to be exploiting the person did not have any contact with them. The person at risk at pressure sores required a pressure cushion. Staff were required to prompt and assist the person to use their bed to further release the pressure and encourage them to mobilise in the home. The person had their position regularly changed in order to minimise the risk of pressure sores developing. In addition, SSKIN bundles were in place, which is a nationally recognised five step model for pressure ulcer prevention. Staff demonstrated an understanding of the people's risks and how to manage them.

The risk assessments demonstrated that there had been a close liaison with the person when carrying out the risk assessments. This is essential to achieve outcomes that matter to them. Since our previous inspection the risk assessments had been updated. Owing to the risk assessments now being up-dated we did advise the manager that they need to ensure that they are regularly reviewed, or amended when circumstances change.

We reviewed the staffing rota from 1 to 18 November 2016. Staffing numbers were in the main sufficient to meet people's needs and this ensured people were supported safely. We did note there were two exceptions both at the weekend where cover was below the expected level. The manager told us that they were on call, if needed. Staff we spoke with felt the staffing level was manageable.

Staff demonstrated a good understanding of abuse and knew the correct action to take if they were concerned about a person being at risk. Staff had received training in safeguarding adults. Staff told us they felt confident to speak directly with the manager and that they would be listened to. Staff were aware that they could report their concerns to external authorities, such as the local authority and the Commission. Staff understood the term "whistleblowing". This is a process for staff to raise concerns about potential poor practice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

Safe recruitment procedures ensured all pre-employment requirements were completed before new staff



were appointed and commenced their employment. Staff files contained initial application forms that showed previous employment history, together with employment or character references. Proof of the staff member's identity and address had been obtained and an enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

People were protected against the risks associated with medicines because there were appropriate arrangements in place to manage medicines. Appropriate arrangements were in place in relation to obtaining medicine. Medicines were checked into the home and were recorded appropriately. We did note one discrepancy with the recorded stock balance of one medicine held by the service. Medicines were stored in a lockable medicines cupboard to ensure that they could not be accessed by anyone who was not authorised to do so. Staff recorded the temperature of medicine storage areas to ensure that they were within the correct range so medicines remained effective.

Medicine Administration Records (MAR) were used to record the administration of medicines. Of the sample that we reviewed, we saw that these were completed accurately. Some people had been prescribed medicines to be given when required. We found there were not always clear instructions in place to tell staff when these should be used. A clear protocol is important for when required medicines to help staff identify when they may be needed, the frequency with which they can be given and the maximum daily dose the person could receive.

Staff told us they received training so they could administer medicines to people in a safe way. Training records confirmed that staff had been on this training. Staff also told us about people's preferences when taking their medication. One person told us; "They help me with my medicines and make sure I'm alright. I've been here for years."

Incidents and accident forms were completed when necessary and reviewed by the manager. This was completed by staff with the aim of reducing the risk of the incident or accident happening. The records showed details of the incident, action taken and proposed future actions. Staff were notified of each incident when they occurred; what happened; how it was dealt with; and what staff needed to be aware regarding future strategies. An example of a recently recorded incident involved an allegation made by a person about their well-being placed at risk. The incident was investigated and referred to the relevant authorities. The team were fully briefed about the incident and actions were taken on how to improve their systems and practice.

The premises were free from obvious hazards in all of the areas we viewed. Environmental checks had been done regularly to help ensure the premises were safe. These included fire safety equipment, gas safety checks and electrical testing. People were supported in a clean environment. Since the previous inspection cleaning rotas were completed. This ensured the service maintained the current standard of cleanliness. People we spoke with felt safe in the service.



## Our findings

Staff members were not supported to undertake regular training and supervision to enable them to carry out their duties. We reviewed the training records which showed training was completed in essential matters to ensure staff and people at the home were safe. For example, training in fire safety, medication, and safeguarding had been completed. However, their matrix identified that a number of staff training modules were out-of-date and required up-dating, such as first aid, safer moving, food and hygiene. Additional training specific to the needs of people who used the service had been provided for staff, such as dealing with violence and aggression. This training also required updating. The manager told us that that local authority used to provide free training and they used them as their main training provider. The service is currently reviewing alternative training providers.

A new induction training programme has been introduced in line with the Care Certificate guidelines. These are recognised training and care standards expected of care staff. To enhance their understanding of a person's needs, new members of staff also shadowed more experienced members of staff. One staff member had not completed their induction programme and they had been working at the service over a year. The manager told us this was outside of their service induction target.

Staff were supported through a supervision programme, they were not in all cases held as regularly as required by the provider's supervision policy. Their supervision policy states that they should be held 'at least six times a year.' The four staff files we reviewed did not comply with their policy. Supervision is where staff meet one to one with their line manager. Conducting regular supervisions would ensure that staff competence levels were maintained to the expected standard and training needs were acted upon.

This was in breach Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities).

Staff in the home had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is legislation that protects the rights of people who are not able to make decisions independently about their care and treatment. DoLS provides a framework to assess the needs of a person when it is felt that they need to be deprived of their liberty in order to receive safe care and treatment. The registered manager told us that they were aware of their legal responsibilities and explained that no-one in the service was subject to a DoLS authorisation. People were free to leave the service if they wished and had their own keys. The manager told us they were going to seek advice about one person from the appropriate authority.

People's nutrition and hydration needs were met. People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. Specific dietary requirements were catered for, such as for people living with diabetes. Staff knew people's food likes and dislikes. If people did not like the choice of the main menu alternatives were offered.

People were supported to maintain good health and had access to external health care professionals when required. People's care records demonstrated that their healthcare needs had been assessed and were kept under review. We saw people had received input from their district nurse, mental health team, podiatrist and community psychiatric nurse.

The premises of the building were adapted to people's needs, such as the recently installed wet room and hand rails in the premises. This enhanced people's independence for their personal care needs.



## Our findings

We received positive feedback about the caring nature of the staff from people. Comments included: "I'm very well for my age and keeping healthy. I have an excellent relationship with the staff. I went out with the boss [manager] to have a drink and cake. If I'm upset I would go to him. He's kind and a very nice person"; "I like living here. The staff are very nice. I go out on my own and do what I please"; "I'm happy. I like spending time in my room and keep myself to myself"; and "I like living here because it's my home."

People were supported by a committed small team. One member of staff told us; "All of us here are very lucky to have the staff we have. We have a supportive staff team and we all get on well." Our observations showed that good relationships had been established between staff and the people they supported. We observed positive interactions during our time at the service. Staff communicated with people in a meaningful way, taking a vested interest in what people were doing. During lunch some people ate together in the communal area. Everyone was asked what they would like to eat and drink. A member of staff asked a person whether they would like assistance with their medication. If people chose not to sit in the communal area for lunch their decision was respected. There was a relaxed environment and people were expressing their gratitude to staff.

Staff respected people's privacy. People's bedroom doors had locks and they only had access to their room. 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. Staff respected this and did not disturb them when they were in their room.

People at the service were in the main independent and accessed the community on their own. One person told us about their love of history and how they liked purchasing books at the local charity shop. Some people accessed the community with the support of staff, such as trips to the bank and local cafes. Where one person was vulnerable to abuse and injury from others, the manager introduced a reporting protocol, if they did not return within 12 hours of leaving the service without prior arrangement. The staff enabled people to be independent, as far as possible.

Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preferences. Staff were knowledgeable about people's different behaviours and specific needs such as the person's preferred personal care routines. One member of staff provided examples of how people preferred their personal care routine to be conducted and told us they encouraged people to be independent, as far as possible. They told us about one person; "He likes to be washed in a

certain way. I assist with dressing and brushing his teeth. He chooses his clothes. We go shopping and he will tell you what he doesn't like. He likes simple clothes and doesn't like clothes with logos. He likes to be shaved twice a week and on particular days." Staff told us they would offer hands-on support when asked, or when it was obviously required. Staff encouraged people to undertake tasks themselves.

One member of staff told us; "By being here we enrich their lives. We laugh with them and help them when they're upset. We also deal with their aggression as we've built up relationships with them. The home is run well and we have good staff retention."



## Our findings

People received care that was personal to them and staff assisted them with the things they made the choices to do. We observed that people appeared content living in the service and they received the support they required.

Where the provider had completed the process of creating new person-centred records, the care plan was written and agreed with individuals and other interested parties, as appropriate. Care records were personalised and described how people preferred to be supported. People's individual needs were recorded and specific personalised information was documented. Each person's care plan included profiles which included what staff needed to know on how best to support them. For one person this included the need to work in a consistent approach at all times to support the person in a way that makes sense to them. Staff were instructed to support the person in a firm and positive way. Where the person expressed challenging behaviour, staff guidelines were provided to de-escalate the incident. Staff we spoke told us about the techniques applied and they followed the care plan guidelines. Each incident was also recorded for the purpose of reviewing themes and lessons learned. This enabled the manager to assess whether strategies needed to be amended.

In order to enhance staff understanding of the person's needs communication charts were in place. The charts described what a person does; the meaning of the action and how staff should respond. Where one person expressed deluded thoughts staff offered one-to-one time to the person and took time to listen in order to relieve their anxiety.

People's support records contained personalised information. This included personal histories; a relationship map which highlighted people important to the person; a places map which included places important to the person; their hopes and fears; care preferences; 'what makes me happy?' and 'what makes me unhappy?'. For one person they preferred to be supported by female staff and by staff that knew them well and how to support them. Their family was particularly important to them and they had pictures of them to remind them of their family relationships. Their preferences were supported by the staff.

People undertook activities personal to them and in the main were independent. They could come and go as they pleased. Where people required assistance to access the community they were supported by the staff.

People maintained contact with their family and were therefore not isolated from those people closest to

them. Family members were encouraged to visit and people were enabled to visit their families. A member of staff told us that one person liked to spend a lot of their time in their room. They have taken him home to visit their family. One person told us; "My brother comes to see me in the spring. I love my brother dearly. I give him a big hug. He can come and visit anytime." Staff contacted family members regarding notable events.

People we spoke with told us they would approach the staff if they had any concerns. The provider had systems in place to receive and monitor any complaints that were made. Where complaints had been received the matter was investigated by the manager and was processed in accordance with their complaints policy. Where appropriate, actions had been taken to resolve issues of concern.



## Our findings

This was the third inspection that the provider has failed to complete the process of creating new-person centre records. Although eight people had detailed person-centred plans in place, two people in the service had yet to have updated care plans implemented. The first time this concern was raised was in May 2014. They did not maintain an accurate, complete and contemporaneous record of each person. It was also highlighted by the local authority in February 2014 that person-centred plans should be completed and they provided May 2014 as the deadline. The provider has failed by a significant margin to achieve this requirement. This has not resulted in any immediate risk to people but continues to demonstrate poor management in failing to complete these plans.

At our previous inspection we identified that the provider had a programme of regular audits, however, they had not been consistently completed. At this inspection we found that no formal health and safety or infection control audits were completed. The environmental risk assessment had not been up-dated since February 2015.

This was in breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities).

Staff felt well supported by the manager. Staff were confident and knowledgeable of all aspects of the service and felt they worked well as a team. They had an in-depth knowledge of the people they supported. One member of staff told us; "I can speak to the manager any time. We have a good support mechanism." Staff meetings were held every three months. Issues discussed included people they supported; arising needs and actions required. We recommended to the manager that having more regular staff meetings would enhance the communication between the management and the staff about the service.

Communication books were in place for the staff team and daily records were held for each of the individuals they supported. Examples of issues recorded included health logs and updates and activities undertaken. This meant that staff had all the appropriate information at staff handover.

People were encouraged by the provider to provide feedback on their experience of the service to monitor the quality of service provided. People had access to their own keyworkers. The keyworker had a special responsibility for ensuring that the person had maximum control over all aspects of their daily life. They were involved in the planning of how the person's daily care needs would be met and agreeing with the person the amount of assistance they required. Regular house meetings were also held. Issues discussed included; food preferences; comments on the house; activities and future plans. A request was made to



purchase a DVD player and this was actioned.

The service had also offered people and health professionals to express their views in a quality assurance survey. Although the analysis of the results received did not state the response rate, the majority of people felt they had the freedom of movement and choice. People had no concerns about they were they were treated. The analysis identified actions that required further development. These included environmental improvements and ensuring that all staff were trained in equality, dignity and respect. One health professional stated; "The staff are very helpful. The service users were supported well. At times they are not at home for my visits but this is the choice of the service user to stay in or not."

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not maintain an accurate, complete and contemporaneous record in respect of each service user.</p> <p>The provider did not have a system of regular audits in place to assess, monitor and improve the quality and safety of the service.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff members did not consistently receive regular training and supervision to enable them to carry out their duties.</p>