

## Mariarod Care Homes U.K. Ltd

# Rosemount

### 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 

### Overall summary

The inspection took place on 7 and 13 February 2015 and was unannounced.

Rosemount provides care and accommodation for up to 20 older people. On the day of the inspection 16 people lived at the home. The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and staff were relaxed and calm and there was a friendly atmosphere. We observed staff and people enjoying each other's company. People who were able to said they were happy living there.

People were treated with kindness and compassion. We observed staff supporting people in a way that promoted and protected their privacy and dignity.

# Summary of findings

People and their relatives were happy with the care they received from staff who they felt were knowledgeable and competent to meet their needs.

People were protected by safe recruitment procedures. Staff received an induction programme. There were sufficient staff to meet people's needs. Staff had completed appropriate training and had the right skills to meet people's needs.

People had access to healthcare professionals to make sure they received appropriate care and treatment to meet their health care needs such as GPs. Staff followed the guidance provided by professionals to help ensure people received the care they needed to remain safe. Comments included; "Staff make me feel safe."

People's medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines.

Staff had completed safeguarding training and showed they had a good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were supported to maintain a healthy balanced diet. People told us they enjoyed their meals and did not feel rushed. One person said, "The food here is very nice."

People's care records were of a good standard and contained detailed information about how people wished to be supported. Records were regularly updated to reflect people's changing needs. People and their families were involved in the planning of their care.

The registered manager and staff understood the importance of encouraging and supporting people to make decisions and choices whenever possible in their day to day lives.

Staff confirmed the registered manager was supportive and approachable. Staff talked positively about their jobs.

There were quality assurance systems in place. Feedback to assess the quality of the service provided was sought from people and their relatives. Audits were carried out to help ensure people were safe. For example, falls audits were completed.

# 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 safe.

There were sufficient skilled and experienced staff to support people.

Staff were able to recognise the signs of abuse, and knew the correct procedures to follow if they thought someone was being abused.

Risk had been identified and managed appropriately. Systems were in place to manage risks to people.

People's medicines were administered and managed safely and staff were aware of good practice. People received their medicines as prescribed.

Good



### Is the service effective?

The service was effective.

People received support and care that met their needs.

The registered manager had completed training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

People received care from staff who were trained to meet their individual needs and supported to have their choices and preferences met.

People were supported to maintain a healthy balanced diet.

Good



### Is the service caring?

The service was caring.

People were treated with kindness and respect.

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

Staff were knowledgeable about the care people required and the things that were important to them.

Good



### Is the service responsive?

The service was responsive.

Care records were personalised therefore met people's individual needs.

Staff responded quickly and appropriately to people's individual needs.

People were supported to participate in activities and interests they enjoyed.

The service had a formal complaints procedure which people and their families knew how to use if they needed to.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

There was an experienced registered manager in post who was approachable.

Staff said they were supported by the registered manager. There was open communication within the service and staff felt comfortable discussing any concerns with the registered manager.

Audits were completed to help ensure risks were identified and acted upon.

There were systems in place to monitor the safety and quality of the service.

Good



# Rosemount

## 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 checked 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.

Prior to the inspection concerns had been raised with us regarding the safe administration of medicines and the number of staff on duty. We did not find any evidence to substantiate these concerns.

The inspection was undertaken by one inspector on 7 and 13 February 2015 and was unannounced.

Prior to the inspection we reviewed information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we met or spoke with 20 people who used the service, the registered manager and six members of staff. We also spoke with eight relatives and two health and social care professionals who had supported people within the service.

We looked around the premises and observed and heard how staff interacted with people. We looked at four records which related to people's individual care needs, eight records which related to administration of medicines, six staff recruitment files and records associated with the management of the service, including quality audits.

# Is the service safe?

## Our findings

Prior to the inspection concerns had been raised with us regarding the safe administration of medicines and the number of staff on duty. We did not find any evidence to substantiate these concerns.

People, who were able to, told us they felt safe. Comments included; “Yes- I feel very safe here.” A relative commented; “I feel happy knowing he is in safe hands.” Many people were living with memory loss or with a diagnosis of dementia and were unable to speak with us.

Rosemount House provided a safe and secure environment for people. Smoke alarms were tested and evacuation drills were carried out to help ensure staff knew what to do in the event of a fire. Care plans and risk assessments detailed how staff needed to support people in the event of a fire to keep people safe. All care plans included up to date personal evacuation plans.

People identified at being of risk had up to date risk assessments in place. Equipment had been put in place to help keep people safe. For example, one person who had been assessed as a risk of falling would get out of bed without calling for assistance. A pressure pad had been put in place to alert staff that this person required assistance. The falls audits showed this action had resulted in a reduction in falls. All incidences and accidents were recorded and analysed to identify what had happened and actions the service could take in the future to reduce the risk of reoccurrences.

People were protected by staff who knew how to recognise signs of possible abuse. Staff were up to date with their safeguarding training and safeguarding policies and procedures were in place. Staff felt all reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff who had not completed safeguarding training told us clearly what action they would take if they witnessed potential abuse taking place. Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately. The registered manager confirmed dates had been agreed to ensure all staff will have received safeguarding training in the very near future.

People were supported by suitable staff. The service had safe recruitment processes in place. Required checks had been conducted prior to staff starting work at the home. For example, disclosure and barring service checks had been made to help ensure staff were safe to work with vulnerable adults. One staff member confirmed their checks had been applied for and obtained prior to them commencing their employment with the service. One staff member commented; “I was keen to start but had to wait for all my checks to come back.”

People told us they felt there were enough staff to meet their needs and keep them safe. One person when asked if they felt there were sufficient staff said; “Oh yes- If I call for staff they come straight away-I don’t have to wait long.” Staff confirmed there were sufficient numbers of staff to support people. A staff member told us; “The staffing number are fine to meet the needs of people currently living here.” The registered manager told us staffing levels were regularly reviewed and were flexible to help ensure they could meet the needs of people. They confirmed additional staff would be provided when needed. Staff did not appear rushed during our inspection and acted promptly to support people when requests were made. For example, we observed one person wanting to leave the building unescorted and staff went to their aid immediately and redirected them to keep them safe.

People received their medicines as prescribed and medicine administration records (MAR) had been correctly completed. Staff confirmed they could not administer medicines unless they had been trained and confirmed they understood the importance of their role. Staff were knowledgeable with regards to people’s individual’s needs related to medicines. We observed a senior staff member administer medicines safely. There was a safe procedure for storing, handling and disposing of medicines. Medicines were locked away as appropriate and, where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained. Medicines prescribed to be taken ‘as required’ were recorded accurately and people were offered choice of whether they felt they needed it or not.

# Is the service effective?

## Our findings

Prior to the inspection concerns had been raised with us regarding the quality of the food. We did not find any evidence to substantiate these concerns.

People received care from staff who had the knowledge and skills to carry out their roles and responsibilities effectively. The registered manager assisted staff through an induction programme and new staff shadowed experienced staff until they felt confident to carry out their role. The registered manager ensured staff had completed all the appropriate training and had the skills and knowledge to effectively meet people's needs. We saw further training was planned to update and support staffs continued learning. One newly employed member of staff confirmed they had completed an induction and carried out training. For example, fire safety.

Staff had received effective formal supervision and appraisals. Staff said this gave them an opportunity to discuss issues of concern. Team meetings were held to provide staff the opportunity to highlight areas where support was needed and encouraged ideas on how the service could improve. Staff said they could speak to the registered manager or senior staff at any time and confirmed the registered manager had an open door policy and often worked alongside them by providing care to people.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provides legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

The registered manager had completed training on the Mental Capacity Act 2005 (MCA) and said other senior staff would complete this training. The registered manager understood the principles of the MCA and the DoLS and how to apply these in practice. Staff spoken with had limited understanding of MCA and DoLS. A relative told us

how a MCA assessment had been completed and a best interest meeting held to discuss their relatives move into the service. They went on to say, they and their relative had been involved in the process.

People were supported to make every day decisions and staff were observed gaining people's consent to the care and treatment. For example, when assisting with moving to the dining area for lunch. They waited for people's response before assisting them. One staff member told us; "I always ask them if they want help-never just presume."

People were supported to have enough to eat and drink and to maintain a balanced diet. Records showed what food people liked or disliked and listed what each person required in order to maintain a healthy balanced diet. The Malnutrition Universal Screening Tool (MUST) was used when needed to identify if a person was at risk of malnutrition. The cook confirmed they had detailed information on each person's dietary requirements and was able to give people choice and meet their needs effectively.

People were relaxed during a lunch time period we observed. They confirmed the meals were very good, hot enough and of sufficient quantity. Comments included; "Good home cooking" and "I'm fussy but they always find me something I like." People who needed special diets, for example, diabetic or pureed food were catered for. People who needed assistance were given the support they required. Staff asked people if they were ready for their next spoonful and calmly waited for people to respond before providing it, nobody appeared rushed and all were able to eat at their own pace. Staff showed good knowledge of people's nutritional needs and how they were met.

People had access to local healthcare services and a local GP surgery provided visits and regular health checks. When people's needs changed, the staff made referrals to relevant health services for support. Staff consulted with external healthcare professionals when completing risk assessments for people, for example the district nurse team. If people had been identified at risk due to being at risk of pressure ulcers, guidelines had been produced for staff to follow. Healthcare professionals said staff kept them up to date with changes to people's medical needs and contacted them for advice. Healthcare professionals also confirmed they visited the home regularly and were kept informed about people's wellbeing. This helped to ensure people's health was effectively managed.

## Is the service effective?

The registered manager talked through recent upgrades in many areas of the home and further upgrades planned. For example, re-plastering and painting work in the living area.



# Is the service caring?

## Our findings

People told us they were well cared for, they spoke well of the staff and the quality of the care they received.

Comments included; “Staff are very caring and very kind.” A relative said; “Caring staff.” and a quote from a survey completed for the home said; “Dad gets excellent care.”

Healthcare professionals commented that staff were caring and had good relationships with the people they cared for.

People where possible were involved in the care and treatment they received. Staff treated people with kindness and compassion. Staff informed people what they were going to do before they provided support. They asked people if they were happy with the support being offered. For example, one person who was now confined to their bed required frequent turning to prevent pressure areas from developing. Staff informed this person what they were going to do. This was done with kindness and compassion.

Staff showed concern for people’s wellbeing. For example, time was taken to support a person to position themselves in their chair to make them comfortable to enjoy their lunch. The support was given at the person’s own pace.

Staff interacted with people in a caring and supportive way. For example, when a person became confused over where they were living, staff supported the person promptly. Staff stayed with them and provided them with an explanation on where they were and showed them their bedroom which held their personal belongings. The person relaxed

and talked with staff about their personal possessions. Staff said; “they often become confused but we just take our time and explain to them were they now live. They soon settle.”

People told us their privacy and dignity was respected. We observed staff knocked on people’s doors and if people were unable to respond, ask if they could enter. Staff informed us how they protected people privacy and dignity. They said they ensured curtains and doors were closed when supporting people. Healthcare professionals said staff were very good at ensuring people’s privacy and dignity was maintained. For example, they said one person who required an insulin injection was taken to the privacy of their bedroom for this to be completed. One visitor said staff; “always knock on mum’s door before coming in.”

People were supported to express their views whenever possible and be involved in decisions about their care and support. Care plans were personalised and reflected people’s wishes. The registered manager ensured each care record had been updated and reviewed to ensure staff had the correct information to support people’s current care needs. Staff knew people well and what was important to them. For example one person who was confined to bed liked to have a particular item, personal to them, with them for comfort. We observed staff ensured this item was with them. People were comfortable and happy. People and visitors told us staff supported people to maintain a good standard of personal care. A relative recorded on a survey returned to the home; “Mum is always clean and well dressed.”

# Is the service responsive?

## Our findings

People were supported by staff who were responsive to their needs. People had pre-admission assessments completed before they were admitted to the home. This helped to ensure staff could support people and meet people's individual care needs. Records showed information had been recorded on people's health and social care needs. For example, a recent admission record showed a person required a vaccination. Staff had ensured this was followed up soon after their admission and had requested a GP's visit to carry this out. This showed staff were responsive to people's needs. A relative said; "when they visited mum before she was admitted they asked her all sorts of questions about her care."

People, where able, were involved with planning their care. Care records contained detailed information about people's health and social care needs, physical needs and personal care needs. Other information recorded included people's faith, social and recreational needs and how they could be supported so these needs would be met. Records had been regularly reviewed with people or, where appropriate, with family members. Relatives confirmed they had been appropriately involved. The registered manager said they try to involve people as much as possible. People's planned care was well documented for example, when people had a shower, hair wash and nail care was recorded.

People were encouraged and supported to maintain links with the local community. For example, Rosemount is situated in a small village setting. People who were able to attended the local hairdressers and the local GP surgery.

People told us they often walked to local shops with staff support. A completed survey recorded when asked about activities; "I know my aunt enjoys going for a walk into the village."

People received regular activities provided by an activities staff. They had met people on a one to one basis to find out what activities people enjoyed. People told us of recent activities they had taken part in, which included indoor bowling. People's daily notes recorded when a person had completed an activity. The activities staff understood how important it was for activities to be meaningful to individual people and therefore ensured they had a wide range for people to choose from.

The provider had a policy and procedure in place for dealing with any concerns or complaints. This was made available to people, their friends and their families. The policy was clearly displayed in the entrance to the home and included a suggestion box. We looked at one complaint made to the home. This complaint had been thoroughly investigated in line with the services own policy and appropriate action had been taken. The outcome had been clearly recorded and feedback had been given to the complainant and documented.

People, their relatives and health care professionals knew who to contact if they needed to raise a concern or make a complaint and felt the home/service would take action to address any issues or concerns raised. People told us they were confident about speaking with the registered manager if they had a concern. A relative told us; "I raised an issue and it was dealt with very quickly." Others stated they had never needed to make a complaint.

# Is the service well-led?

## Our findings

People spoke positively about the registered manager. Comments included; “She very nice.” And “She will chat with us.”

People were involved in the day to day running of the service. Though resident meetings did not take place, the registered manager, who worked in the home most days, encouraged people to make suggestions and comments. For example about the food they received. Relatives said the registered manager always makes time for them.

Information was used to support learning and improve the quality of the service. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. The home had a whistle-blowers policy to support staff. Staff said they felt able to raise issues. Staff confirmed they received appraisals and one to one meetings. This gave the staff an opportunity to discuss any issues, for example training.

We found Rosemount House was well led and managed. The provider’s values and visions of offering privacy, dignity, independence and choice were recorded in the information provided to people when they moved into the service. Staff understood these values and visions. The registered manager told us, “I ensure we work with these objectives in mind.” The registered manager took an active role within the running of the home and had good knowledge of the staff and people. There were clear lines of responsibility and accountability within the organisation.

There was a clear management structure in the service. Staff were aware of the roles of the management team and they told us the management were approachable and had a regular presence in the home. During our inspection we spoke with the registered manager, who was also the

provider, and the deputy manager. They demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff.

People and their relatives told us they felt listened to by the manager and said they would actively seek her out to discuss issues. The service conducted annual quality assurance surveys. Of the eight returned, all stated the availability of the registered manager of the service was “very good.” Healthcare professionals felt the service was well led and the registered manager very approachable. Information was used to support learning and improve the quality of the service. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. One staff member had requested end of life training. The registered manager was in the process of arranging this.

During our visit, the registered manager made themselves available spoke kindly and compassionately with people, visitors and staff. Staff were positive about the support they received from the registered manager. One staff member said; “I feel I can go to her at any time. “Staff told us they felt able to ask if they had any concerns or were unsure about any aspect of their role. Staff said they were happy in their work, comments included; “great place to work- we all work together.” A relative said when asked if the home was well led; “Yes- I’m kept informed about my relative and go to registered manager at any time to talk.”

There was an effective quality assurance system in place to drive improvements within the service. For example there was a programme of in-house regular audits including audits on care plans and medicines. We saw action plans were put in place for any issues identified and these were monitored and followed up by the registered manager.

The service had notified the CQC of all significant events which had occurred in line with their legal obligations.

This section is primarily information for the provider

## 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.