Wellburn Care Homes Limited

Rosevale

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

Rosevale is a residential care home for up to 44 older people, including people who are living with dementia. It is located a short drive from the city of York, in the village of Wigginton and has enclosed mature landscaped gardens. Off road parking is available at the front of the building for visitors.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

This inspection took place on 22 and 24 May 2018 and was unannounced. 34 people were using the service at the time of our inspection.

There was a registered manager in post. Staff spoke positively about the management and leadership of the home.

Risks to people were assessed and action taken to reduce them. There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if they had any concerns.

Medicines were stored, administered and recorded safely. The premises were clean and well maintained.

There were enough staff to meet people's needs. Appropriate checks had been undertaken before staff began work to ensure they were suitable to work in a care setting. Staff received training, supervision and appraisal to give them the skills and knowledge they needed to meet people's needs.

People were provided with a varied and nutritious diet. Staff sought advice from healthcare professionals when they had any concerns about people's health, and people had access to healthcare professionals and services.

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

Staff treated people with dignity and respect. We observed warm, friendly interactions between staff and people who used the service and it was evident staff knew people well. Relatives and visitors spoke positively about how caring staff were.

Care plans were in place to give staff the information they needed to support people in line with their preferences and needs. People were able to take part a good range of activities and entertainment at the home. They were also supported to go out locally and could make use of the pleasant gardens at the home.

The provider had a policy in place for responding to people's concerns and complaints. People and staff were asked for their views in meetings and surveys. There was a quality assurance system and audits to identify any issues and drive improvement.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Rosevale

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 comprehensive inspection took place on 22 and 24 May 2018. The first day was unannounced. We told the provider we would be returning for the second day of the inspection.

The inspection was carried out by one adult social care inspector on both days of the inspection.

Before our inspection, we looked at information we held about the service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring team prior to our visit. We planned the inspection using this information.

During the inspection we spoke with eight people who used the service, six relatives and visitors and one visiting healthcare professional. We spoke with the registered manager, deputy manager, two care staff, a chef and an activities coordinator.

We looked at a range of documents and records related to people's care and the management of the service. We viewed three people's care records, three care staff recruitment and induction files, training records and a selection of records used to monitor the quality of the service. We also spent time in the communal areas of the home and made observations throughout our visits of how people were being supported. We carried out observations using the short observational framework for inspections (SOFI). SOFI is a tool used to capture the experiences of people who use services who may not be able to express this for themselves.

Good

Is the service safe?

Our findings

People appeared comfortable and at ease at Rosevale and we observed staff were attentive. For example, when someone started to become frustrated, staff intervened quickly to support them. Relatives we spoke with did not have any concerns about people's safety or care.

Risks to people's safety were assessed and we found that appropriate responsive action had been taken to minimise risk. This included risks in relation to nutrition, skin integrity, falls and mobility. Pressure relieving equipment was available, along with equipment to assist people to mobilise safely where required.

The provider analysed accidents and incidents and used this information to monitor patterns and identify where further action or improvement may be required. For instance, one person was at risk of falling out of bed and the provider had assessed if bed rails would be appropriate. They concluded that this would pose a higher risk due to the potential for the person to climb over the rails, so had instead sourced an alternative low level bed with a crash mat and sensor next to the bed. This helped to reduce the risk of the person injuring themselves.

There were safeguarding policies and procedures in place. We viewed records that showed the provider had appropriately reported a concern to the local safeguarding team so that it could be investigated. Staff received safeguarding training and were confident of the action to take if they had any concerns or suspected any abuse was taking place.

Staff were appropriately vetted prior to their employment, to ensure they were suitable to work with vulnerable people. This included seeking references from previous employers and a Disclosure and Barring Service (DBS) check. We identified an issue regarding the timeliness of references for one staff member, and the registered manager provided explanation regarding this and gave assurance that references were routinely sought prior to the commencement of employment. The other recruitment records we saw confirmed this.

There were sufficient staff to meet people's needs. The provider used a tool to assess the amount of staff required to support people. We observed staff responded promptly to people's needs and requests, and had time to chat to people. Staff, people and relatives we spoke with confirmed they felt there were enough staff.

We looked at records which confirmed checks of the building and equipment were carried out to ensure the environment and equipment was maintained safely. These included checks on the fire alarm, gas safety and electrical wiring. Arrangements were in place to prevent and control the risk of infections, including cleaning schedules and training for staff. The building and furnishings were clean.

Medicines were appropriately managed, stored, recorded and administered. People were supported to take their medicines by staff who were trained and had their competency assessed. We observed staff explaining to people about their medicines and taking time and care when supporting people with their medicines. On

occasion staff had failed to record prescribed creams they had administered, so additional vigilance was required with this.

Good

Is the service effective?

Our findings

People and visitors we spoke with confirmed that they felt staff had the right skills to care for people effectively. Staff received a range of training, including moving and handling, dementia awareness, record keeping and equality and diversity. Staff we spoke with were positive about the training they received and one told us, "The training is excellent, I can't fault it. I did some training last week on health and safety, food hygiene and infection control. It was really interesting and interactive." The provider had introduced a new 'performance management and development clock' which was their planned cycle of staff support throughout the year. This included supervision meetings, observation based supervisions and appraisals.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider conducted mental capacity assessments in relation to specific decisions and we found that DoLS authorisations were in place, or had been applied for, for people who required them. We noted one person's DoLS authorisation had expired and the registered manager sent this on the first day of our inspection. They also established a diary reminder system to ensure that when future authorisations were granted there was a system to alert them in advance that re-application was needed.

Where people had a Lasting Power of Attorney (LPA) for health and welfare decisions or for finances the provider retained evidence of this, to help ensure that relatives were only asked to sign to consent to decisions for which they had legal authority. People's consent to their care was recorded, where people had capacity to do this.

Systems were in place to assess people's needs and choices in line with legislation and best practice. An assessment was conducted prior to people moving to the home. The registered manager demonstrated knowledge of best practice in relation to dementia care. We found the environment was planned with consideration of people's needs, as it was pleasant and spacious, with good access to secure outdoor garden space. There were also items around for people to pick up and look at, to encourage stimulation and engagement. However, the environment was neutral in its colour scheme and could be developed further in line with dementia friendly design principles by introducing colour contrasting wall and door frames to aid vision and orientation.

People received support with their healthcare needs. We saw from care records that people had access to a range of services and professionals, such as GPs, community nurses, opticians and dentists. There was detailed information about any health conditions people had, including any associated risks or implications staff should be aware of. Relatives confirmed they felt confident that staff would respond to any health concerns and one told us, "[Name] wasn't feeling well today so they called the doctor straightaway."

People were supported to maintain a healthy balanced diet. We observed mealtimes were calm and well

organised. People were shown a choice of food and drinks, and adapted crockery and cutlery was available for those who required it. The chef and care staff demonstrated knowledge of people's nutritional needs. People told us they enjoyed the food available. Staff completed food and fluid intake charts where required and people's weights were monitored.

Good

Is the service caring?

Our findings

We received very positive feedback about how kind and caring staff were. When describing staff, people told us, "They're all so lovely here. I'm so lucky," "The staff are good to me; they make a great fuss of me and talk to me" and "They're good to you." Visitors told us, "The staff are lovely. They always reassure people if they are upset" and "They're all lovely here. They are so nice." A visitor also told us how staff had got their loved one birthday presents, which were "Lovely."

We observed people were treated with kindness, respect and compassion throughout our inspection. Staff offered reassurance when people were upset or confused and we saw that when one person initiated a hug, the staff membered responded warmly. It was apparent that people and staff had positive relationships and knew each other well. People and staff enquired about each other's families and lives.

We saw that staff offered people choices and involved them in decisions about their care and how they wanted to spend their time. When offering choices, staff used methods that were appropriate to the person; for instance, sometimes staff explained the options available to people verbally, and in other cases they presented information visually to aid the person's decision making. For instance, when asking people what they wanted to eat. We saw this was particularly helpful for some people.

Information about local advocacy services was on display in the home, so people could access independent support to express their wishes. We were advised one person had an advocate and another had recently been offered an advocate but declined to see them.

We found people's privacy and dignity was respected and promoted. Staff knocked on people's bedroom doors and waited before entering. Staff provided us with examples to illustrate how they maintained people's dignity, including using 'do not enter' signs. We saw there was information in people's care files, giving instruction to staff on how to ensure people's dignity was maintained when providing personal care. For example, one care plan stated, 'During transferring in and out of the bath [Name] has a towel placed around her to maintain her dignity.'

Staff completed equality and diversity training and information about people's diversity needs was recorded in care files, such as any equipment people needed due to a physical impairment. People's faiths were respected. For instance, one person had regular visits from a minister of their faith, and other people had been supported to attend services at the local church. A monthly communion was held at the service, for those who wished to attend.

Care files and information related to people who used the service were stored securely and accessible to staff when needed. This meant people's confidential information was protected appropriately. The provider was aware of the new data protection laws coming into force and had prepared for this, including relocating archived information and increasing security.

Staff encouraged people to do things for themselves where they were able to, to promote and maintain

people's independence where possible. This included providing mobility aids to enable to people to move around the home and encouraging people to get involved with activities and personal care tasks they could manage themselves. One person enjoyed folding napkins each day.

People were able to have visitors if they wished. One relative told us, "I can visit anytime and am always welcomed."

Good

Is the service responsive?

Our findings

The provider assessed people's needs prior to them moving to the home, to make sure the service could meet their needs. A care plan was then developed for each person, to give staff the information and guidance they needed to support people. The provider had introduced a new electronic care planning system so monitoring records were recorded on the computer, and the system allowed the provider to see when care plans were due for review.

In the main, care plans were very detailed and contained clear information about people's preferences, likes and dislikes. For instance, one file we viewed noted that the person liked to be woken at 6:00am each morning, apart from Sundays when they preferred a lie-in and to get up whenever they felt ready. There was a section in people's care plans about their communication needs, including any sensory loss. This included detail such as how to clean people's spectacles and maintain their hearing aids. Care plans were reviewed and updated regularly, and when people's needs changed. We found some minor anomalies where care plans had been reviewed yet still contained some out of date references, such as one which referred to a cast which had now been removed. The registered manager amended this straightaway. They also agreed to remind staff about the need for oral care after lunch for one person.

We saw posters on display in the home encouraging relatives to get involved in developing 'life stories' for each person, to help inform staff understanding of the person. A relative confirmed to us, "They involve me in decisions about [my relative]'s care and keep me informed."

We found examples which showed that the care provided had been responsive to people's needs and lead to improvements in their health and well-being. One person had a long-standing leg ulcer when they moved to Rosevale, and this had subsequently healed. Another person told us, "I was worried when my family suggested about me coming here, but staff had a talk with me and took all my worries away. I seem to be settling really well and am happy here."

The home was lively with activity and people told us there was a lot to do. During the inspection we saw people taking part in a quiz. Some people were supported to go out for a walk to a local duck pond and others went out for a drive further afield with a member of staff. On the second day of inspection there was a visiting animal show, and people got the opportunity to hold a range of animals if they wished, including chinchillas and snakes. People appeared to enjoy themselves. The provider employed an activities coordinator, and they told us about the extensive range of activities on offer, planned according to people's interests. They showed us records of what people took part in. One person who used the service told us, "I'm always coming and going. There's so much on! I love [Name of activities coordinator]".

The provider had a complaints policy and procedure. A concern from a relative had been addressed in April 2018, but there had been no other formal complaints since the start of 2018, so the provider showed us an example of a complaint from the previous year to demonstrate how complaints were investigated and responded to in line with their policy. People and visitors told us they would feel confident raising any concerns.

We viewed compliments and thank you cards received by the service. These included appreciation from relatives about the support their loved ones had received at the end of their lives. Staff received end of life care training and the provider had an end of life care policy and procedure. The registered manager advised us they had recently become the 'end of life care champion' for the home and planned to contact the local hospice to request additional training for themselves in this area.

Good

Is the service well-led?

Our findings

The service had a registered manager who had been registered with CQC since May 2015, but had worked at the home for some time prior to this in different roles. Staff spoke positively about the registered manager and deputy manager and told us they were well supported. The provider's operations manager also visited the home regularly to support the registered manager and conduct checks on the quality of care. Staff comments included, "[Registered manager] is strong as a manager but gives us opportunity to express our view" and "[Management] are absolutely excellent. Firm but fair, kind and compassionate. It's a really well run home." The registered manager demonstrated a good understanding of their role and responsibilities and a commitment to providing high quality care. They had submitted statutory notifications, as required by law, for incidents that occurred at the service.

In the PIR, the provider told us they kept up to date with best practice by being a member of the local Independent Care Group, who sent regular updates on best practice. The provider was also a member of Care England and received updates from them on procedures, social care issues and advice. The provider also had 'two policies of the month', and required staff to read and sign these each month, to update their knowledge of policies and procedures.

Comments from staff showed there was a positive culture. One staff member told us they were "Totally happy" working at the home and said, "I love it." Another confirmed they enjoyed their job and told us, "I feel a sense of family here." A third staff member told us morale was good and said it had improved further in the couple of months prior to the inspection, due to having got past a particularly busy spell in February and March. They added, "I am lucky to work here. It makes you feel empowered when people and professionals say how well people are doing here, for instance when they've been here on respite. I enjoy being here."

There was a quality assurance system in place and the provider completed regular audits to monitor the care provided. This included audits in relation to the environment, meal service, infection control, care records and medication. A monthly analysis was also undertaken in relation to accidents, falls and weight loss. We saw examples which showed where action was taken from audits in order to address any improvements required. However, some audits would benefit from more detail and clarity to show when actions were completed. The registered manager told us they would review these and ensure more consistency with the detail recorded.

People who used the service and staff were invited to complete an annual survey in order to give feedback on the service. People also had opportunity to attend meetings to share their views and receive information and updates about things going on in the home. Feedback we received from people and relatives throughout the inspection indicated they were satisfied with the quality of the service provided. There were also regular staff meetings and we saw minutes that showed us staff were given reminders, acknowledgement and thanks, as well as clear instructions about expectations in relation to aspects of care.

The provider worked in partnership with other organisations, including healthcare partners and local schools and churches. For instance, we saw photos of recent visits to the home by children from the local

primary school. This helped enrich the opportunities available to people and ensure people had access to services and community facilities.