Rosemary Care Home Limited

Rosemary Care Home

Inspection report

13 Newhey Road
Milnrow
Rochdale
Lancashire
OL16 3NP

Tel: 01706650429

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Rosemary Care Home is based in Milnrow, Rochdale and is registered to provide care for up to 24 older people. Accommodation is provided on three floors. All bedrooms are single rooms and are accessible by a passenger lift. Communal rooms are available on the ground floor and include three lounges and a dining room. To the front of the property there is a small garden area and parking for several cars.

This was an unannounced inspection carried out on the 21 and 28 April 2015. At the time of our inspection there were 20 people living at the service.

The home had a manager who was registered with the Care Quality Commission. 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.

We had previously inspected the home in March 2015. We found the provider was in breach of four regulations in relation to good governance, staffing, recruitment and systems to safeguard people. The provider sent us an action plan, which showed what action they had taken.

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

The management and administration of people's medicines was not safe and did not ensure people received their medicines as prescribed.

Potential risks to people's health and wellbeing had not always been assessed to help protect them from harm or injury.

We have made a recommendation that the provider considers a formal process for identifying and deploying appropriate staffing levels to meet the individual needs of people.

We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. Where people lacked mental capacity steps were taken to ensure decisions were made in their best interests.

Staff were able to demonstrate their knowledge and understanding about the safeguarding procedures and what action they would need to take to keep people safe. We were aware of issues which had been reported to the local authority. The registered manager was working in cooperation with the local authority to

address any issues.

People and their visitors were complimentary about the staff and the care and support offered to their family member. Staff were seen to be polite and respectful towards people, offering assistance when needed.

Opportunities for staff training and development were provided. Staff spoken with confirmed they had completed some training and felt supported by the manager.

People told us they felt safe and received the care they needed. During our inspection we observed staff to be kind and caring towards people and responded to people's requests.

People were offered adequate food and drinks throughout the day ensuring their nutritional needs were met. Where people's health and well-being were at risk, relevant health care advice had been sought so that people received the treatment and support they needed.

Relevant information and checks were completed when recruiting new staff. This helps to protect people who use the service by ensuring that the people they employ are fit to do their job.

A programme of redecoration and refurbishment was taking place to enhance the standard of accommodation and facilities provided for people. Hygiene standards were maintained to help minimise the risks of cross infection and checks were made to the premises and servicing of equipment. Suitable arrangements were in place with regards to fire safety so that people were kept safe.

Suitable arrangements were in place to ensure hygiene standards were maintained. The premises and equipment were adequately maintained so that people were kept safe.

Care files contained sufficient information to guide staff in the delivery of people's care. Information about people was easily accessible to staff and held securely so that confidentiality was maintained.

Opportunities for people to participate in activities in and outside the home were being provided. The registered manager was exploring other opportunities to enhance this further to promote people's well-being and independence.

Suitable arrangements were in place for reporting and responding to any complaints or concerns. People felt they would be listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not protected from harm as the management and administration of people's prescribed medicines was not safe. Potential risks to people's health and wellbeing had not always been assessed to help protect them from harm or injury.

Relevant information and checks were completed when recruiting new staff. Adequate numbers of staff were available. We have recommended the provider considers a formal process to determine staffing ratios, taking into consideration people's individual assessed needs.

People told us they were safe and received the care they needed. Suitable arrangements were in place to ensure hygiene standards were maintained. The premises and equipment were adequately maintained so that people were kept safe .

Is the service effective?

Good

The service was effective.

Where people were being deprived of their liberty the registered manager had taken the necessary action to ensure relevant authorisation was in place. Where people lacked mental capacity steps were taken to ensure decisions were made in their best interests.

Opportunities for staff training and development were in place to help staff develop the knowledge and skills needed to meet the needs of people safely and effectively.
People were provided with a choice of suitable food ensuring their nutritional needs were met. Relevant advice and support had been sought where people had been assessed as being at nutritional risk.

Is the service caring?

Good

The service was caring.

People and their visitors spoke positively about the staff and care

provided. Staff were seen to be polite and respectful towards people when offering assistance.

Staff spoken with demonstrated they knew people's individual preferences and were able to provide examples of how they encouraged people to be as independent as possible.

People's records were stored securely so that people's privacy and confidentiality was maintained.

Is the service responsive?

Good

The service was responsive.

Care records contained sufficient information to guide staff on how people wished to be cared for.

The registered manager was exploring ideas to further enhance the activities offered to people to help promote people's health and mental wellbeing.

Suitable arrangements were in place for reporting and responding to any complaints or concerns. People and their visitors were confident any issues brought to the registered manager's attention would be dealt with.

Is the service well-led?

Good

The service was well-led.

The service had a manager who was registered with the Care Quality Commission (CQC).

Systems to monitor, review and improve the quality of service provided were in place to help protect people from the risks of unsafe or inappropriate care and support.

The registered manager had notified the CQC as required by legislation of all events, which occurred at the home with regards to the well-being of people.

Rosemary 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 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.

This was an unannounced inspection and took place on the 21 and 28 April 2015. The inspection team comprised of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who joined the inspection had experience of caring for someone living with dementia.

During the inspection we spent time speaking with seven people who used the service, four visitors, three care staff as well as kitchen and housekeeping staff and the activity worker. We also spoke with the registered manager.

As some of the people living at Rosemary Care Home were not able to clearly tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also looked at three people's care records, four staff recruitment files and training records as well as information about the management and conduct of the service.

Prior to our inspection we contacted the local authority adult social care team and were made aware of two recent issues, which were being addressed with the home. We also contacted Healthwatch to seek their views about the service. They were not aware of any concerns about people's care and support.

We also considered information we held about the service, such as notifications. We asked the provider to complete a Provider Information Return (PIR), prior to this inspection. 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.

Requires Improvement

Is the service safe?

Our findings

We checked the systems for the receipt, storage, administration and disposal of medicines including controlled drugs. We were told that medication was only administered by those who had completed medication training. We saw records to show that staff had completed medication training and competency assessments had been completed by the registered manager to check that staff understood how to manage the medication system safely.

We noted from training records that none of the night staff were trained in the administration of medication and would therefore not be able to administer PRN (when required) for people should they need it. We discussed this with the registered manager, who acknowledged this. This meant people did not have access to PRN medication should they need it. The registered manger said this would be addressed immediately following the inspection.

We found suitable arrangements in place for the receipt, storage and disposal of medicines. However the management and administration of prescribed items did not ensure people received their medicines safely.

On examination of the controlled drug register we found information did not correspond with the prescription for one person. We were told this person's medication had been changed however the records had not been amended to reflect the new dose. Whilst staff were able to tell us what the new dose was, records did not reflect this. Staff had continued to record and sign to show they had administered the old dose. Therefore it was unclear what medication the person had received.

We found medication administration records (MARs) were not always completed in full. Handwritten entries were not checked and signed by two staff to ensure information corresponded with the prescription and dates were missing.

We saw some people were prescribed PRN medicine (when required) medicines. There was no information available to guide staff when they had to administer medicines that had been prescribed in this way. We discussed this with the registered manager who said this information had been available however must have been removed when the file was updated.

We were told people were prescribed a 'thickener'. Thickeners' are added to drinks, and sometimes food, for people who have difficulty swallowing. This helps to prevent a person from choking. We were told the MAR sheet would be signed to show thickener had been provided. However this did not reflect all occasions it was used, therefore a full and accurate record was not maintained. It is important this information is recorded accurately to reflect when people receive their prescribed medicines.

We asked to see the records completed for topical creams. We were told by a senior care worker that creams were applied by care staff when assisting people to rise or retire or following personal care. They said that cream charts had previously been used however were no longer routinely completed. It is important that staff record when a topical cream has been applied to show that people are given their medicines as

prescribed.

The management and administration of people's medicines needed improving to demonstrate people were receiving their prescribed medicines safely and effectively. This was a breach of Regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the care records for three people to see if risks to people's health and well-being had been identified, such as poor nutrition and moving and handling. We saw that plans had been drawn up to help reduce or eliminate the risk. However the needs of one person had changed resulting in a higher level of risk to the person and additional support was needed particularly in relation to the risks of choking and their mobility. This information was not reflected on their assessments and management plans. We also looked at the records for another person who was receiving respite care. Detailed information was available about the care and support required and potential risks, however no risk assessments had been completed.

Clear and accurate records should be maintained to demonstrate identified risks to people were managed keeping them safe. This was a breach of Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the staffing arrangements in place to support people living at Rosemary Care Home. We spoke with people who used the service, staff and visitors, looked at staffing rotas and observed the support offered throughout the day. We were told that in addition to the registered manager staffing comprised of a senior care worker and two care staff between the hours of 8.00am and 8.00pm. They were supported by kitchen, domestic, laundry staff, a maintenance man and an activity worker. Night cover comprised of two care workers with additional 'on-call' support from the managers should further assistance be required. This was confirmed on the staff rotas we examined. One staff member told us the registered manager was always "On the other end of the phone" if they needed anything.

We asked people if they received the care and support they needed. All the people we spoke with felt they received the care they wanted. However there were mixed views about whether sufficient numbers of staff were available when they needed them. People told us, "You have to wait your turn", "You may have to wait 10 minutes or so" and "There are enough staff on early in the morning and in the evening". Visitors spoken also expressed mixed views. One person told us, "There are three staff on duty every time I come". Whilst others said, "A couple of months ago they were short of staff" and "There are not a lot of staff milling about, and in the early evening definitely not enough staff although in the morning it is ok". One visitor felt that buzzers are left ringing "a long time". We discussed this with the registered manager who acknowledged there had been some turnover of staff which had initially impacted on the service. However further recruitment had taken place to fill vacancies.

Staff spoken with did not raise any concerns about the staffing levels provided. Staff did say 'each day was different' and that at times they were very busy. One member of staff said extra staff would be helpful in the morning when people were having breakfast and medication was being administered.

Occupancy at the home had recently increased to almost full capacity. The registered manager told us that rotas had been revised and that senior members of staff were to start and finish at different times providing more flexibility when needed. Consideration had also been given to the hours worked by kitchen staff in the evening so that there were more staff available to support mealtimes. The registered manager was aware that staffing levels may need to be increased so that people continue to receive the standard of care they would want to meet their individual needs. We recommend the provider explores a formal process for identifying the levels of staff needed based on an accurate and current assessment of the people's needs.

We looked at four staff personnel files to check if robust systems were in place when recruiting new staff. We found all relevant information and checks had been completed prior to new staff commencing work. We saw files contained an application form with a full employment history. There were copies of the person's identification and written references. We also saw checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We looked at how people were safeguarded from abuse. All the people we spoke with and their visitors felt the home was safe and there was no evidence of bullying. One visitor told us, "You hear people shouting at one another but that is all". People were asked if they felt safe in the feedback surveys recently distributed. Two people commented; "Yes because I know someone is here all the time" and "I certainly do!"

We saw that policies and procedures were available to guide staff in safeguarding people from abuse. We were told that annual updates of training were provided. An examination of training records showed that eight of the 22 staff team had completed this training. We saw information to show that two further sessions had been planned for the remaining members of the team. This training is important to ensure staff understand what constitutes abuse and their responsibilities in reporting and acting upon concerns so that people are protected. Staff spoken with said if they had any issues or concerns they would report it to the registered manager.

We looked at what systems were in place in the event of an emergency, for example a fire. We saw checks were carried out with regards to the fire alarm, exits and extinguishers. We saw a fire risk assessment had been undertaken in July 2015 and action required following an inspection by the Greater Manchester Fire Service had been addressed. The registered manager had completed personal emergency evacuation plans (PEEPs) for people living at the home. They were aware that a PEEPs was required for those people who had recently moved into the home. This information helps to assist the emergency services in the event of an emergency arising, such as fire.

Other records to show equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions were seen. These included checks to the gas safety, electric circuits and small electrical appliances. This helps to ensure the safety and well-being of everybody living, working and visiting the home. At the time of the inspection a new call bell system and fire alarm system being installed.

We spent some time looking around the environment. We found bedrooms, lounges, bathrooms and toilets were clean. People spoken with told us their rooms were cleaned regularly, they had fresh linen on beds each week and fresh towels daily. We also found the laundry well equipped and well organised in managing people's clothing. We discussed with the registered manager a malodour identified in one room. The registered manager was aware of this and was exploring ways to address this.

We saw staff wearing protective clothing, such as; disposable gloves and aprons when carrying out personal care duties. Hand-wash sinks with liquid soap and paper towels were available in bedrooms, bathrooms and toilets. We also saw yellow 'tiger' bags were used for the management of clinical waste and red bags were used for soiled items sent to the laundry.

We were told and rotas showed that both domestic and laundry staff were available during the week. Ancillary staff told us they had received training in health and safety and infection control. An examination of training records confirmed what we had been told. We also saw records to show that audits were completed to check hygiene standards were maintained within the home. This helps staff to understand what they

need to do to minimise the risk of cross infection to people.

Good

Is the service effective?

Our findings

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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. The application procedures 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. We saw information to show that authorisations to deprive people of their liberty had been made to the relevant supervisory body (local authority). The registered manager had notified CQC as required by legislation where authorisations had been made. We were told that further applications were to be made.

We saw a policy and procedure was available to guide staff in the Mental Capacity Act 2005 (MCA) and DoLS procedures. Training records did not reflect which staff had completed training in MCA and DoLS. However an examination of staff files confirmed that this had been provided in 2015. The registered manager acknowledged that newer members of the team had yet to complete the course. This training is important and should help staff understand that assessments should be undertaken, where necessary, to determine if people have capacity to make informed decisions about their care and support. It should also help staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure that they are looked after properly and are kept safe.

Care staff we spoke with were able to demonstrate their understanding of the MCA and DoLS procedures and gave examples about how they encouraged people to make decisions about their care and support. We observed one care worker seek consent prior to offering support, asking the person, "Are you ready, young man".

We looked at how people were consulted and consented to their care and support. Information in care plans guided staff in the principles of the MCA and seeking permission from the person when offering care and support. The registered manager gave us two examples where concerns had been identified about people. To help resolve matters, particularly where the person lacked the capacity to make decisions for themselves, a 'best interest' meeting would take place so that relevant parties could make the decision for them, ensuring their rights were protected.

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at Rosemary Care Home. We asked the registered manager about the training and support provided, spoke with staff and examined training records.

We were told there was a programme of induction, training, staff supervision and team meetings in place to support staff. Training records showed that all new staff were completing the 'Care Certificate'. The Care Certificate, developed by Skills for Care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and must be covered as part of the induction training of new care workers.

We saw information to show that individual supervision meetings and team meetings were held with staff. These explored working practice as well as training and development needs. Staff spoken with confirmed that these meetings took place and said, "I feel we have a good team and communicate well together" and "It's a lovely place to work, staff are dedicated to people and their families".

We found there was an on-going programme of staff training. This was facilitated by an external trainer and included topics such as, safe handling, safeguarding, dementia awareness, managing behaviour, food safety, infection control, falls management and nutrition and hydration. The registered manager was to request additional training in MCA and DoLS. Staff spoken with confirmed they had completed training and were aware of future planned events they were to attend. Most of the people we spoke with felt staff 'knew what they were doing'. The registered manager was aware that newer members of the team had yet to complete all planned training relevant to their role. The registered manager told us they were to access the local authority e-learning training. This would be used to help develop staff awareness until such time they were able to attend the formal practical training provided.

Suitable arrangements were in place to meet people's health care needs. Records showed that people also had access to external health and social care professionals. We saw evidence of visits from opticians, speech and language therapist, podiatry and community nurses. We were told by staff and a visitor that where people needed to attend an appointment at hospital, staff would provide an escort unless the person wished to go with a family member.

We checked to see if people were provided with a choice of suitable and nutritious food to ensure their health care needs were met. We looked at the kitchen and food storage areas and saw sufficient stocks of fresh, frozen and dry foods were available.

The cook told us that current menus were being reviewed. We saw that feedback surveys had recently been distributed to people seeking their views about the choice of meals offered and if they felt there was something that could be improved. Overall the feedback was very positive. All the people we spoke with said the food was 'good'.

Kitchen staff asked people each day which choice of meal they would like. We were told that an alternative would be provided if requested. The cook was able to tell us about the dietary needs of people and how they fortified people's meals to help people maintain or gain weight, where necessary. We saw refreshments were available in each of the lounges and hot drinks and snacks were provided during the day.

The care records we looked at showed that additional monitoring was completed where people were at risk of inadequate nutrition and hydration. We saw that action was taken, such as referral to a dietician or speech and language therapist (SALT), if people were identified at risk of poor nutrition and hydration.

During our inspection we observed the lunchtime period. We found the dining room was not inviting and did not provide a pleasant and comfortable experience for people. The room is small and does not easily accommodate all those wishing to have their meal in the dining room.

We saw several people were provided with a plate guard, which enabled them to eat their meal independently; whilst a number of other people required assistance from staff. We found that the mealtime was not well organised and saw staff go off to attend to other matters, for example, answering the door or telephone, resulting in people they were assisting being left with their meal to go cold. The relative of one person told us they felt their relative was left sitting in the dining room for far too long and would prefer that they were assisted back to the lounge into a soft chair much sooner.

We discussed this with the registered manager said they had recognised the lunchtime experience was not a pleasant one. They told mealtime arrangements and staff support had been altered so that two sittings could be provided. This was confirmed by the cook and care staff. We were told that this would allow designated staff more time to sit with those people who required assistance without being interrupted. One staff member spoken with felt this would improve mealtimes for those people who required additional help.

Rosemary Care Home comprises of 24 bedrooms on three floors. On the ground floor people had access to three lounges and a separate dining room. Those bedrooms seen had been personalised with belongings from home. We were told that the home employed a maintenance man on a part time basis who took responsibility for general repairs and checks. We were provided with a business plan which outlined the refurbishment of the lounges, dining room and entrance hall, including redecoration and new furnishings planned for 2016. The entrance to the dining room was also being extended to make it more accessible for people, particularly when using a wheelchair and the front garden was to be changed to provide additional parking.

We saw work being carried out during the inspection, which included the installation of CCTV in communal and staffing areas. We were told that people who used the service, their visitors and staff had been consulted with prior to commencing the work. The registered manager told us that the purpose of the cameras was to offer additional security within the home.

Good

Is the service caring?

Our findings

We asked people for their views about the care and support offered by staff. All the people we spoke with and their visitors felt staff treated them with kindness and respect. They said staff listened to them and acted on what was said. We saw one staff member assisting a person to drink. This was carried out in a pleasant and unhurried manner. Another staff member gently supported a person to move into a chair from a wheelchair. They then asked if they wanted a blanket, then placed one around their legs. This demonstrated people were shown kindness and compassion when offering assistance.

We saw some good interactions between people and staff. One person told us; "You can have a laugh with staff". People were supported in an unhurried manner and the atmosphere at the home was calm and relaxed.

Staff spoken with were able to demonstrate their understanding of the individual needs of people and how they wished to be cared for. We were told that routines were flexible. People told us they had a choice of when they got up and went to bed. This was confirmed by a visitor and observed during the inspection. One person told us they were able to have either a shower or a bath, adding "They tell me when it's time".

People said staff respected their privacy by knocking on the door of their bedroom before entering. We saw personal care was carried out in private. Staff spoken with gave good examples of how they promoted people's privacy and dignity when offering person care. We saw people were clean and appropriately dressed. None of the people we spoke with were able to say if they had been given a choice of male or female carer. There was presently only one male carer working at the home. They told us that should a person prefer not to have a male care worker they would ask a female care worker to support the person.

One person told us they were able to maintain some independence by taking some responsibility for cleaning their bedroom. Staff also told us how they encouraged people to be as independent as possible. One staff member told us; "I try and encourage them to do as much as possible themselves" and "Treat people as an individual".

Staff were kept informed of people's current and changing needs during the handover completed at each shift change. This involved a walk around, which staff said was useful and helped to prompt them with any changes in people. A record of the handover was also completed. This helped to ensure any changes in people's health care needs were addressed in a timely manner so their well-being was maintained.

Whilst looking around the home we saw some people had personalised their bedrooms with belongings from home. We saw a number of people wished to spend their time in the privacy of their own room, this was respected.

We were told and saw people's records were stored securely in the office so that confidentiality was maintained.

Good

Is the service responsive?

Our findings

From our discussions with the registered manager and a review of records we found that relevant pre-admissions assessments were undertaken prior to people moving into the home. Additional assessment information was also sought from the funding authority detailing people's health history and any areas of potential risk. This enabled the service to make a decision about the suitability of placements. We were told that assessment information would be used to inform the development of the person's care plan. We examined the records for three people. Care plan documentation covered all aspects of daily living and incorporated people's social history, their likes, dislikes and preferred routines. Plans provided staff with good information about the person and the things that were important to them.

We looked at what opportunities were made available to people offering variety to their day. We spent time speaking with and observing people and spoke with the activity worker about their role.

The activity worker told us they would do a weekly planner however this was not often followed as people may request an alternative. The activity worker said they were able to provide a variety of activities such as, games, jigsaws, cards etc. Adding; "If a person requests something, for example would like their nails doing then I would do this instead".

The activity worker said during the summertime they encouraged people into the garden and offered afternoon tea in the summerhouse. Other outside activities were offered including visits to Butterworth Hall, the well-being centre (dementia café), visits to the garden centre and local pub. Another staff member told us they ran an art club twice a month, where they offered painting and crafts. We were told that people were currently working on a large art project which when completed would be displayed on the wall.

During the inspection we saw those people involved in one to one activities enjoyed the interaction, whilst others were not provided with the same opportunities. One person we spoke with told us they did not take part in the activities as they were not suitable. Another person who spent a lot of time in their own room said; "I never see the activities woman".

We saw feedback surveys had recently been completed in relation to the choice of activities. Information showed that people wanted more choice. We discussed our findings with the registered manager who acknowledged that the social and recreational opportunities offered to people needed enhancing. The registered manager was to speak with the activity worker about improvement to help promote people's involvement and enable them to retain their independence.

We saw a complaints procedure was available for people and their visitors to refer to. This was available in each person's bedroom. We found information did not accurately advise people of the external agencies they may wish to contact should they need to and CQC's role. This was raised with the registered manager who made immediate changes to the document. The registered manager said they had also placed a 'grumble book' and surveys at the front door. This was to encourage people and visitors to make any comments or raise concerns should they need to. We were told the administrator would periodically collate

responses and produce a report so people could see what action had been taken, where necessary, by the management team. This helps to demonstrate people's views are taken seriously and acted upon.

We saw that where issues had been raised with the registered manager information had been recorded along with any action taken. People we spoke with said they had not needed to formally complain about the service. However if they had any issues they were able to speak with the manager and staff.

Good

Is the service well-led?

Our findings

The home had a manager in place that was registered with the Care Quality Commission (CQC). They were supported by the provider, a part time administrator as well as the care and non-care staff team. Senior care staff told us they had confidence in the manager to lead and improve the service. One staff member said; "She's always there to talk to" and "A good all-rounder".

The registered manager told us they were involved with the local authority safeguarding and DoLS forums. They said they found this supportive and helped them to increase their knowledge and understanding about areas specific to their role.

People living at the home and their visitors praised the registered manager and said that she was approachable. One visitor said they wanted to speak with the manager about their relative and felt there would be no difficulties in arranging an appointment. From our observations people living at the home and their relatives knew staff well, including the manager.

We looked at what opportunities were made available for people who used the service and their visitors to comment on the service provided. We were show recent feedback surveys which had been distributed. Surveys focused on meals, activities and whether people thought they received safe and effective care. There had been a good response. People's responses showed they were happy with the care they received. People's comments included; "Perfect", "Staff listen to me" and "They look after me well". The relatives of one person commented; "Excellent care, good on all levels", "So pleased to have chosen Rosemary Care Home, would recommend to anyone" and "Excellent management".

Opportunities were also made available for staff to comment about the service during the team meetings or supervision meetings. We asked staff what they thought was good about the home, they told us; "Brilliant manager", "It's [the home] family orientated", "Most staff are positive", "Good relationship with families" and "Manager trying to improve things". The registered manager also told us that feedback surveys were to be put in staff wage packets as a further opportunity for them to comment about their experiences.

We looked at how the registered manager monitored the quality of the service provided. We were told the provider and registered manager regularly discussed improvements to the service and had drawn up a business plan outlining the priorities for the forthcoming year. This included; staff retention and training, upgrade of equipment and improvements to the environment.

We saw other information to show that audits were completed to monitor the quality of the service provided. These included checks to; care plans, falls, medication, complaints, infection control and health and safety. The registered manager had developed a comprehensive audit sheet which explored these and other areas of the service. This had recently been implemented. Actions identified were to be planned and kept under review. The manager acknowledged that increased checks were required in relation to the medication system so that necessary improvement could be made.

We also looked at a number of policies and procedures to guide staff. We found records had been reviewed and updated, however information in relation to current legislation was out of date, for example policies referred to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010; these should now refer to the 2014 Regulations. On the second day of our inspection we saw the registered manager had addressed this.

Prior to our inspection we reviewed our records and saw that events such as accidents or incidents, which CQC should be made aware of, had been notified to us.

As part of this inspection we contacted the local authority adult social care team and Healthwatch. The registered manager told us that a recent routine monitoring visit had been completed the local authority commissioners and they were responding to the actions identified. Healthwatch told us they had not received any feedback although "community engagement officers have visited the home and spoke with 4 or 5 people, all of whom were very happy with the service they were receiving".

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The management and administration of people's medicines needed improving to demonstrate people were receiving their prescribed medicines safely and effectively. Regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Clear and accurate records should be maintained to demonstrate identified risks to people were managed keeping them safe. Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.