City Health Care Limited

Rossmore

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Rossmore is a residential care home providing personal care to a maximum of 56 people. There are 17 placements for people who require support and treatment following a stroke. There are 25 placements for people who require reablement to prevent hospital admission or to facilitate an early discharge from hospital. Currently, there are six people who are permanent residents at Rossmore.

People's experience of using this service and what we found
There were improvements in governance and the oversight of the stroke service. The improvements related to closer monitoring of people's needs, preparation for multidisciplinary meetings, recording systems, and communication between staff. Care and therapy staff reported an improvement in morale and partnership working.

The environment was clean and safe for people. Staff knew how to safeguard people from the risk of harm and abuse. Risk assessments were completed and kept under review, so staff had up to date information on how to minimise risk. The provider had a safe recruitment system and employed enough staff to support people's needs.

People's nutritional needs were met. People told us they liked their meals and had enough to eat and drink; the menus provided choices for them. They were supported to access dieticians when needed.

People's health needs were monitored and met, and they received their medicines in a safe way as prescribed. Staff supported people to access a range of health care professionals when required. Those people admitted to the stroke service had support and treatment provided by therapy staff based at Rossmore such as physiotherapists and occupational therapists. There were good outcomes for people.

Staff approach was described as kind and caring. They treated people with dignity and respect and supported them to be as independent as possible. People had care plans, which were detailed and provided staff with good information on how to meet their needs in the way they preferred.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had a good understanding of the need to seek consent from people before carrying out care tasks.

People told us staff knew how to care for them. Staff received induction, training, supervision and appraisal to help with their development and confidence when supporting people's needs.

The provider had a system for the management of complaints, and people felt able to raise concerns knowing they would be addressed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was requires improvement (published 16 January 2019) and there was one breach of regulation. The provider completed an action plan after the last inspection, to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was good.

Details are in our good findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Rossmore

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of two inspectors 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.

Service and service type
Rossmore is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all information to plan our inspection.

During the inspection
We spoke with 13 people who used the service about their experience of the care provided. We spoke with eight members of staff including the registered manager, senior care workers, care workers and the chef. We spoke with seven members of the nursing, medical and therapy team who provided a range of treatment and therapies to people in the stroke service. We received information from two health care professionals who provided support and treatment to people who used the reablement service.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. The safeguarding systems in place included staff training, the use of policies and procedures to guide practice, and arrangements for managing monies left in the service for safekeeping.
- People told us they felt safe and staff were attentive to their needs. Comment included, "Oh yes, there are always people about; even the domestic staff and maintenance man ask if you are okay when they are passing" and "Yes, they take good care of me so I'm happy."
- Staff knew what to do and who to speak with if they had concerns to raise.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff completed assessments, which identified any risks and the measures needed to minimise risk. The risk assessments were kept under review.
- People told us staff responded quickly to issues of risk. One person described how staff responded very quickly when the fire doors closed for no apparent reason and were diligent in finding the cause. Another person said, "I used to fall a lot so now they're always on hand; I haven't fallen in ages."
- There was a system to analyse accidents and incidents, so lessons could be learned, and staff practice reviewed.

Staffing and recruitment

- The provider had a safe recruitment system with full employment checks carried out before staff started to work in the service.
- There was enough staff employed to meet people's assessed needs. Staff confirmed they were always able to meet people's needs.
- People told us they received the support they needed when they requested it. When asked if they were enough staff comments included, "On the whole, yes; I haven't noticed any particular problem", "If they are delayed they will always come and explain how long they will be; they always come back" and "There's always plenty of staff about."

Using medicines safely

- The provider had a safe system in place to manage medicines. This included ordering, storage, administration, recording and disposal of medicines.
- The provider employed a medicines technician to oversee medication management. They completed internal audits and discussed any shortfalls with the registered manager, so these could be addressed.
- People told us they received their medicines as prescribed. Records confirmed this.

Preventing and controlling infection

● The service was clean and tidy. There were cleaning schedules for domestic staff and a system in place to ensure these were completed.

● Staff had access to items such as gloves and aprons to help prevent the spread of infection.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People's health care needs were met. People received treatment from a range of health professionals within the service when required. They were also supported to access emergency care practitioners and attend outpatient appointments.
- The provider employed therapy staff such as physiotherapists, occupational therapists and specialist nurses to provide treatment to people who used the stroke and reablement service.
- Since the last inspection, care and therapy staff reported improved communication and working practices, which helped to ensure people received care and treatment in a timely way. One therapy staff said, "There have been massive improvements. Communication is good. We get good results and there is a good team on the unit."

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

- People had assessments of their needs completed and care plans were developed, which guided staff in how to meet people's needs in a safe and timely way. Nationally recognised assessment and monitoring tools, and therapy outcome measures were used for people in the stroke service.
- When people were admitted for reablement from hospital wards, the registered manager relied on assessments completed by 'Trusted Assessors'. There were some shortfalls in one of the assessments we looked at; the registered manager told us they would address this with hospital colleagues.

Staff support: induction, training, skills and experience

- Staff received induction, training, supervision and appraisal to ensure they had the right skills to meet people's needs. Staff had access to information notice boards with specific topics, which changed frequently. The one on display during the inspection was about the importance of oral hygiene.
- Staff confirmed the training and support they received was good. Comments included, "I enjoyed the training update on managing strokes and we had a good session from the GP on sepsis; well, all the presentations were good" and "I'm up to date with training; we get a lot."
- There were positive comments from people about staff skills. These included, "I don't know about their training, but it comes over to me that they know what they are doing."

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

- People's nutritional needs were met through good hydration and a balanced diet. Staff had information about textured meals and thickened fluids in pictorial format to avoid mistakes.

● The menus provided choices and alternatives. People told us they were happy with their meals. Comments included, "The food is very good; I very rarely have to leave anything. The variety is good and there are a lot of homemade things" and "There is a good selection; they ask you if you want sandwiches at night and you get drinks on a regular basis."
● Staff assessed people's nutritional needs, kept these under review and contacted health professionals such as dieticians and speech and language therapists when they had concerns.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● The provider and registered manager acted within current legislation when people were assessed as lacking capacity to make their own decisions.
● The registered manager made appropriate referrals to the local authority when people required DoLS. When these were authorised, they were monitored and requests for renewal were completed in a timely way.
● Staff gained people's consent before providing care and support. This was confirmed in discussions with people. Comments included, "If there's something special they have to do they tell you, they don't just do it" and "They are always asking if it is ok to do things.".

Adapting service, design, decoration to meet people's needs
● The environment met people's needs. The facilities for people who used the stroke service and intermediate care included shared bedrooms of differing sizes. The amount of equipment people needed to support with moving and handling was considered during the assessment, as this could impact on space required.
● There was a range of equipment provided to support people and ensure they could access all parts of the service.
● The provider had refurbished most sections of the service, which included new sink and vanity units in every bedroom, the lounge and dining room, some bathrooms and outside space. The refurbishment plan was ongoing.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were very positive about the care and support they received from staff. One person described how staff were caring and ensured their relative was assisted with carrying their shopping bags when they visited them. Other comments from people about staff included, "They are all good, very good", "Their care and attention are good and explanations of why they are doing things" and "Their patience is incredible."
- People's diverse needs were respected. Staff had completed equality and diversity training. Staff gave examples of how they supported people with their diverse needs. These included people's needs in relation to religion, diet, mobility and their spiritual needs.

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

- Staff completed reviews of people's care plans, which gave individuals and their relatives the opportunity to comment on the care they received.
- There were multi-disciplinary team meetings and 'ward rounds' for people who used the stroke service. This enabled people to talk with medical, nursing and therapy staff about their progress.
- People told us staff involved them in decisions about their care, for example when planning discharge to their home or what gender of carer they preferred.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people well, and their privacy and dignity were respected.
- People gave examples of how staff supported their privacy and dignity. Comments included, "Today the carer came back and helped me do up the button on my shirt cuff; they are good like that and notice the little things", "I usually try and have the same carers, as I'm comfortable with them" and "You don't feel your privacy is being invaded."
- Staff had a good understanding of promoting core values such as privacy and dignity and described how they supported people to be independent. Staff referred to sensitivity when delivering personal care, privacy when discussing personal issues with relatives and ensuring people did as much as possible for themselves.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- Staff delivered care to people that was individualised to their needs.
- Care plans for people who lived in the service permanently, and for those who were admitted to the stroke service, were detailed and guided staff in how to support people. Care plans included preferences, likes and dislikes, and therapy plans.
- Care plans for people who used the reablement service were written by health professionals and were brief. Since the last inspection, the registered manager completed a personal profile for each person when admitted for reablement. This added to the care plan and gave care staff more information about the person's daily routines and preferences.
- People could remain in the service for end of life care. There was no-one in receipt of end of life care during the inspection. However, the registered manager described the support available to people, which included visits from health professionals.

Meeting people's communication needs

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

- The provider and registered manager were aware of the accessible information standards and had taken measures to ensure information was readily available. For example, there were colourful and informative newsletters in large print for both the stroke unit and for people who lived in residential care. There were notice boards providing information to people in an accessible format such as photographs of activities, menus and signs.
- People's communication needs were assessed, and information provided in care plans. These referred to how people communicated their needs and any support required.

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

- Staff supported people to participate in activities and community involvement; additional hours were allocated when care staff completed activities with people.
- There was a range of in-house activities, which included games, pet therapy and visiting entertainers. One of the entertainers included weekly visits by 'Strokestra'. This therapeutic initiative encouraged people to play musical instruments or listen to other people playing music.
- People described the activities they participated in but also referred to enjoying their independence to

read or watch television in their own bedrooms.

Improving care quality in response to complaints or concerns

● The provider had a system for managing complaints. The procedure was on display in the service and complaints were recorded and investigated. People were notified of the outcome of complaint investigations.

● People felt able to raise concerns and complaints, knowing they would be addressed. They named specific staff and the registered manager as the people they would speak with if they had concerns.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection, the provider had failed to have effective oversight of the stroke service and a consistent system to monitor the quality of records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There were positive changes in how the stroke service was managed. The care staff, and the medical and therapy team, all said communication, and how the whole team worked together to support people recovering from the effects of a stroke, had improved. The atmosphere on the stroke unit was very calm and positive.
- There was improved preparation for weekly multidisciplinary stroke team meetings (MDT). This included a daily 'ward round' by professionals, discussions about people's needs and progress, and a better recording system to ensure actions were addressed. Staff reported that the amount of issues raised at MDT meetings and daily discussions has significantly reduced due to improved working practices.
- Comments from staff included, "On the whole, joint working is much better" and "We had team building sessions and I found them good. A lot of people had things to say; it's a lot better and management dealt with issues – it's positive." Comments from medical and therapy staff included, "Communication has improved. Staff are reporting relevant concerns and providing more detailed updates about patients" and "Staff morale is much better; care staff will come and see us more now."
- Records had improved, which included care plans and monitoring charts. The provider had introduced within the service an electronic record system already used in the community by medical and therapy staff. This meant care staff had the same access to records and helped to improve communication and continuity of care.
- The provider had a quality monitoring system which consisted of audits, checks and visits from the senior management team. Shortfalls were identified, and action plans produced to address them. The results of people's suggestions were displayed in the service in the form of 'You said, we did' posters.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong; Continuous learning and improving care

● The provider and registered manager were aware of their responsibility to be open and honest with people and to apologise when care did not meet expectations.

● The Care Quality Commission and other agencies received timely notifications of incidents, which affected the safety and welfare of people.

● Part of the audit system included analysis of accidents, incidents and complaints to help drive improvements. The team building sessions mentioned above helped lessons to be learned, practice to improve and morale to increase.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● There were meetings for people, their relatives and staff for them to express their views.

● People were involved, asked their views and action was taken. For example, people and their relatives in the stroke service had commented they wanted to see the GP more often. The GP now attended on set days during the week. There had also been comments that people wanted more information about the stroke service before admission. In response, therapy staff had produced an information leaflet to hand out to people.

● People and their relatives told us the service was well-managed. Comments included, "It's run pretty well" and "The manager does listen."

● The provider had systems in place to ensure staff worked in partnership with a range of health professionals who visited the service such as district nurses and emergency care practitioners. A 'patient passport' was produced to provide hospital staff with important information during admissions. There were relationships with 'Trusted Assessors' at local hospitals who completed assessments of people who used the reablement service.

● The provider and registered manager had improved the day to day partnership working between care and therapy staff based at the service to help continuity of care.