

Four Seasons 2000 Limited

Rosedale Manor Care Home

Inspection Report

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Date of inspection visit: 07/05/2014

Date of publication: 08/06/2014

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Summary of findings

Overall summary

Rosedale Manor is a care home for up to 80 people. At the time of the inspection 55 people lived in the home. It provides care and support for people with severe and enduring mental health needs; older people who have dementia and people who require nursing care. Rosedale Manor is a two storey purpose built home which is divided into three units.

A new manager had been in post two weeks at the time of this inspection and therefore they were not currently registered with the Commission.

People told us they were happy living at the home and they felt that the staff understood their needs.

We found that people where possible were involved in most decisions about their care and support. Staff made appropriate referrals to other professionals and community services. We saw that the care staff team understood people's care and support needs, and the staff we observed were kind and treated people with respect.

We found the home was clean and hygienic.

Records showed that CQC had been notified, as required, of all the incidents in the home that could affect the health, safety and welfare of people.

We looked at the care records of six people who lived at Rosedale Manor. We found there was detailed information about the care and support people required and that it was written in a way that recognised people's needs. This meant that the person was put at the centre of what was being described. We saw that records had been reviewed over the last month, which meant that staff had up to date information about the people they supported.

We found that good recruitment practices were in place and that pre-employment checks were completed prior to a new member of staff working at the home.

We saw that Rosedale Manor had systems in place to ensure that people were protected from the risk of potential harm or abuse. We saw the home had policies and procedure in place to guide staff in relation to the Mental Capacity Act 2005 and deprivations of liberty safeguards, safeguarding and staff recruitment.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The service was not safe because people did not have the choice to lock their own bedroom door. This was a breach of Regulation 15 (1)(a)(b) HSCA 2008 (Regulated Activities) Regulations 2010. People who use the service were not protected against the risks associated with unsafe or unsuitable premises, by the bedroom doors at Rosedale Manor Care Home not having locks to ensure safety of belongings and dignity and privacy being maintained.

We had a discussion with the manager regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and they confirmed they had a copy of the Act's codes of practice and understood when an application should be undertaken. Staff had received training in the MCA and DoLS during their induction process.

Are services effective?

The service was not effective. Many staff had not received any formal supervision or annual appraisals. Staff spoken with knew the people they supported well. Staff had up to date training in place and this was focused on the needs of the people who lived at Rosedale Manor.

Are services caring?

The service was caring because staff had the right approach and people and their relatives were positive about the care and support given. One person said "I feel safe here, I have had problems and the staff here know, they are good to me.. I couldn't get better" and other person commented "Staff give me medication at the right time and they explain what they are for which is important to me." One relative commented "They were very pleased with the care received and that the staff have been brilliant with their relative."

Are services responsive to people's needs?

The service was responsive, as people had their care and support needs assessed and kept under review and staff responded quickly when people's needs changed. When complaints had been received these were dealt with appropriately and a system was in place to monitor these.

Are services well-led?

The service was not well led. At the time of this visit a new manager was in place however, they were not registered with the Commission. Although there were sufficient staff to meet people's

Summary of findings

needs, they did not have regular supervision sessions. We saw that 20 out of 66 staff had not received formal supervision for over four months. Audits were in place to identify trends in the service, and when necessary action plans were produced and acted upon.

Summary of findings

What people who use the service and those that matter to them say

During our inspection we spoke with 14 people who lived at Rosedale Manor and four relatives visiting the home. We also spoke with the manager of the home and the dementia care manager who is employed by the provider to visit all the homes they own.

People who were able to express their views told us that they were satisfied with the care and support they received. They said “Oh yes the staff are ever so kind” and “I think the care here is excellent. People confirmed they felt safe within the home. Another person said “Yes I am well looked after” and was satisfied with the care that she received. One person said “I feel safe here, I have had problems and the staff here know, they are good to me.. I couldn’t get better.”

During lunch time people commented “we have nice food. Lots of choice and if I don’t like something I can have something else.” Another person said “We have a good laugh don’t we” and “We often have a sing song after our supper.”

One person commented that they liked to go out and about in the community. They said “I can go shopping if I want to, I have been to Crewe today with the staff and had a hot dog. I like shopping for new clothes.”

People also commented that “Staff give me medication at the right time and they explain what they are for which is important to me”, “The staff ask us all the time if we are happy here, we get lots of questionnaires too” and “I want to go home but know I can’t, it is nice here now.”

One relative commented that they visited nearly every day and said they were satisfied with the care and that “the staff are very much sharper now.” They said that their occasional concerns were always dealt with satisfactorily. Another relative commented “They were very pleased with the care received and that the staff have been brilliant with their relative.”

Rosedale Manor Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

We visited Rosedale Manor on 7 May 2014. We spent time observing care in the dining rooms and used the short observational framework (SOFI), which is a way of observing care and support to help us understand the experience of people who could not talk with us. We looked at all areas of the building, including people's bedrooms and the communal areas. We also spent time looking at records which included people's care records, and records relating to the management of the home.

The inspection team consisted of a Lead Inspector, Second Inspector and 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.

Before our inspection we reviewed all the information we hold about the home. This included if any notifications had been received from the manager and if we had been notified in a timely manner; safeguarding referrals, complaints and any other information from members of the public.

On the day of the inspection we spoke with 14 people who lived at Rosedale Manor, four relatives visiting the home and 10 staff. We also spoke with the manager of the home and the dementia care manager who was employed by the provider to visit all the homes they own.

After the inspection we spoke to a range of professionals who visit the home. Comments suggested that staff referred people to other professionals when it was needed and that interaction between staff and other professionals was satisfactory. One comment made was "The home décor is tired and dated in places."

The last inspection was carried out in March 2014. At that time we found that all the areas we reviewed were met.

Are services safe?

Our findings

Rosedale Manor is a purpose-built home. The service was clean and hygienic. Equipment was well maintained and serviced regularly which ensured people were not put at unnecessary risk. However, we saw that none of the bedroom doors could be locked. One person who lived at Rosedale Manor was in hospital at the time of our visit. We noted that anyone could access their room whilst they were out of the building. This meant that people did not have the option to lock their bedroom door and keep their belongings safe from others, and privacy and dignity may not be maintained. This meant there had been a breach of the relevant legal regulations (Regulation 15) and the action we have asked the provider to take can be found at the back of this report.

We also saw one bathroom which was in need of refurbishment. At present this room was used for the storage of hoists and aids used by people who lived at Rosedale Manor. A plan should be produced for better storage of hoists and aids. Also the “old” nurse’s station of the first floor was not being used and this area could be developed and used for other purposes.

We looked at staff rotas over the last four weeks, which showed the staffing levels at the home. We saw that two nurses, two senior care assistants and 13 care assistants worked during the day over three units. At night there were two nurses, one senior care assistant and six care assistants on duty. During our observations on the day of the inspection, and through discussions with people who lived at the home and the staff we considered there were enough staff on duty to meet the current needs of the people who lived at Rosedale Manor. The manager said these staffing levels currently met the needs of the people. They said they usually managed to cover shifts with staff who were prepared to do overtime or by using a local agency. One visitor commented that “Sometimes you can’t find any staff.”

Staff told us they had received training in safeguarding vulnerable adults. We saw from records that staff had undertaken this training and this meant that staff were aware of what to do if they suspected abuse was taking place. We spoke with staff who had undertaken the training, they were able to tell us the right action to take so

that people were protected. We saw that recent safeguarding issues had been reported to the local safeguarding team and appropriate records had been kept.

We looked at recruitment records of five staff members and spoke with staff about their recruitment experiences. We found that recruitment practices were safe and that relevant checks had been completed before staff worked unsupervised at the home. This meant that people were protected from staff who were known to be unsuitable.

We had a discussion with the manager regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and they confirmed they had a copy of the Act’s codes of practice and understood when an application should be undertaken. We asked if anyone had a DoLS in place and the manager confirmed that one application had been made to the supervisory body (local authority) to deprive someone of their liberty. The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The application was appropriate, in date and reviewed regularly. People were able to come and go and were not restricted if they wanted to go out. We saw that key staff had completed training on the MCA 2005 and DoLS within their induction and as part of other training provided. Staff spoken with could tell us the key points that related to care they currently gave, and about ‘best interest’ decisions that may be needed when a person lacks capacity. The home had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The home had a copy of the code of practice and the staff had training in MCA 2005 and were aware of the codes of practice and when assessments of capacity are needed. This ensured that the manager and staff knew about when to undertake an assessment of capacity.

We saw that risk assessments had been completed with the individual and their representative, if appropriate for a range of activities. These identified hazards that people might face and provided guidance upon how staff should support people to manage the risk of harm. Activities included bedroom fire assessment, bed rails, wound care, moving and handling, falls, nutrition and choking.

Are services effective?

(for example, treatment is effective)

Our findings

Some people could not tell us if they were involved in decisions about their care due to their level of dementia. However, we saw that people were involved in decision making in many aspects of their daily life. For example people were asked by the staff what they would like to eat, what clothes they would like to wear or if they wished to join in an activity.

Relatives and visitors confirmed they were consulted and felt involved. We were told that meetings with people who lived in the home were held on a regular basis. People said this gave them the opportunity to discuss any concerns or ideas they may have. We saw records had been kept of these meetings and that issues discussed included meals, activities, staff and the laundry.

Visitors confirmed that they were able to see people in private and that visiting times were flexible.

People who were living with dementia had their needs taken into account with signs around the home that made it easier for people to see where toilets, bathrooms and bedrooms were located. Doors of these rooms were colour coordinated to help with this. We observed that the layout of that part of the building enabled people to move around freely and safely.

During our inspection visit we saw that staff communicated well with all the people at Rosedale Manor. They were patient and kind and gave people time to make decisions for themselves.

We observed that staff were aware of people's preferences throughout the day. During the lunchtime we saw that people were offered a choice of two meals. If they did not want either meal, other choices were offered. People's comments about the food were mixed. They said "The meals are okay", "I enjoyed my lunch", "The food is alright" and "We have nice food, lots of choice." We spoke with the chef who explained they had been working with the local Speech and Language Team to improve the quality, choice and appearance of the meals, especially for people who needed food pureeing. They recently had a taster session where "sandwiches" were made from pureed food (the bread and filling pureed separately and then put back together) and these seemed to be received well by the people who needed them. The chef said that further work was being undertaken in this area. We saw that the chef

also had a plan on the kitchen wall of people's dietary requirements and cultural needs, so that people's needs and preferences were promoted. This meant that staff had the knowledge they needed to support people in line with their wishes, especially if they were unable to express their needs.

We saw that some people appeared to have difficulty eating their meals independently. The use of specialist cutlery or plate guards (to stop food moving off the plate) may have been an advantage to those people concerned. We went and looked at these people's care plans and it was noted that plate guards should be used. However, at this meal time this did not happen. We mentioned this to the manager and he said he would ensure they were used in future, where appropriate at all meal times.

We spoke with one of the chefs about the quantity of food provided given that people were able to choose which option they would like at the time the meal was served. The chef explained that often they knew what were the more "popular" choices but if they found they were running low on one of the units, they could check if other units had any spare meals. They added the kitchen often cooked extra portions to ensure people had their preferred meal. We observed there was a lot of food wastage and that many people in the dining area left some of their main course. We concluded that some of the portion sizes were too large for people and that prior to serving, different portion sizes could be offered to reduce waste and possibly people being over faced with food.

We looked at six care plan records and saw that people had their needs assessed and that care plans were written with specialist advice where necessary. For example care records included an assessment of needs for nutrition and hydration. Daily notes and monitoring sheets recorded people's needs across the day and provided current information about people's support needs. When people's need for extra nutritional support was identified, specialist advice was sought by the appropriate professionals.

We spoke with 10 staff who were knowledgeable about the people in their care and the support required to meet their needs. Staff explained that the people they support were their priority and were well looked after. They said it was important to take time to listen to people and not talk over

Are services effective?

(for example, treatment is effective)

them and that approach was important. We discussed several people and they were able to explain people's individual needs and preferences and how they support them to be as independent as possible.

Staff confirmed they had completed an induction at the beginning of their employment and records confirmed this. They said they also undertook shadowing shifts to see how tasks were completed and what was required from them. In addition to mandatory training, records showed that staff had completed training in person centred care, first aid, epilepsy awareness and care plan writing. This meant that the staff team had appropriate skills and knowledge to support the people who lived at Rosedale Manor.

The home provided training in dementia care, which included dementia care mapping and caring for people living with dementia. We spoke with the Head of Dementia Care South for the company. They explained the home was part of a dementia programme called "Pearl" (Positively Enriching and Enhancing Residents lives). Within this there were 4 levels- bronze silver gold and platinum. The staff had work they had to do to achieve the different levels of award and this is regularly monitored by the Head of

Dementia Care South and their team. They commented that the home is currently at Bronze level although they have "improved greatly" recently. We spoke with the staff team and they said they enjoyed undertaking the programme and found it useful in supporting people living with dementia. One staff member commented "We want to do our own activities (on the dementia care unit) as we understand the people here better and know what they enjoy. We want the activities to be more focused as people here are living with dementia." We discussed this further with the staff member and they explained that the activities were good but following the training they were developing activities that were more person centred and appropriate for people living with dementia.

We looked at records relating to staff supervision and appraisals. We saw that 17 out of 66 staff had an up to date appraisal. 20 staff had not received formal supervision since January 2014. This meant that staff had not had the opportunity to discuss their work practice and further training and development needs with their line manager and this requires improvement.

Are services caring?

Our findings

We spoke with 14 people across the home about how they preferred to receive their care. They told us that they spoke to staff about their preferences, and that this was usually undertaken in an informal way. Everyone we spoke with commented on the kindness and gentleness of the staff at Rosedale Manor.

People told us that their dignity and privacy were respected when staff supported them, and particularly with personal care. For example personal care was always undertaken in the privacy of the person's own bedroom or the bathroom, with doors closed and curtains shut when appropriate. We saw that staff addressed people by their name and we heard staff explaining what they were about to do and ask people if it was alright before carrying out any intervention. One person said "Staff are kind and help me when I need it." One staff member commented "I like being with the residents, I like to sit and eat with them so we can all interact." These observations and comments showed that people were treated with fairness, dignity and respect by the staff team.

We observed people could be as independent as they wanted to be. We saw a person who was in a wheelchair propelling themselves slowly. A member of staff explained this was very important to them and that they did not want any assistance. The home was spacious and this person was able to take their time without inconveniencing others. We saw other people wandering around the home and people had access to their own bedrooms at any time of the day. Some people we saw preferred to stay in their own rooms. We were told by one person that staff "popped in" regularly to check they were alright.

During our inspection visit we used a short observational framework for inspection (SOFI 2) to gather information about the experience of care from the point of view of people using a service, alongside other information an inspector would usually gather during an inspection. As part of this we also spent some time in the dining rooms and lounge areas. We saw good staff interaction with people. For example we saw that two people needed prompting to eat and one person needed support with their meal. Staff sat next to them and supported and encouraged people with their meals. Staff were caring, kind and gave people time to make decisions for themselves. We observed staff engaging positively with people during the meal and there was a nice friendly atmosphere during the mealtime. The food looked appetising and was well received by most people.

People were encouraged to join in with activities within the home but were not pressured into participating. For example we saw one person being given a cushion to help them remain upright at the table. Also staff who were supporting people to eat their meal sat next to them and chatted with them throughout the meal. One person had a pureed meal and the staff member explained what each part was, before assisting them to eat their meal.

We saw that staff showed patience and understanding with the people who lived at Rosedale Manor. They spoke with people in a respectful and dignified manner. We saw good interactions throughout the day and the all the staff we observed showed respect and understanding to people and gave them time to make decisions for themselves. For example a staff member was asked if they could put the TV on. The staff member asked the person which programme they would like and gave them a choice. The person chose what to watch and agreed that's what they wanted.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People were offered a range of social activities across the week. We saw evidence that activities were regarded as important to an individual's well-being. Employed at the home was a full time activities coordinator and a part time assistant activities coordinator. There was a dedicated activities room within the home which had lots for people to do within there. For example there was a wide range of craft materials for people to use. For arts people had access to paint, pens, pencils and paper. For crafts there was items available to support people with card making and knitting. We also saw that board games and jigsaws were also available for people to use. This meant there was provision of activities for the people who lived at Rosedale Manor. People said they liked the activities and a staff member commented "We have a Pets as Therapy (PAT) dog who visits and the residents love it."

One person commented that they liked to go out and about in the community. They said "I can go shopping if I want to, I have been to Crewe today with the staff and had a hot dog. I like shopping for new clothes."

Visitors we spoke with said they would feel confident in raising issues with the manager if they needed to. One visitor said that they never really had to complain, but when they had made a complaint it had been resolved to their satisfaction. We saw that four complaints had been received since the last inspection. These had been fully recorded and resolved satisfactorily within 28 days. This meant that people could be confident their views would be

listened to and acted upon. The complaints policy was included in the Service Users Guide and stated the procedure and timescales for dealing with complaints. Also included were details of other organisations that could be contacted if they were unhappy with the home's response. One person said "Any concerns are dealt with promptly and with good humour."

We discussed the use of advocacy services with the manager. He explained that none were used at present, however, there was information available should any person who lived at the home wish to contact an advocate.

We had a discussion with the manager regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We asked if anyone had a DoLS in place and the manager confirmed that one application had been made to the supervisory body (local authority) to deprive someone of their liberty. All appropriate documentation was in place. We spoke with staff who were aware of how this DoLS impacted on the way care and support was offered to this person.

People who lived at Rosedale Manor were involved in decision making about the care and support they received. Regular reviews of care took place and relatives were invited, with consent from the individual. People were also involved in regular surveys and recently had been consulted on the activities and food within the home. This gave people the opportunity to give feedback to the home. Also people who used the service and their relatives could attend the residents meetings, which are held quarterly throughout the year.

Are services well-led?

Our findings

At the time of our inspection visit the manager had been employed by the service for two weeks and currently they were not registered with the Commission. The previous manager resigned and an interim manager was put in place for the last four months. The interim manager had started to make improvements at the home and was currently working with the new manager to ensure these were continued.

Discussions with and comments from staff showed us that changes had been made in a short time, by the previous acting manager and the new manager. Staff said that things had improved in recent months and that things had been difficult before this. They said the team was a strong one and had been well supported by the acting manager. One staff member commented “I feel part of a team and feel informed.”

The service worked well with other agencies and services to make sure people received their care in a joined up way. For example we saw in care records that a range of professionals had visit following concerns raised by the home. These included people’s GP, district nurse, optician, chiropodist and staff from the speech and language team.

CQC had been notified of relevant incidents since the last inspection. These were incidents that a service has to report and include expected deaths and injuries. We saw that the notifications had been received shortly after the incidents occurred which meant that we had been notified in a timely manner.

The manager explained that there were three vacancies currently for a deputy, night nurse and care assistant. They explained that staff usually covered for each other and occasionally they used a local agency. We looked at the staff rotas for the current and last three weeks and saw that staff worked overtime to cover some shifts and that agency staff also were employed to cover shifts within the home. We saw that the same agency staff had been employed over the last few weeks which meant they were known to the people who lived at Rosedale Manor and other members of the staff team.

We spoke with staff about their roles and responsibilities. They explained these well and were confident they knew their responsibilities to the people who lived at Rosedale Manor and the management team.

We saw information on the training of the staff team, supervision and appraisals and minutes of staff meetings. From the training information available it was evident staff had undertaken a wide range of training which included moving and handling, health and safety, infection control, fire awareness, medication and safeguarding vulnerable adults. We saw that regular meetings took place with the staff team. Usually the meetings were held within specific staff groups. Over the last three months meetings had been held with the heads of units, night care staff, health and safety and the clerical team. Issues discussed included the people who lived in the home; staffing issues and general issues raised by the team. Records of these meetings were kept and seen during the inspection. Staff confirmed that day to day supervision was good, however we saw that 20 out of 66 staff had not received formal supervision for over four months. Also annual appraisals were overdue with only 17 staff completed.

We saw systems in place to monitor and review the service provided. For example records were kept of accidents and incidents, which were reported to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995), CQC and the local safeguarding team as appropriate. The system was able to produce an analysis of information, however, currently this had not been completed. To enhance the effectiveness of the audit, an analysis should take place on a regular basis, with action plans completed when necessary. Other audits had been undertaken on nutrition, medication, bedrails, pressure mattresses and care plans. When action was needed this was documented on the audit and record of when it had been addressed kept. The regional manager completed regular audits of the home and the last one was in March 2014. Any issues raised would be documented and reviewed during the next visit.

People who used the service had completed a satisfaction questionnaire in 2013. The information from the surveys showed that 66% of people rated the home and good or very good. 73% of People said they would recommend the home to other people and 70% said they were involved in decisions about their care and support. People commented “Everything is fine, the staff do a good job”, “Laundry is not always returned to the right room”, “We have seen a dramatic difference in care which residents are now receiving. Staffing levels have increased which is a big plus and activities and taking residents out seem to be more focused.” This meant that the home had sought the

Are services well-led?

views of people who lived at Rosedale Manor. The manager confirmed that any issues raised would be addressed and that feedback from the questionnaires would be shared during the residents meetings.

A staff survey was carried out in March 2014 and comments included, need to address the poor staff sickness and need to look at recruitment and cover for night care assistants. We saw from recent staff rotas that the sickness levels had fallen and the manager confirmed that adverts for the post of night care assistants had been placed. The manager also said he had discussed with the staff team if anyone would like to move to night work either on a temporary or permanent basis. A member of staff was going to help out with this. One staff member commented "It's a good place to work at."

A social activities preference survey was carried out in January 2014. People expressed preferences for puzzles, singing and reminiscence sessions. We saw the activities programme in place and that these sessions regularly occurred at the home.

People were consulted about a food questionnaire in January 2014. 96% said they were satisfied with the meals. Other people commented "Would like more snacks on offer", "Food has recently improved" and "More fresh fruit would be good." Two other comments included "Would like smaller portions" and "Pastry is not cooked well." During our inspection we noted the large amount of food that was wasted at lunchtime and we saw that the pastry on the chicken pie was not fully cooked. These issues were discussed with the manager and they agreed to review the situation. However, it appears that progress has not been made with the issues of smaller portions and uncooked pastry and it was mentioned in the survey in January 2014 and was also noted at this inspection in April 2014.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p data-bbox="815 656 1513 725">Regulation 15 (1)(a)(b) HSCA 2008 (Regulated Activities) Regulations 2010</p> <p data-bbox="815 748 1513 969">How the regulation was not being met: People who use the service were not protected against the risks associated with unsafe or unsuitable premises, by the bedroom doors at Rosedale Manor Care Home not having locks to ensure safety of belongings and dignity and privacy being maintained.</p>