Mrs M Watson

Rosewood Villa

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 16 October 2018 and was unannounced. This meant the staff and provider did not know we would be visiting.

Rosewood Villa 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.

Rosewood Villa accommodates 17 people across two floors in one adapted building. Some of the people were living with dementia. At the time of our inspection visit there were 17 people using the service.

At our last inspection we rated the service good. At this inspection we found evidence that some statutory notifications had not been submitted to CQC. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 and as a result the service is now rated requires improvement.

The provider had failed to notify CQC of fifteen DoLS authorisations and two deaths. Notifications for these incidents should have been submitted to CQC in a timely manner.

There were enough staff on duty to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were suitably trained and received regular supervisions and appraisals.

The home was clean and suitable for the people who used the service. Appropriate health and safety checks had been carried out.

The provider had a safeguarding policy in place and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe administration and storage of medicines.

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

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external healthcare specialists.

People, family members and visitors were complimentary about the standard of care at Rosewood Villa.

Staff treated people with dignity and respect and helped to maintain people's independence by

encouraging them to care for themselves where possible. Support plans were in place that recorded people's plans and wishes for their end of life care.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support and their individual wishes, needs and choices are taken into account.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The provider had a complaints policy and procedure in place, and people, family members and visitors were aware of how to make a complaint.

The provider had an effective quality assurance process in place. People, family members and visitors were regularly consulted about the quality of the service via meetings and surveys.

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.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated, risk assessments were in place and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and appraisals.

People's needs were assessed before they began using the service and were supported with their dietary needs.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People were well presented and staff talked with people in a polite and respectful manner.

Is the service responsive?

Good

The service was responsive.

Care records were up to date, regularly reviewed and person-

centred.

The home had a full programme of activities in place for people who used the service.

People and visitors were aware of the complaints procedure and knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Some statutory notifications had not been submitted to CQC.

The service had a positive culture that was person-centred, open and inclusive.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Rosewood Villa

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 October 2018 and was unannounced. One adult social care inspector carried out the inspection. We visited the service to speak with the management and staff; and to review care records, and policies and procedures.

During our inspection we spoke with five people who used the service. Some of the people had complex needs which limited their verbal communication. This meant they could not always tell us their views so we carried out observations and spoke with four family members and visitors. We also spoke with the care manager, administrator, cook, two care staff and two visiting healthcare professionals. We looked at the care records of three people who used the service and the personnel files for three members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff.

A Provider Information Return was not requested for this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

Family members and visitors told us people were safe at Rosewood Villa. A visitor told us, "It gives you peace of mind." Another visitor told us, "There's never any issue with safety."

There were sufficient numbers of staff on duty to keep people safe and engage in activities. Staff absences were covered by the service's own permanent staff and agency staff were not used. Staff and visitors did not raise any concerns regarding staffing levels at the home.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with children and vulnerable adults.

Risks were well managed. The provider had a policy and procedure in place for recording and managing accidents however there had not been any recent accidents and incidents at the service. Risk assessments were in place for people who used the service. These included, falls, moving and handling, and nutrition, and were evaluated monthly.

The provider had an infection prevention and control policy in place. Regular checks were carried out to ensure the service was clean and staff had received appropriate training. We found people's bedrooms, communal areas, and bathrooms and toilets to be clean and free from odours.

Health and safety, fire safety, premises and maintenance servicing and checks were carried out to ensure people lived in a safe environment and equipment was safe to use. Records were up to date.

The provider had a safeguarding policy and procedure in place. There had not been any recent safeguarding related incidents however the care manager and administrator understood their responsibilities regarding safeguarding and staff had been trained in the protection of vulnerable adults.

We found appropriate arrangements were in place for the safe administration and storage of medicines. However, we identified there were some gaps in the recording of medicines storage temperatures. The administrator told us gaps in the recording of temperatures had been identified via audits. To rectify this, the temperature recording sheet had been placed at the front of the medicine administration records file to remind staff to check the temperature daily and there had been no further issues.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. A family member told us, "They [staff] have learnt who she is. She trusts them." Another family member told us, "Everything's great. The staff are all really good with [name]." A health care professional told us, "They know when to call a nurse or a doctor. The staff are really capable. They know when to report back when things have changed."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. New staff completed an induction to the service, and staff training was monitored and up to date.

People's needs were assessed before they started using the service and continually evaluated in order to develop support plans.

People were supported with their dietary needs. Food and fluid support plans described the support to be provided by staff and included evidence of guidance and recommendations from speech and language therapists (SALT). We observed lunch and saw it was a calm and pleasant experience. People were visibly enjoying their meals. Staff were on hand to support people who required assistance, and engaged with them by singing and telling jokes.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety. Mental capacity assessments and best interest decisions had been made and recorded, and were decision specific. Consent to care and treatment was documented and some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place. DNACPR means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR).

Care records contained evidence of visits to and from external specialists including podiatrists, opticians, hospital appointments, dentists and GPs.

Some of the people who used the service were living with dementia. The service had incorporated environmental aspects that were dementia friendly. Bathroom and toilet doors were painted a different colour and were appropriately signed, and walls were decorated to provide people with visual stimulation. Corridors, though narrow, were clear from obstructions and well lit, which helped to aid people's orientation around the home.

Good

Is the service caring?

Our findings

We found the service to be caring. A family member told us, "They [staff] are very affectionate." A visitor told us, "The care is beautiful. Everybody is so gentle. They [staff] treat them [people who used the service] as individuals." Another visitor told us, "I'm an extended family member." A healthcare professional told us, "The staff always have a personal touch."

People we saw were well presented and looked comfortable in the presence of staff. We saw staff speaking with people in a polite and respectful manner and staff interacted with people at every opportunity.

We saw staff knocking on bedroom doors and asking permission before entering people's rooms. People's care records described how staff were to promote dignity and respect people's privacy. For example, "[Name] to have her privacy and dignity respected at all times" and "To be given privacy and refreshments when [name] has visitors." Our observations confirmed staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices to staff.

People were supported to remain as independent as possible. Care records described what the person could do for themselves and what they required support with. For example, "Independence however limited is to be encouraged" and "[Name] is unable to choose her own clothes so staff assist her with this." This demonstrated that staff supported people to be independent and people were encouraged to care for themselves where possible.

Communication support plans were in place that described how people were given information in a way they could understand and the level of support they required with their communication needs.

People were supported with their religious and spiritual needs where required. For example, one person's spiritual support plan described how they used to visit church regularly and should be given the opportunity to practice their religious beliefs. A church singing service was taking place at the home during our visit.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager who told us none of the people using the service at the time of our inspection had independent advocates.

Good

Is the service responsive?

Our findings

Care records were regularly reviewed and up to date. Records were person-centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. Each person's record included important information about them, such as preferred name, what was important to them and how best to support them. We saw these had been written in consultation with the person who and their family members. Daily records were maintained for each person.

Support plans were comprehensive and detailed. Each support plan described the area of care, what the person's goal was and what interventions were required from staff. For example, one person's pressure care support plan described how they were at high risk of developing a pressure sore and had very dry skin. The goal was to try and prevent pressure damage, and staff interventions were clearly described. Monthly evaluations recorded the improvements made in the person's skin integrity. A healthcare professional told us, "They [staff] know all about skin integrity."

People had end of life support plans in place, which described people's preferences for their end of life care, who they wanted to be contacted and funeral arrangements.

People were protected from social isolation. Staff used information about people to engage with them on subjects that they were interested in. Social assessments identified people's family history, employment history, whether they had had any pets, and what holidays, television and music they enjoyed. Activities advertised included a weekly coffee morning, Halloween party, visiting musicians, staff taking part in an Alzheimer's memory walk and a Macmillan coffee morning. We saw photographs of recent activities and outings including trips to the seaside, meals out, and a garden fete. The care manager told us the provider took people out on trips in their car, for example to the coast and cafés.

The provider's complaints policy and procedure was on display. There had not been any recent complaints. People and visitors we spoke with knew how to make a complaint but did not have any complaints to make.

Requires Improvement

Is the service well-led?

Our findings

We found the provider had failed to notify CQC of fifteen DoLS authorisations and two deaths. Notifications for these incidents should have been submitted to CQC. A notification is information about important events which the service is required to send to the Commission by law. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We discussed this with the care manager and administrator who agreed to submit retrospective notifications for these incidents. Sixteen of the notifications were submitted by the provider and received by CQC within 48 hours of the inspection visit. We are dealing with this matter outside of the inspection process.

The service was not required to have a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The provider employed a care manager who was in day to day charge of the service.

The service had good links with the local community. People accessed a community centre for coffee mornings and to visit stalls, school children visited the service and people visited the school for nativities. A church group visited once per month and people from the local community visited the home for coffee mornings.

The service had a positive culture that was person centred and inclusive. A family member told us, "They're [management] great. We can come here any time we like. They are managers but they are on the floor. They are part of the staff team. They [management] are open and friendly." Another family member told us, "[Care manager] is on the ball." A visitor told us, "I would recommend it." Another visitor told us, "If I had somebody I knew was looking for a care home, Rosewood would be the first port of call."

Staff told us they felt supported by the management team. One staff member told us, "I love it here. It's very homely."

We looked at what the provider did to check the quality of the service, and to seek people's views about it. Regular audits were carried out to ensure people lived in a safe environment and the provider's policies and procedures were being followed. These included care records, medicines, and health and safety.

Residents' meetings took place regularly. People, family members, and visitors were asked to complete annual questionnaires to feed back on the quality of the service. The care manager told us they rarely had issues but if they did, they would have a discussion straight away with person or visitor. They told us they were "open".