

R & Z Jagroo Limited

Rosedale Residential Care Home

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?

Requires improvement 

Overall summary

This unannounced inspection took place on 14 July 2015. This service provides personal care for up to 17 older people some of whom were living with dementia. There were 17 people living at the home at the time of our inspection.

When we inspected the home in September and October 2014 we identified a number of areas where the provider needed to make improvements to the way in which care was delivered, monitored and to the staffing

arrangements in place to support people. At this inspection we found that these improvements had been completed and that the required improvements had been made.

A number of changes in management had occurred since the last inspection. Staff spoke positively of the changes the new manager had made. The manager that had driven the changes to improve the service had left. Arrangements had been made for the deputy manager to

Summary of findings

act up as the registered manager for the service and they were in the process of applying to the Care Quality Commission for registration. 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.

Quality monitoring of the service had been carried out, and improvements had been made to the environment as a result of this. People and their family members had been asked for feedback on the service and changes had been made as a result of feedback.

Care plans and activities had been developed with people and their relatives so that they were individualised. Staff knew the people who used the service very well and they were familiar with their requirements and had a good understanding of people's needs and preferences. People received personalised care and support. People felt safe and comfortable in the home.

Safe recruitment practices were followed and staff were clear on their roles and responsibilities to safeguard people.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Peoples physical health needs were kept under regular review and people were supported by relevant health and social care professionals. People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

There were positive interactions between people living at the home and staff. People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. People using the service and their relatives knew how to raise a concern or make a complaint.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were clear on their roles and responsibilities to safeguard people and action had been taken when needed.

People felt safe and comfortable in the home.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Appropriate recruitment practices were in place which ensured that only people of good character were employed by the service.

Staffing levels had been reviewed. There were enough staff to meet people's requirements.

Good



Is the service effective?

The service was effective

People received personalised care and support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical health needs were kept under regular review.

People were supported by relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Good



Is the service caring?

The service was caring

There were positive interactions between people living at the home and staff. Relatives were made welcome.

Staff had a good understanding of people's needs and preferences and promoted people's independence.

People were treated in a caring and respectful way and were encouraged to make decisions about how their care was provided and their privacy and dignity were protected.

Good



Is the service responsive?

The service was responsive.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and complaints or suggestions were actively encouraged.

Good



Summary of findings

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People received care that was responsive to their needs. People said that they felt that they were listened to by the staff and if they had any worries or concerns these were always dealt with.

Is the service well-led?

The service was not always well led as there was not a registered manager in post. There had been several changes in the management of the home. The provider had placed an experienced member of staff in an acting position to manage the home.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

People living in the home, their relatives and staff were confident in the management of the home. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Requires improvement



Rosedale Residential 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 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 14 July 2015 and was unannounced and was undertaken by two inspectors. This inspection also checked that improvements to meet legal requirements planned by the provider after our comprehensive inspection in September and October 2014 had been made.

During our inspection we spoke with four relatives of people who used the service and seven members of staff including the acting manager, the provider and care staff. We also looked at records and charts relating to four people and three staff recruitment records.

Prior to our inspection we reviewed the action plan that the provider had sent to us, outlining the action they would take to rectify the breaches in the regulations. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider and the local authority safeguarding team.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

At the last inspection in September and October 2014 we identified that people were not always protected from the risk of abuse because the provider did not notify all agencies involved in the protection of vulnerable adults. At this inspection we saw that improvements had been made.

People felt safe and relatives had no concerns about the safety of their family members. They told us “[name] feels safe as there are people around her all the time.” Staff had received updated training and understood their responsibilities to safeguard people in the home. They demonstrated an understanding of the different types of abuse and the process to follow if they had any concerns that people were at risk of being abused. Notices were prominently displayed within the hall and the office to inform staff of the procedure to follow if they wish to raise a safeguarding concern. The acting manager was able to describe the safeguarding process to us and we saw that the correct action had been taken recently to raise a safeguarding on behalf of people living at the home.

At our last inspection we identified that the provider needed to improve recruitment processes to ensure that staff were of good character. At this inspection we found that improvements had been made and that staff recruitment processes were robust and consistently applied. Records confirmed that the necessary recruitment checks had taken place before staff were employed to work at the home. Of the three staff files we looked at we saw that all of the required checks had been completed which ensured that people were of good character.

At our last inspection we also found that at certain times of the day there was not sufficient staff to meet people’s requirements. Following our inspection the provider had made some changes to the way staff worked so that so that people’s requirements were met during busy times. For example, mealtimes had been recognised as a time when extra support was needed from staff. The acting manager had recently reviewed the staffing levels and adjusted shifts to ensure that there was sufficient support for the people using the service at mealtimes and to enable activities throughout the day. Staff also said that the acting manager was often working alongside staff whenever additional assistance was required. On the day of our inspection although we saw that staff were busy attending to people’s needs, they did so in a relaxed and calm way.

There had not been a cleaner at the home for some time. We were told by the provider that the cleaning tasks had been addressed by staff that worked additional hours to ensure the home was kept clean. We noted that the staff rota did include additional shifts to ensure that cleaning of the premises was undertaken. We looked at four bedrooms and two bathrooms and found them to be clean and free from odours. Staff we spoke with said “we know that we don’t have a cleaner at the moment so we all ensure the home is clean and tidy.”

There were appropriate arrangements in place for the management of medicines. Staff were able to confidently describe the procedure for the safe administration of people’s medicines and they told us that they had had their training and competency assessed before being allowed to dispense medicines to people. People said that they got their medicines when they needed it.

Is the service effective?

Our findings

At the last inspection in September and October 2014 we identified that some staff had not received training in the administration of medicine so that if people had wanted their medicine during the night, staff were not able to give this to people. We found that people were now able to receive their medicine when they required during the night as staff had now undertaken training in medicines management.

Staff interacted and cared for people living with dementia in a calm and carefully considered manner. They had received training and we saw them putting this into practice in the way they cared for and supported people. One member of staff said that they had learned a lot from a recent course they had undertaken. "For example, I know now not to ask too many questions as it can confuse people, and I explain more to people about what I am doing when I am hoisting them or providing personal care". Staff had also received additional 'core' training which provided them with the skills and knowledge to look after people, such as the principles of health and safety and infection control.

People were cared for by staff that had regular supervisions. The acting manager used the supervisions to address individual skills and look at staff development. Staff told us that through supervision they felt encouraged to develop their skills and training courses had been identified for them to attend.

There was a policy for staff to follow with regards to the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff were clear on the action to take when it was necessary to seek additional support to ensure care was provided in a way that was in people's best interests. Capacity assessments were in the process of being completed and following our inspection the acting

manager confirmed that they had all been completed. Staff we spoke with were able to tell us about the training they had received and were clear on their understanding of best interest decisions. They also told us they had recently requested a DoLS assessment for one person.

People were supported to have sufficient food and drink. Risks and nutritional needs had been identified, monitored and managed. Dietary and nutritional specialists had been involved if staff had concerns about people's intake of foods and fluids. People could choose what they wanted to eat from a daily menu. The food choices were varied and were served in the dining room and meals were taken to those people who preferred to eat either in the lounge area or in their own room. The food looked appetising and was presented nicely.

People told us that the food was 'very good'. Staff prompted people to eat, cut food up for people who needed help and offered equipment such as a 'guide plate' to help people to eat independently. Kitchen and care staff knew which people required a soft or pureed diet, fortified foods and people's likes and dislikes. We noted that when people did not want the meal they had chosen that morning, there were suitable alternatives cooked freshly such as an omelette or eggs on toast which people enjoyed.

People were supported to maintain good health as they had access to healthcare services and received on-going healthcare support from a range of professionals. We noted that referrals had been made promptly when there had been any concerns that people were becoming unwell so that treatment could commence. Staff referred people to other health professionals such as the GP or district nurse when they required medical intervention. One person told us that the staff always contacted the GP and district nurse when needed. Repositioning charts were in place for some people following advice taken from the district nurse.

Is the service caring?

Our findings

At the last inspection September and October 2014 we identified that people did not always receive care that maintained their dignity. During this inspection we saw that people were treated with dignity and respect. People were treated with kindness and there was genuine warmth in the staff's interactions when they were responding to individual's requirements.

People told us that they liked living in the home; for example one person told us "it is so good here, all the girls are lovely" another person said "everyone is extremely helpful". Staff addressed people by their preferred name and spoke to people individually. Staff were knowledgeable about people's likes and dislikes and we observed that they provided hot drinks and snacks that met people's personal preferences.

Changes had been made to staff presentation as uniforms had recently been introduced. Relatives said that this was very good as they could identify senior staff by the colour of their uniform. Staff also wore name badges with their names in large print so that people could clearly see their names. Staff said people had stopped saying "what is your name" and now say "[staff name] can I have a cup of tea etc." One person said "I like to see their name as sometimes I forget."

Staff were caring and knew people very well so that they were able to respond to each person in an individual way.

We noted that staff knew how to respond when people became unsettled and distressed; they were able to soothe people and help them to return to a more settled sense of well-being. We observed people being hoisted and throughout the transfer staff spoke and explained what they were doing and asking if people were 'ok'. Staff were observed to speak softly and explained what they were doing to relieve any anxieties from those people who appeared unsettled.

One member of staff had been nominated as a 'dignity champion' we asked them if they had any examples of how they ensured people's dignity was upheld. They said "When I need to ask [name] if they want to go to the toilet, I ask if they want to 'powder their nose' as they prefer this way of asking, I also remind staff to lower their voices when talking to people, you just need to get down to people's level and speak quietly to them rather than shouting across the room". People we spoke with and their relatives said "The staff are really good, they are so caring I can't fault them at all."

Family and friends were welcomed throughout the day, we observed that staff had taken time to get to know people's families and had a good rapport with them. Relatives told us that they were always well received and made to feel very welcome when they came to see their family member. They said "All the carers are lovely, and we are always offered a cup of tea when we arrive."

Is the service responsive?

Our findings

At the last inspection in September and October 2014 we found that complaints were not always recorded appropriately which made it difficult to see how thoroughly complaints had been investigated. Since our inspection the provider had instigated a new complaints book for both verbal and formal complaints. The process to manage complaints was now much clearer and the investigation and outcome of complaints was documented. In addition there was a complaints folder in the hall and people and visiting relatives had complaint forms available for them to fill in and post in the box nearby. One the day of our inspection there were no outstanding complaints. People and their relatives knew of the process if they wanted to raise any concerns. One person said “I have no complaints at all; I wouldn’t want to live anywhere else.” Their visiting family member also said “This place gets ten out of ten; I can’t fault them at all.”

People’s needs were assessed before they came to live at the home. We spoke with people and their families and they told us that staff had asked them what their care requirements were and had involved them in how they wanted their care and support to be given. For example one person had expressed a wish to spend most of their time in their room and staff had facilitated this.

The provider had responded to comments made at a recent residents meeting and now had a ‘you said we did’ notice board which gave an update on changes that had been made as a result of feedback. This included for example, one person would like lasagne on the menu – lasagne is now an option twice a month; another comment was ‘more entertainment please’. After discussion with people it had been agreed that there would be a music evening every eight weeks – some people spoke to us about this and said how much they had enjoyed it.

People were supported to carry out their hobbies and interests. Staff told us that when they had assessed people prior to them coming to live at the home, as they liked to find out what people like to do. Staff told us that one person liked to knit and so they had got some wool and needles and a small sewing box so that they could enjoy knitting. Another person liked to read and family members had supported the arrangements for a mobile library to visit on a regular basis. We noted that care plans reflected people’s hobbies, interests, preferences and choices. People went out with their families and others continued to attend groups in the community that they had attended before.

People received care that was responsive to their needs. People said that they felt that they were listened to by the staff and if they had any worries or concerns these were always dealt with. One person had wanted to go into the town and the acting manager said that staff would be arranged so that they could do this. People’s individuality was maintained; for example some people had requested to stay in their rooms and staff ensured they had their meals and drinks taken to them and checked whether at any time they wanted to go out. Staff had a good understanding of people’s care plans and their individualised care requirements.

Group and individual activities were carried out. Hand massages and nail care were being offered during the inspection. One person said that they had always looked after their nails and they liked them to look nice. Staff spoke positively of ball games played with people and how much this had engaged certain people. Outside the home the garden was being developed so people could spend more time relaxing outside or become involved in some aspect of gardening if they wished.

Is the service well-led?

Our findings

At the last inspection in September and October 2014 we found that systems were not always in place to gain feedback from people to improve the quality of the service. During this inspection we noted that there were systems in place to gather people's feedback as there was a suggestions 'post box' so that people and relatives could post their suggestions if they did not want to raise these directly with staff.

A number of changes in management had occurred since the last inspection. Staff spoke positively of the changes the new manager had made which made them feel that they were more of a team dedicated to providing the best care for people. The manager that had driven the changes to improve the service had left. Arrangements had been made for the deputy manager to act up as the registered manager for the service. They confirmed that they were in the process of applying to the Care Quality Commission to become the registered manager of the service. Staff said they were looking forward to working with the new manager as they were familiar with the service and the needs of the people. The new manager discussed with us the plans they had to continue to develop the home and we noted that this vision was shared by other staff and the provider.

The provider had a system in place to monitor the quality of the service. Relatives were contacted by the provider in order to gain feedback about the home. One relative said "The owners talk to me and ring me and to ask me if I have any concerns about the care [name] receives." The provider described some of the changes that had been made such as new carpets and improvements to the garden as a result of feedback from staff, people and relatives.

The provider had a system in place to assess the day to day quality of the service. The acting manager was supported by the provider that carried out regular quality checks which included for example, checks of the premises, people's care records and any complaints. The provider told us that as a result of carrying out these quality checks they had replaced items such as the refrigerator as they noted it had a small leak.

The provider was able to check the quality of care records. There was a new electronic notes system in place whereby the provider was able to remotely maintain an overview of the information written by staff about the care and support people were receiving. We discussed with the provider and acting manager that some of the information we had read appeared to concentrate on what the 'task' had been such as personal care. We did not find that the new records contained information as to people's enjoyment or engagement in activities. The provider agreed and we heard the acting manager discuss this issue with staff during the handover to ensure that records contained more information about people's engagement rather than the task.

Relatives described the care staff as excellent, and it was clear from our observations that relatives were very familiar with all the staff and the acting manager.

People and their families were kept informed of events such as the forthcoming garden party, and any changes in staffing via a newsletter for people and their families. This had also included information for people about the changes within the home to provide more space for people in the lounges. Relatives said that this was "a nice touch and helped them to understand what was planned for the future."