BC&G Care Homes Limited

Rosedale Care Home

Inspection report

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Date of inspection visit:
05 April 2016

Date of publication:
09 May 2016

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

This inspection took place on 5 April 2016 and was unannounced. When we last inspected the service in December 2013 we found that the provider was meeting the legal requirements in the areas that we looked at.

Rosedale is a residential home in Luton providing care and support to older people, some of whom are living with dementia and physical disabilities. At the time of our inspection there were 20 people using the service.

There was a registered manager in post. 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.

People were kept safe and protected from risk of avoidable harm. Staff understood the process to follow if they needed to report any concerns or suspected abuse. Risk assessments were robust and detailed and included control measures to minimise and manage risk effectively. There were enough staff available to meet people's needs and keep them safe. A robust recruitment policy was in place so that staff employed to the service had the skills and character required for the role. People's medicines were managed and administered safely by trained members of staff.

Staff received a range of training that was relevant to their role and supported them to develop their skills and competencies. They received a regular programme of supervision and performance review from management and had opportunities to pursue professional qualifications. Staff understood the principles of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DoLS). People gave consent to receiving support from the service and consideration had been given to the ways in which people could consent to different aspects of their care. People's healthcare needs were identified and the service worked with other healthcare professionals to support people's health and well-being. People's dietary needs were identified and the service offered them a choice of food and drink based on their individual preferences.

Staff demonstrated a kind and caring attitude towards people and provided care that was consistent and person-centred. The service created a pleasant atmosphere where friends and relatives were encouraged to visit and spend time with people in their home. People were treated with dignity and respect and had their right to privacy observed.

People had care plans in place which detailed their needs, choices and preferences. These were subject to regular review and created with the involvement of the person and their relatives. Where people's needs changed, these were reflected in their care plans. There was an activities co-ordinator in the service who arranged a variety of activities and events in the home. People understood how to make complaints, and their grievances were handled and resolved effectively.

People, their relatives and staff were positive about the management of the service and felt supported and listen to. The manager had robust systems in place for quality monitoring and identifying improvements that needed to be made across the service. Questionnaires were sent out to all those involved with the service to gain their feedback and views. Regular staff meetings took place to give staff the opportunity to contribute towards the development of the service.

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.

People were safeguarded from avoidable risk of harm.

There were enough suitably trained and qualified staff to keep people safe.

People's medicines were administered and managed safely.

Is the service effective?

Good

The service was effective.

Staff received a range of training that was relevant to their role.

People provided consent to their care and support and the service met the requirements of the Mental Capacity Act 2005.

People's healthcare needs and choices in relation to hydration and nutrition were being met.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and compassionate.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People had care plans in place which were reflective of their individual needs and choices.

People were supported to enjoy a range of activities in the home.

There was an effective system in place for managing and resolving complaints.

Is the service well-led?

Good

The service was well-led.

People, their relative and the staff were positive about the management of the service.

There was a robust quality monitoring process in place for identifying improvements that needed to be made.

Rosedale 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 the 5 April 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert was experienced in caring for older people who lived with dementia.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including notifications and other information received from the provider. A notification is information about important events which the provider is required to send to us.

During the inspection we spoke with five people who used the service and three of their relatives to gain their feedback. We spoke with five members of the care staff and the registered manager.

We observed the interactions between members of staff and people who used the service and reviewed the care records and risk assessments for four people who used the service. We checked medicines administration records and looked at staff recruitment and training records. We looked at complaints and compliments received by the service. We also reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, "Safe as houses. They really are very, very good." A relative told us, "As soon as [person] was here, we wanted [them] to stay here because [they] are so much safer."

Staff understood the procedure they would need to follow if they needed to safeguard people from risk of harm. One member of staff said, "I'd report to my manager or director of care. If not them then the local authority or CQC." There was a safeguarding policy in place which detailed the agencies that could be contacted in case there were safeguarding concerns.

There were risk assessments in place to help keep people safe. If people were at risk of falls then their mobility was assessed and control measures put in place to reduce the possibility of any accidents or incidents relating to this. Details of the equipment used to aid people's mobility were included in these assessments as well as instructions for staff on how they were to use these while supporting people to move as independently as possible. If people displayed any behaviour that may have had a negative impact on others then interventions were listed to help de-escalate the situation. These included phrases that could be used and ways to encourage the person to engage in other activities around the home. There were assessments in place to determine whether people could use their call bell or whether extra checks were necessary to check that there were safe throughout the day. The environment was regularly audited and risk assessed to ensure that it was safe for people to use. Fire safety equipment was checked and PAT testing had been carried out to ensure that electronic equipment was in safe working order.

People told us that there were enough suitably trained and qualified staff available, although sometimes they commented that staff were under pressure. One person said, "There's usually enough staff around here." However another person said, "Sometimes you have to wait around. They've got a lot to cope with." A relative said, "I honestly think they could do with another member of staff, they are under pressure sometimes." We reviewed the service rotas for previous months and found that staffing levels were safe to meet people's needs. There were four members of staff on shift and two at night. The manager told us they assessed people's dependency to determine how many staff were required. We saw that during the day people were having their needs met, and that the skill and experience of the staff helped to ensure that tasks were completed promptly and safely. The manager also told us that if staff were busy around the home, she and the Deputy would assist with providing care and support where necessary. While we observed that staff were often busy attending to people, we found that the staffing was sufficient to limit the impact upon people's safety and that they were attended to quickly when required. A call bell system was in place so that people could alert staff if they required support.

There was a recruitment policy in place which was followed by the service to employ staff safely. We saw that each member of staff had completed an application form and had their competencies and experience tested during the interview process. Each file contained two references from previous employers and DBS (Disclosure and Barring Service) checks had been completed. DBS is a way of checking whether staff have any previous convictions which allows employers to make safer recruitment decisions.

If people required support with the administration of their medicines then agreements were in place which detailed what medicines people took. They also included the person's preferred method of administration and what each medicine was prescribed for. Potential side effects were also listed. We checked medicines administration records for four people (MAR) and saw that these had been completed properly with no unexplained gaps. Separate charts were used to account for the application of creams or topical solutions. Medicines were stored in a lockable trolley which could be secured to the wall. Stock levels were regularly taken and labels applied to all medicines that had been opened.

Good

Is the service effective?

Our findings

People and their relatives felt that staff had the skills and experience needed to support people properly. One person said, "They help you out, a lot." A relative told us, "We feel [person] is being looked after properly." Another relative said, "Every time I come here, they're always in a refresher course." This indicated that staff were trained in a variety of areas relevant to people's care and that this training was refreshed regularly. One member of staff told us, "The refreshers are really good. Sometimes what you learned originally goes out of your head so it's useful to refresh. I'm doing person-centred training at the moment and it's helped to remind me of how we see everybody as an individual and not a group." In addition to the standard training staff received as part of their induction, there were a number of specialised courses available. We saw that staff had completed training including dementia awareness, diet and person-centred approaches. Practical training was also offered for moving and handling. The manager kept a monitoring system which listed the dates that staff had completed training and when it was due to be refreshed.

Staff received regular supervision from management. One member of staff said, "I have regular supervisions, yes. We talk about my strengths and weaknesses, any problems and my overall development. I once asked for some specific training and they were able to provide it. It's useful to see things from the manager's perspective." The manager had a system in place for monitoring the progress of supervisions and performance reviews and determining when these were due. We saw that supervisions were carried out every six weeks, with performance reviews held annually.

The service had a number of DoLS authorisations in place as people were not always free to leave. We saw that where best interest decisions had been made on people's behalf, they were accompanied by the appropriate mental capacity assessments. We saw that one application had not been authorised and asked the manager how they were managing this. They said, "We understand that [person] is free to leave. At the moment they don't express any desire to go out but if they did we know we'd have an obligation to support them."

Consent was sought from people in a variety of different areas. For example there were individual requests for consent for people to attend healthcare appointments and engage in certain activities. During the inspection we observed that staff gave people choices and asked their permission before offering support. For example we saw one member of staff asking "Can I take your cup if you've finished?" Another staff asked a person, "Can I put this cushion under your arm?"

People told us they had enough to eat and drink. One person said, "The food's quite good actually." A relative commented, "They've got an excellent chef here." People's needs in relation to nutrition and hydration were assessed by the service. This included details of their conditions and the level of support they required during mealtimes. When people first came to the service they were given a questionnaire which asked them to detail what they liked to eat and drink. At lunchtime we noticed that most people were being given the same food and raised this with the manager. The manager explained that there was a choice available each day and that the cook asked people for their preference in the morning. On the day of our inspection everybody had made the same choice, but we saw that there was an alternative available if they

preferred. MUST (malnutrition universal screening tool) forms were completed for each person to assess how much they were recommended to eat and drink during the day. People's weight was regularly checked and recorded.

People's healthcare needs were assessed and met by the service. People told us they accessed healthcare services as required, including the GP, dentist and optician. Records of people's visits to these professionals were kept in their care plans and updated following actions taken as required. If people were at risk of developing pressure ulcers then details were included of how to monitor the skin areas involved and make appropriate referrals if necessary. One person had been supported to see a GP when they were not sleeping. Another relative was positive about how they'd supported their relative with her mobility needs, stating "[Relative]'s walking better now than when [they] came in. [Person] uses [their] stick and gets guidance from the staff."

Good

Is the service caring?

Our findings

People and their relatives told us they were supported by staff who were caring, kind and compassionate. One person said, "We all seem to get on with each other. We have a good old laugh." A relative said, "I don't think you'd find a better staff really. I think they're outstanding at the job they do."

Staff we spoke with demonstrated a caring and compassionate attitude towards the people using the service. One member of staff said, "The residents make it rewarding. One of them cracks a joke and we all laugh. It's like being part of an extended family." Another member of staff told us, "We're proud of who we are and we represent here. It's a home from home." During the inspection we observed staff interacting positively with people and supporting them to feel relaxed and at home. One member of staff noticed that a resident had put make-up on and commented, "You look lovely, with or without make-up."

Newsletters were issued which helped people abreast of developments in the service. We saw that this was a way to introduce new staff, inform people of upcoming activities and ask for views and contributions. One to one sessions took place between people and their key worker to give people the opportunity to contribute to the development of their care plan and the service overall. A broad variety of people's needs were taken into account and the service tried to look at all areas of people's lives when they moved to the home. For example, we saw that people had been asked if they wished to vote and whether they needed support with this.

The manager told us she wanted to make the service as much like a family home as possible. She said, "I know all the people here. It's a small home and we're proud of that- it allows people to build relationships with each other." The service had received a number of compliments from people and relatives who praised the quality of the care being provided by the service. Comments included "We are always made to feel very welcome when we visit and [relative] always looks neat, tidy and well cared for." One person had composed a poem about the room and another had written to their local paper to praise the standard of the home. A relative told us, "I ring up every morning as well as coming over here every day. They give me a full report every morning when I phone up."

People were treated with dignity and respect. People said that staff always knock on the door before they enter their room. One member of staff, who stood at the open door of a service user's bedroom, knocked on the door before she entered. The member of staff said, "I know she can see me, but I still knock." Staff were able to describe the ways in which they treated people with dignity and respect. One member of staff said, "For me it's about getting the basics right first and foremost. Talking to them, making them aware of what we're doing and asking them if they're happy with how we're caring for them." Another member of staff said, "We have to ask their permission, knock on their doors before entering and make sure we're caring them in private where we can." During the inspection we noted that staff always knocked on people's doors before entering and spoke to people in a way that promoted their dignity and showed them respect. A screen was used to provide privacy for one person who was being visited by the community nurse and another when using a hoist to move them.

Good

Is the service responsive?

Our findings

People and their relatives were involved in their care planning and knew they had a plan in place. One relative said, "I'm involved on a regular basis. You have to sit down with a member of staff."

Each person had a pre-admission assessment which detailed their needs and the type of support they required from staff. Each person was informed of the admission procedure when they joined the service and the support available to them. Each care plan contained essential information about the person including their level of comprehension, their mobility and their sensory needs. Biographical information was included with detailed people's background and social history. This included places they had lived, their previous occupations and their hobbies. These had been written with involvement from the person and their families where possible.

People's care plans included the choices people made in regard to their own care and support. The things that people liked to do were listed alongside their preferences and the level of support required for each. For example, we saw that where one person enjoyed having their haircut, weekly visits had been sought from a local hairdresser to provide this activity for the person. The home employed an activity co-ordinator who was absent on the day of our inspection. However we saw that there was a program of activities in place for people. This included church visits, cream teas and games in communal areas. A member of staff told us how they tried to keep people stimulated during the day, saying, "They've all got different interests, they like all kinds of different things and make different suggestions. Whatever we do we try and get them all involved." A physiotherapist came in weekly to do gentle exercise and the service had bought planters so people could do some gardening. The manager said that some people went out individually with a member of staff to go shopping. One person said, "There's always something on. Some sort of music."

Each person had a monthly review of their care plan with involvement from their key workers and any changes to care plans were recorded. For example we saw that where some input had been sought from a healthcare professional, the plan had changed to reflect the advice that had been given. A relative praised the way the service responded to their family member's changing needs, stating "They recognise the changes (in relative) better than I do."

There was a robust system in place for handling complaints, and people knew how to make complaints where required. One person said, "If I have any complaints to make, I'm straight in there, and straight away it's done." To ensure that any grievances were being heard, complaints were divided into formal complaints and 'low level complaints'. These were more minor issues that could be resolved more promptly. This showed that the service was committed to ensuring that they had a record of the action they'd taken whenever people raised concerns at any level. We saw that the investigations and outcomes from each complaint had been completed and communicated to the complainant. For example we saw that one person had complained that there was no food available from their native country. They received an apology and were told there would be adjustments made to the menu to accommodate their needs. During the inspection we noted that the person in question had a different meal to others and that the service had followed through on the outcome of their complaint. There was a suggestion box in the entrance hall where

people could suggest improvements anonymously if they wished.

Good

Is the service well-led?

Our findings

People and their relatives told us that the manager promoted good practice and was approachable and effective in their role. One relative said, "It's an open culture." Staff told us they felt supported by the management. One member of staff said, "I've been supported well. If I've got a problem I can go to them any time. My colleagues support me too."

The manager told us she had begun work in the service initially as a domestic member of staff and had been successively promoted through the organisation since. She said, "It means I understand everybody's role. I know what their job is because I've done it myself." During the inspection we noticed the manager interacting with people in the service and making herself visible at all times. She told us she had an 'open door' policy so that people and visitors could see her when they liked.

Staff were issued with job descriptions which detailed their roles and responsibilities. Communication between people and staff was effective and staff were provided with updates on developments across the service. We saw that regular memos were sent out reminding staff of changes around the home and things they needed to be made aware of.

Weekly audits were carried out around the service by the senior staff to check that the environment was suitable, records were complete and that improvements had been completed as specified. The actions identified by these audits contributed to a business development plan which set out the tasks that needed to be completed. The manager was able to tell us about improvements they planned to make in the service. For example we saw that there was a new electronic system being trialled for managing medicines. The manager told us she had discovered this and explained the benefits to the provider and the staff who had agreed to implement it in the service. The manager said, "It will make our way of working with medication even better. We'll be able to eliminate any mistakes and keep more robust records." We also saw that the service had put a new format for care plans in place. This made them more responsive to people's changing needs over time. By driving continuous improvements in key areas the manager was able to keep up with best practice and encourage a culture of progression and development.

Questionnaires were issued to people and their relatives to gain their feedback. For example we saw that following a recent admission of a new person to the service, a survey was sent out to those involved to ask them to rate their experience. Each event held by the home was followed up by a survey asking those who attended to state whether they'd enjoyed the experience. Comments from these surveys included "I really enjoyed the party and I'm already looking forward to the next one!" Professionals who visited the service were asked to provide their views on how it was being run and the care that people were receiving. There were surveys sent out annually to gain overall feedback and ask for suggestions for improvement. People's comments were overwhelmingly positive and praised the attitude and competence of the staff.

Staff meetings took place monthly and gave staff an opportunity to meet and discuss issues around the service. The minutes of these were available and confirmed that the meetings were well-attended and held regularly. One member of staff said, "Team meetings are useful- if anyone has got any concerns or key

workers have changed then we can all keep up to date with what's going on. In the last meeting we watched a DVD on dementia care. It really helped us all to relate. That's something we might not have learned in a classroom."

Residents and relatives meetings took place every three months to give them a chance to provide their views and hear updates on the service. People were encouraged to make suggestions which we saw where promptly taken care of by the staff. For example where one resident had requested some changes in the decoration of some communal areas, we saw that these changes had been made as requested.