

Astley Care Homes Limited

Rosevilla Nursing Home

Inspection report

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Date of inspection visit:
16 January 2019

Date of publication:
08 February 2019

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 ●

Summary of findings

Overall summary

About the service: Rosevilla is a nursing home that was providing personal and nursing care to 32 people at the time of the inspection.

People's experience of using this service:

People received safe and effective care from staff who were well trained and supported to meet their needs. People felt safe and they were protected from the risk of abuse and avoidable injuries.

People were treated with kindness and compassion by staff who knew them well and catered for their preferences. People's privacy and dignity was respected and their independence was encouraged.

People enjoyed having access to activities but appreciated that they could spend time alone when they wanted to and this was respected by staff. People and relatives were involved in the planning and review of their care.

People's views were sought and listened to and they were involved in planning and reviewing their care.

Some improvements were required to ensure that all systems to monitor the quality of care were effective, and picked up on any areas for improvement.

The management team and provider promoted a positive culture and learning was encouraged and promoted.

The service met the characteristics of Good in most areas;

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

Rating at last inspection: At the last inspection the service was rated Requires Improvement (report published 13 December 2017).

Why we inspected: This was a scheduled inspection based on previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Rosevilla Nursing Home

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was carried out by one inspector, a specialist advisor who was a nurse with experience of providing nursing care to older people and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Rosevilla Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

This inspection was unannounced.

What we did:

Before the inspection visit, we checked the information we held about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key

information about the service such as what the service does well and any improvements that they plan to make.

We reviewed other information we held about the service such as notifications. A notification tells us information about important events that by law the provider is required to inform us about. For example; safeguarding concerns, serious injuries and deaths that had occurred at the service. We also considered information we had received from other sources including the public and commissioners of the service. We used this information to help us plan our inspection.

During the inspection we spoke with ten people who used the service and three people's visiting relatives. We did this to gain people's views about the care and to check that standards of care were being met. We also spoke with seven members of staff including two nurses, care staff, the activities coordinator, chef and domestic staff. We spoke with the management team including the registered manager, clinical lead and deputy manager to help us to understand how the service was managed.

We looked at the care records of seven people who used the service, to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included two staff recruitment files, training records, incident reports, medicines administration records and quality assurance records.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

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

- At our last inspection in 2017, improvements were required because risks of harm were not always minimised and lessons were not always learned following accidents and incidents which could have resulted in harm to people.
- At this inspection we found improvements had been made. Accidents and incidents were regularly analysed and action was taken to reduce risks when required. For example, a person had slipped from a chair. Following this the person was referred to an occupational therapist and a non-slip mat was provided to reduce the risk of reoccurrence. This showed how lessons had been learned and improvements made when things had gone wrong.
- People told us staff knew their risks and helped them to keep safe. One person needed to be supervised whilst walking, they told us, "Staff look after me well. They help me to get about with my frame everywhere and don't let me walk down the long corridor anymore on my own."
- People's risks were assessed, monitored and managed. For example, a person was assessed as being at high risk of developing pressure sores. There were plans in place to reduce the risks including a specialist mattress, regular repositioning and creams. Staff were aware of and followed these plans and the person had not developed any sores.

Using medicines safely:

- At our last inspection, improvements were required to ensure that people who lacked capacity to ask for their 'as required' (PRN) medicines were administered their medication at the times they needed it. At this inspection we found improvements had been made. The information staff needed to administer PRN was recorded in people's care plans but not always in the medicines folder. The registered manager told us they would ensure all required information was kept in the medicines folder to make it easier for staff to access whilst administering medicines.
- People told us they received their medicines as prescribed and records confirmed this. One person said, "I get my meds on time and I'm having to have morphine to help with the pain with my fracture so that's important." Another person said, "Being a diabetic they bring all my medicines on time and they have been very good with doing this."
- Some people were prescribed topical creams. There were Topical Creams Administration Records (TMARS) in place which gave staff clear instructions about how, where and when to administer the medicines. Body maps were in place to guide staff and we saw people had received the creams they needed, in line with the prescriber's instructions.

Supporting people to stay safe from harm and abuse, systems and processes:

- People told us they felt safe. One person said, "I'm very safe because there are always staff that pop in to check on me and see how I am or if I want anything."
- Staff knew how to recognise the signs and symptoms of potential abuse and how to report and record their concerns. A staff member said, "We are the eyes and ears of the home" and described how they would report any concerns they had.
- There were systems and processes in place to protect people from abuse and we saw these worked effectively.
- The registered manager understood their responsibilities in protecting people from abuse and avoidable harm. Concerns and allegations were acted upon to protect people from harm and referrals were made to the local safeguarding adults' authority when required.

Staffing levels:

- There were enough, safely recruited staff to meet people's needs.
- One person said, "I have never thought that there were not enough staff." Another said, "When I press the buzzer, staff come quickly."
- A relative said, "I have never encountered them being short of staff here. They always seem to have plenty to call on."
- Staff we spoke with felt there was enough of them to meet people's needs. The registered manager said they kept staffing levels constantly under review due to the changing needs of people who used the service including those on temporary placements. The registered manager said they arranged for additional staff when required and the provider was supportive of this.

Preventing and controlling infection:

- All areas of the home and equipment looked clean and hygienic. We saw domestic staff carrying out their duties throughout the inspection.
- Staff understood the importance of infection control and we observed them following safe practices such as using personal protective equipment (PPE) when required.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance:

- At our last inspection in 2017 we found the principles of the Mental Capacity Act 2005 (MCA) were not always being followed. This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found improvements had been made and the provider was no longer in breach of regulations.
- The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- Where people did not have capacity to make decisions, they 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.
- Staff understood their responsibilities under the MCA and followed the principles of the MCA.
- When a person was being deprived of their liberty, the service had applied for the appropriate authority to do so. Nurses took lead responsibility in ensuring DoLS authorisations were requested when required.

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

- People's needs were assessed, planned for and regularly reviewed to ensure they received support that met their changing needs.
- People's involvement in developing their support plans was encouraged to ensure their preferences were met. People's diverse needs had been considered including consideration of the protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.

Staff skills, knowledge and experience:

- People were supported effectively by staff who had the required skills and knowledge.

- One person said, "They [staff] get me out of bed and if I want to go to the lounge they will take me. They know me well and seem well skilled in all they do with me."
- Staff completed a range of face to face training and told us this equipped them with the skills they needed.
- Staff competency was checked following training and at regular intervals to ensure their knowledge was up to date and accurate.
- Staff told us they were supported through regular one to one supervision sessions where they could discuss their development needs. Staff also received group supervisions which enabled learning and discussion on topics such as dignity and diversity.

Supporting people to eat and drink enough with choice in a balanced diet:

- People were supported to eat and drink enough to maintain a healthy diet and staff maximised their choice and involvement.
- People enjoyed the food on offer. One person said, "The food is very good and you get a choice of what to have."
- When people needed assistance to eat, we saw they got this in a dignified way. One person said, "They [staff] have to help me to eat as I am not able to use my hands. They are very careful and talk to me all the time making sure I swallow safely."
- Some people had complex needs relating to their nutrition and staff understood their needs and risks and ensured they received safe support to stay healthy. For example, one person was seen by a speech and language therapist who advised a soft diet and thickened fluids. Staff understood and followed this advice and told us they had been trained in how to prepare drinks in line with the professional guidance.

Staff providing consistent, effective, timely care:

- Staff worked well together and with other professionals to provide effective care to people.
- People told us staff helped them to access healthcare support when they needed it. A relative said, "Can I say that when my relative has been poorly they [staff] have immediately arranged for a doctor and ambulance to come in, as they did recently, and they informed me immediately." Another relative said due to the care received at Rosevilla Nursing Home, their family member was, "Medically the best they've ever been."
- There was a weekly multi-disciplinary meeting. People on temporary placements had their progress reviewed by a team of professionals and staff. During this meeting, we saw staff worked well with professionals to achieve the best possible outcomes for people.

Adapting service, design, decoration to meet people's needs:

- The environment met people's needs and suitable adaptation had been made for people.
- People had a choice of bath or shower regardless of their mobility needs.
- People had the opportunity to personalise their bedrooms as they wished and they had access to communal areas.
- The provider had plans in place to further improve the environment, including additional communal spaces and making the garden more accessible.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- At the last inspection in 2017 we found there were occasions when people's dignity was not promoted and people were not always supported to make informed choices. At this inspection, we found improvements had been made.
- People felt staff treated them with kindness and respect. Comments included, "The staff have been all very nice and friendly to me since being here and will come and have a natter with me", "Staff spend time and talk to me, being bed bound and needing a lot doing. They have all been very good indeed to me, very caring" and "I am happy here. They [staff] look after me well and I know they value me from the way they speak to me."
- A relative said, "I have been overwhelmed by all of them [staff]. I have found them all brilliant, caring and friendly and I'm pleased [my relative] is here being looked after so well."
- We saw kind and caring interactions between people and staff. Staff had regard for people's wellbeing and acted to ensure they were comfortable.

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

- People told us they were listened to and supported to make their own decision. One person said, "Staff are nice and caring and they listen to you which I think is important."
- Staff described how they supported people to make their own choices including what to wear and their personal care preferences such as whether to have their nail polished and how they liked to wear their hair.
- We saw that people were given choices including what and where they wanted to eat and where and how they wanted to spend their time.
- People were supported to express their views at meetings and people made decisions about menus and activities at Rosevilla.

Respecting and promoting people's privacy, dignity and independence:

- People told us their privacy and dignity were respected by staff. Comments included, "Oh yes, [staff] certainly [respect my dignity]. I have a bed bath daily and a shower. I turn over in the bed myself and they make sure that I am covered up", "I have a bath in the bathroom, they close the door and get a towel to go around me when coming out" and "I have all my washing in the bed and they are most respectful and I'm never left with nothing on. My door is closed and also the curtains."
- When people spent time in their rooms they were asked whether they would like to have the door open or closed. This was recorded and respected by staff. We saw that people's wishes were catered for and

followed.

- People were encouraged to be independent. When people were on short term placements they had plans in place to maximise their independence, developed collaboratively with professionals and these were followed by staff.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

How people's needs are met; Personalised care:

- At our last inspection in 2017 improvements were required because staff did not always respond when people's needs changed. At this inspection we found improvements had been made. For example, one person had started to display some behaviours which were unusual for them. Staff had immediately recognised this and implemented additional monitoring and professional advice.
- People were involved in developing and reviewing their own plans of care so their preferences were captured and recorded. Staff knew people well and ensured their preferences were catered for. A person said, "Staff do know me well as been here for ages and they know I prefer to stay in my room and watch the television, that's my choice it is."
- People had access to activities they enjoyed. A person said, "They do bingo and things and to be honest I choose what to go to if I fancy it. Otherwise I have my books and TV so quite happy about it all. It's my choice completely what I do." Another person said, "They arrange activities and I do go and join in quite a bit. [Activities co-ordinator] who does them is very good."
- A number of people told us they preferred their own company and liked to watch television or read books in their rooms. This choice was respected by staff and staff knew people's preferences. There was a library service so people had a choice of books and staff told us how one person liked to be read to, as they could no longer read for themselves.

Improving care quality in response to complaints or concerns:

- People told us they felt able to raise any concerns or complaints if required. A person said, "I would speak to my carer when she comes around." Another person said, "I'd speak to the nurse or manager."
- Staff knew how to respond to complaints and there was suitable complaints policy displayed clearly in the home,
- Complaints were taken seriously and recorded by the registered manager. We saw complaints were investigated and responded to in line with the procedure in place and lessons were learned following investigations.

End of life care and support:

- At the time of the inspection no-one was receiving end of life care.
- People's wishes were considered and professionals were involved in planning and delivering people's care when this was appropriate.

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong; Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- At our last inspection in 2017 improvements were required because we had not been notified when a DoLS authorisation was made and this is required by law. At this inspection, improvements had been made and we received the required notifications.
- Audits were in place to monitor the safety and quality of the service. These audits were usually effective however, the medicines audit had not identified some issues so suitable action had not been taken. For example, some boxed medicines had a running stock total so that it was clear how much of the medicines had been used, when it was used and how much was left. However, other boxed medicine did not have this system in place, so it was not clear to see the stock levels. We shared our feedback with the registered manager who said they would make changes to the system in place to make it more robust. However, the audit in place had not identified this issue until we did.
- At our last inspection in 2017 we made a recommendation that the pre assessment form was improved to identify people's diverse needs and to ensure that the service is able to meet them in way that meets people's individual preferences. At this inspection we found the recommendation had been considered but not completely followed. The registered manager described how staff had been on additional training relating to dignity and group supervisions had been completed to allow staff to discuss people's diverse needs and reflect on their practice. However further information on people's diverse needs needed to be gathered to ensure that all their needs were fully met. We could not be sure that people were given the opportunity to share and discuss all their diverse needs including their sexuality.
- Accidents and incidents were regularly analysed to ensure that action was taken, and lessons were learned when required.

Leadership and management:

- People, relatives and staff told us the management team were approachable and supportive.
- A relative said, "[My family member] is very well looked after. I cannot speak highly enough about the staff and management here. I couldn't ask for better care and there are none I wouldn't applaud."
- There was a registered manager in post who understood their responsibilities of registration with us and had notified us of certain events which are required by law. They were supported by the provider to deliver what was required.

Engaging and involving people using the service, the public and staff:

- Residents meetings took place where people were encouraged to share their views and were involved in the development of the service.
- Surveys were issued to people, relatives and staff to gather their views and actions were taken in response to people's feedback.
- There was a positive culture where staff felt supported to deliver the best outcomes for people. A relative said, "It's wonderful. You could not get a better, more homely, caring home. I am quite happy [my relative] is here and the staff have been brilliant."

Continuous learning and improving care; Working in partnership with others:

- There was a positive culture of continuous learning and improvement. For example, improvements had been to the systems in the kitchen and a recent food hygiene inspection had resulted in the highest award for food hygiene.
- Staff told us they participated in reflective handovers and reflective supervision sessions which encouraged them to think about their practice, learn and make improvements when required.
- The service worked in collaboration with other professionals, which ensured people received support in all areas of their lives.
- The registered manager sought additional training in specific areas when this was required. For example, the registered manager and other nursing staff completed an enhanced training course in wound care when this was identified as an area for further development.