

High Oak Care Limited

Rosewood Care Home

Inspection report

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16 March 2016

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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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on the 15 and 16 March 2016 and was unannounced. At our last inspection on the 9 and 12 January 2015 the provider failed to ensure there were sufficient staff to support people and that an effective system was in place to prevent people being unnecessarily deprived of their liberty. This was a breach of Regulation 22 and 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to send us an action plan outlining how they would make improvements and we considered this when carrying out this inspection.

Rosewood Care Home is registered to provide accommodation and support for 43 older adults who may have dementia. On the day of our inspection there were 34 people living at the home. 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.

We found that the provider had taken the actions they told us they would and there were sufficient staff to keep people safe. Care staff knew how to keep people safe and when people needed their medicines this was being administered.

We found that care staff were able to access relevant support to ensure they had the appropriate skills and knowledge to meet people's needs. The atmosphere within the home was warm, welcoming and staff consistently demonstrated that they were kind and caring.

People's consent was sought before they were supported. The provider had the appropriate systems in place to ensure people's human rights would be protected and staff had access to training to ensure people would not be deprived of their liberty.

People were encouraged to live independently and their privacy and dignity was respected. They were also able to make choices as to when and what they had to eat and drink. We found that people were able to access support from health care professionals when needed.

We found that care plans and assessments were in place to identify people's needs and how they would be met. However reviews were not being carried out consistently and people were not involved in the process.

The provider had a complaints process in place and people in the service knew who to complain to. The provider had a system in place so people were able to share their views.

The provider had no written process in place to show how the service quality was being audited and checked and where improvements were required how they would be actioned.

The standard and quality of the provider's care records and retention processes needed to be improved to ensure they were accurate and clear for staff to follow.

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.

There were sufficient staff to keep people safe.

People received their medicines in a safe manner.

The provider had recruitment processes in place to ensure suitable staff were appointed.

Is the service effective?

Good ●

The service was effective.

Staff were being supported to ensure they had the skills and knowledge to meet people's needs.

The provider ensured the Mental Capacity Act (2005) requirements were being adhered to ensure people's humans were being respected.

People were able to make choices and access regular food and drink.

Is the service caring?

Good ●

The service was caring.

Staff showed kindness and compassion in how they supported people.

People were able to make choices in how they were supported and the provider made available advocate services to support the process.

People's dignity and privacy was respected.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's support needs were not being reviewed consistently

and did not involve them in the process.

People were not able to consistently take part in activities that reflected their preferences, likes and dislikes.

The provider had a complaints process in place to enable people to raise concerns.

Is the service well-led?

The service was not always well led.

We found that the medicines audits and checks being carried out were not effective enough to identify concerns with how medicines were being managed.

The standard and quality of the provider's care records and retention process needed to be improved to ensure they were accurate and reflected exactly what staff needed to know.

We found that the provider was unable to show evidence that quality assurance audits and checks were being carried out and how actions were being implement.

Requires Improvement 

Rosewood 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.

Our inspection took place over two days 15 and 16 March 2016 and was unannounced. The inspection was conducted by one inspector.

We reviewed information we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We spoke with four people, five relatives, six members of staff including kitchen staff. We also spoke to the deputy manager, the registered manager and the provider. We looked at the care records for five people, the recruitment and training records for four members of staff and records used for the management of the service; for example, staff duty rosters, accident records and records used for auditing the quality of the service.

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.

Is the service safe?

Our findings

We last inspected this service in January 2015 where we found that the provider failed to ensure that there was sufficient staff to keep people safe. This was a breach of regulation 22 of the Health and Social Care Act 2008. We asked the provider to send us an action plan outlining how they would make the necessary improvements, which they did.

At this inspection we found that the improvements the provider told us they had made were carried out. We found that they had recruited more staff to work specifically within the kitchen; this enabled staff that supported people to spend their time ensuring people's needs were being met appropriately rather than spending their time supporting in the kitchen. We also found that the use of agency staff had been reduced as the provider had recruited more staff to meet people's support needs. Staff were not rushing around and were spending more time in the lounge so people were not being left in the lounge on their own.

A person we spoke with said, "There is enough staff, when I need help staff are there", another person said, "There is enough staff, they are very good at night time". A relative we spoke with said, "There is definitely more staff around now than there was since you last inspected". Staff we spoke with told us there was enough staff. One staff member who worked in the kitchen said, "There is more staff in the kitchen now". We saw that people were being supported when they needed it and there was a consistent level of staff available within the lounge and dining room areas.

The staff we spoke with told us they were required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process before being appointed to their job. This check was carried out to ensure staff were able to work with vulnerable people. The provider's recruitment process also included references being sought.

People told us they felt safe. One person said, "Residents who are confused wander into my room during the night but staff will come and take them back to their room, so I do feel safe". Another person told us they felt safe living in the home. A relative we spoke with said, "I am definitely confident staff keep [person's name] safe". Staff we spoke with were able to explain the actions they would take where they felt someone was at risk of abuse. Staff we spoke with all told us they had received training to know how to keep people safe. One member of staff said, "I have had safeguarding training". We were able to confirm this and we saw that CCTV was in use within the home. The registered manager told us that CCTV was being used as an added source of keeping people safe. They consulted with people, relatives and staff before CCTV was installed in all public areas. People, relatives and staff we spoke with confirmed this and people told us they were happy with its use within the home. A relative said, "We were consulted at the residents meetings and we think it's good to keep people safe".

We found that a risk assessment process was in place to identify where there were risks to how people were supported and the measures needed to reduce any risks. We saw that risk assessments were being reviewed so where there were changes these could be acted upon. Staff we spoke with were able to explain how risk assessments were being used to manage risks to how people were being supported. We saw that where

people were at risk of falling appropriate equipment was being used to support people to move around the home to reduce any identified risks.

A person said, "I have no concerns with how staff support me with my tablets and if I am in pain I can get pain relief". Another person said, "I get my medicines okay". Relatives confirmed everything we were told by people. One relative said, "Medicines all being given okay I have no concerns". Staff we spoke with told us they received training in administering medicines and their competency to administer medicines was being checked and we saw evidence to confirm this. One member of staff said, "My competency is checked by the Deputy".

The provider had a medicines procedure in place to support and guide staff when administering medicines. We found that staff were aware of the procedure and able to answer questions we asked. We found that where people were administered medicines 'as and when required' that the appropriate guidance was in place to ensure staff were able to administer people these medicines safely. They were able to demonstrate they knew what was in the guidance for people we checked. Where people were administered medicines we saw that a Medicines Administration Record (MAR) was being used. However, we found that on seven people's records there were unexplained gaps where staff had not signed to show whether the person had been administered their medicines. This would ensure that people would not be given their medicines incorrectly due to other staff not being clear as to whether they had been administered their medicines due to the gap on the MAR. This was discussed with the registered manager who was able to show that people's medicines were administered from a dispensed dosage system (Medipack) and the tablets had been given to indicate it was a recording issue. A medipack is a system where tablets are dispensed from a box in the order that they are taken containing the specific tablet for the day and time required.

The staff we spoke with were able to describe the process they followed for administering medicines and the checks carried out to ensure the person being administered their medicine was the correct person. We found that the provider had a system in place for the correct disposal of medicines not used.

Is the service effective?

Our findings

We last inspected this service in January 2015 where we found that the provider failed to ensure that an effective system was in place to prevent people being unnecessarily deprived of their liberty. This was a breach of regulation 11 of the Health and Social Care Act 2008. We asked the provider to send us an action plan outlining how they would make the necessary improvements.

The Mental Capacity Act 2005 (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. Relatives told us where people lacked capacity that they were involved in the decision making process. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection we found that the improvements the provider told us they had made were carried out. We found that where people lacked capacity a mental capacity assessment had taken place and the appropriate referral had been made to the 'Supervisory Body' where people were being deprived of their liberty. The registered manager told us that staff were also now receiving the appropriate training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff we spoke with confirmed this and had more knowledge about the risks to people being deprived of their liberty. Staff were also able to explain that no one was currently on a DoLS.

We saw staff asking people's permission before they supported them. One person said, "Staff always ask for my consent before they do anything". A relative said, "People's consent is sought from what I see when I am here". Where people were unable to give consent due to their lack of capacity staff were able to explain how this was done, through their knowledge of the person's preferences, likes and dislikes along with relatives involvement.

The staff we spoke with all told us they were able to get support when needed. One person said, "Staff do have the skills and knowledge to meet my needs". A relative told us that, "I think the staff have the skills, my mom always has clean clothes on". A staff member said, "I do get regular supervision and I feel supported from the manager", another member of the staff said, "The manager supports us by helping out on the floor with people's needs". We saw that staff were able to get supervision, attend staff meetings and access training as part of identifying areas for improvement through an appraisal system. Staff were also expected to take part in mandatory training to gain the general skills and knowledge needed to be able to support people appropriately.

We found that the provider had an induction process in place. Staff we spoke with confirmed they were able to shadow staff who had more experience as part of their induction process. The provider showed us the documentation they had to introduce the care certificate as part of their induction process for newly

appointed staff. The care certificate sets out fundamental standards for the induction of staff in the care sector. A member of staff said, "I did go through an induction and shadowed staff before working on my own".

People told us the food was good. One person said, "I can pick the food I want to eat", another person said, "I enjoy the meals I had two puddings today". Relatives were all very complimentary about the meals provided. We found that people were able to get regular access to hot and cold drinks to ensure they were kept hydrated. We saw where people needed support at meal times this was available. A member of staff was seen sitting with someone at lunch time supporting them to eat and drink, while other people were seen to be enjoying their lunch and used the occasion to socialise amongst themselves. We found that kitchen staff were able to access the appropriate training to be able to meet people's nutritional needs and we saw that the appropriate documentation was being kept so where people had a specific dietary need or required particular supplements that this could be met consistently. Documentation was being kept to ensure whoever was working in the kitchen they would have accurate information on people's dietary needs. A staff member said, "I attended a nutritional training course recently".

We saw that a meals menu was in use to help people know what was available to eat. We found that the menu was displayed on the back wall in the dining room. People who were unable to venture into dining room or only spent time in their room would not have access to the menu. Staff we spoke with told us that people's meal choices were made the day before so some people did not always remember the choices they made. The registered manager told us the menu would be made more available around the home and in other formats which the current menu was not available in.

A person said, "If I am not well staff will get the doctor". A relative told us, "[Person's name] health care needs are taken care of". Staff we spoke with told us where people were not well and needed to see a doctor this would be done. We saw that documentation was kept of people's planned health care appointments with health care professionals like a dentist, optician or chiropodist. The outcome from these visits was also being noted for future reference.

Is the service caring?

Our findings

A person said, "Staff are good that's why I decided to stay here", another person said, "Staff are caring, kind and very professional". A relative we spoke with said, "The staff are lovely. I am always made to feel welcome". Staff we spoke with had a good knowledge of people's needs. They were able to explain what people's support needs were and how they were supported. We observed staff showing compassion and kindness towards people. The atmosphere in the lounge was relaxed and people were contented.

A person said, "I am able to make choices. I decide what I wear, eat and drink", another person said, "We have monthly residents meetings where we share our views". Relatives told us that relatives meetings were happening and they were able to comment on how the home was run. A relative said, "I am able to share my views with the provider and they listen and take action". The registered manager told us that these meetings had been introduced since the last inspection and people were able to share their views as to how the home was managed and decisions made. We observed people making choices as to how they were supported. Staff were seen asking people questions and people were able to make choices by the responses they made, which staff then followed. We found that an advocacy service was available to people where they needed support to be able to share their views or make decisions about the support they received.

A person said, "I am able to do what I can for myself", another person said, "Staff help if I need it but I am able to do what I can". Staff we spoke with were able to explain how people were encouraged and supported to be as independent as they were able. One staff member said, "People are supported to do as much as they can for themselves". We found that people were able to live their lives as independently as they were able and staff were seen encouraging people to stand using a stand aid rather than being hoisted.

A person said, "Staff do respect my privacy and dignity". A relative said, "Staff do respect people's dignity". Staff we spoke with told us they would always cover people over during any personal care type task and make sure curtains and doors were closed. We saw staff knocking people's room doors before entering and staff interacted with people in a way that showed they respected people's privacy and dignity. This showed staff had an understanding of what was expected.

Is the service responsive?

Our findings

People told us they were involved in the assessment and care planning process. Relatives told us they were given a copy. A relative said, "I was involved in my mom's assessment at home and I was given a copy of the documentation". Staff we spoke with told us they were able to access care plans and other documentation as part of ensuring people's support needs were met. We saw that staff had access to these documents.

A person said, "I have never had a review". A relative said, "I have not attended a review". Staff we spoke with told us that reviews did take place. A staff member said, "Reviews happen once per month". We found no documentation to show whether reviews happened consistently and if people were involved. On some paperwork a date was noted to show a review had happened but there was no review paperwork to show what was discussed and who was involved and the outcome. Staff we spoke with knew what people's support were and how to support them. We discussed our findings with the registered manager who told us that action would be taken to implement an appropriate review form to show the discussion and outcome and who attended reviews.

A person said, "I like bingo, exercises and the sing along", another person said, "I am able to go out and take part in art classes which I love". They showed us a painting they had done on display in the office. Relative's views were mixed some feeling there was enough for people to do and others not sure what was being offered in way of activities. A relative said, "There is enough for people to do", while another relative said, "Activities do happen people are able to take part in a sing along, go shopping, go to the pub and the local school choir visits". Staff we spoke with told us there were activities and they carried out activities with people regularly. An activities coordinator was in post. We found that while an activity plan was in place which showed a program of events, a number of people were constantly sleeping in the lounge throughout the day. We saw no activity taking place even though the activity plan had an activity identified that should have taken place. We discussed with the registered manager the need for a more proactive process where staff did not rely only on the activity coordinator to promote activities but all staff were encouraged to see activities as part of their role. The registered manager acknowledged this and told us that staff did take part in activities but was unable to explain why we did not see anything happening.

We found that while people's preferences, likes and dislikes were part of the assessment process this was not consistently being completed to show what people liked to do. Staff told us that the activity coordinator, who was unavailable during our inspection, spoke with people to plan activities around their likes and dislikes. We found that while staff knew some people's preferences this was not consistent and some people told us that what they liked to do was not a feature of the activities taking place. One person said, "I would like to go out of the home more on trips" and a relative said, "My mom loves knitting".

A person said, "I don't remember being given a copy of the complaints process but if I have to complain I would speak to the manager". A relative said, "I was given a copy of the complaints process, but I have never had a complaint". Staff we spoke with knew the process that would need to be followed and was clear how a complaint should be handled and by whom. We found that the process was displayed in the entrance area of the home and the complaints process was outlined in the service user guide. The provider had a system in

place to log complaints received and the action taken to resolve them.

Is the service well-led?

Our findings

The provider told us that audits or checks on the service were taking place. However the outcome from these audits was not being written down to show that they were taking place and where actions were required. The provider told us they would put in place a form to show the outcome of their audits in future. We found that regular checks and audits were being carried out by the registered manager, in some cases on a weekly basis and in a range of areas to check on the quality of the service, but they were not effective in identifying concerns we found with gaps on the medicines administration record.

We found that the provider's care records system was not being completed consistently or accurately. We found documents that were out of date and should have been archived or destroyed. We saw paperwork giving instructions to staff from a previous registered manager where the instructions were now out of date. Paperwork had not been fully completed and vital information was missing that staff may need to know to support people appropriately. For example where people's weight or fluid intake was being monitored it was unclear as to the action that should be taken where the outcome was of concerns. We found that the care records system being used consisted of two different systems. This was very confusing and hard to follow, which could potentially be confusing to staff and impact on the support people received.

We found that the provider had consent forms in place but they were not being used to show that people's consent was written down or up to date. One consent form we saw was completed in 2013 and had not been updated since.

A person said, "I know who the manager is, she is always about", another person said, "I know the manager, she asks me periodically how I am". Relatives we spoke with all knew the registered manager and told us the home was well led. One relative said, "The home as an open door culture". Staff we spoke with all told us the manager was very supportive and the home was well managed. We found the home to have a friendly atmosphere and people and staff were on a first name basis. People, relatives and staff all spoke highly of the registered manager.

The provider had a questionnaire process in place for gathering people's views on the service they received. While people we spoke with all told us they had not been given a questionnaire to complete they were able to share their views in regular relative meetings. A relative said, "I have had questionnaires to complete". Staff we spoke with told us they were all given a questionnaire to complete. We found that questionnaires were being used to gather views about the service and the outcome was being analysed to help improve the service people received. The registered manager told us people were given questionnaires which we saw evidence of.

We found that there was a management structure in place that staff understood and knew who to contact when the registered manager was not available. Staff we spoke with told us there was a whistleblowing policy in place and they were able to explain how it would be used where staff had concerns about people's safety and wanted to raise concerns on an anonymous basis.

The provider had an accident and incident process in place which staff were aware of. We found that incidents and accidents were being written down appropriately to enable trends to be monitored. We saw evidence of how trends were monitored to ensure accidents and incidents could be reduced where possible.

The registered manager knew and understood the requirements for notifying us of all death, incidents and safeguarding alerts as is required within the law. We found that these notifications were being sent in as required.

We saw that the provider had their last inspection rating on display in the entrance area of the home as is required.