

Mrs R I Odeh

# Rosemary Residential Care Home

## Inspection report

2-4 Guinea Lane  
Fishponds  
Bristol  
BS16 2HB

Tel: 01179584190

Date of inspection visit:  
29 December 2017

Date of publication:  
27 February 2018

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Rosemary Residential Care Home provides accommodation and personal care for up to ten people with long term mental health needs. On the day of our visit there were eight people living at the home.

The service was last inspected in November 2016. At that inspection we found that staff members did not consistently receive training and supervision to enable them to carry out their duties. The provider had taken some action and staff were now receiving more regular training to carry out their roles effectively. However staff were still not being formally supervised in the work they did. This meant the overall quality of staff's performance was not being properly monitored. This in turn meant there was a risk people may receive unsafe care.

This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, for good governance.

At the last inspection we found that the provider had failed to complete the process of creating new person centred records. At this inspection we found that actions had been taken to ensure each person had a care plan in place that set out how to meet their needs in a person centred way.

There was a registered manager for the service. 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 received their medicines when they were needed. However systems for medicines that were to be given only when required were not fully safe. This was because there was no protocol or guidance to inform staff when to give people these medicines.

We also found that care plans were not always reflective of people's current needs. This was because parts of certain care plans were not up to date and had not been regularly reviewed. This was key information as staff needed to have up to date guidance to support people with their needs safely.

The registered provider had not taken sufficient action to make sure the systems used to monitor and check the quality and safety of services provided were up to date. This meant these systems were not being used to drive up and support improvements.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, for good governance.

People felt safe living at the home and staff treated them well. Staff knew how to recognise abuse and what to do if they were concerned about someone's wellbeing.

People were supported to have enough to eat and drink to maintain health and wellbeing. The menu options were chosen based on each person's preferences. People told us they liked the meals served at the home, and they could eat what they liked.

The requirements of the Mental Capacity Act were followed when needed for people at the home. People were supported to have as much choice and control of their life. Staff supported people in the least restrictive way possible. There were policies and systems in the home that supported and guided staff and people who lived at the home.

People were encouraged and supported by the staff to maintain their independence. The staff team respected people's privacy and dignity. People were cared for by a staff team who knew and appreciated their unique needs well. People were relaxed and able to talk with staff members and raise any concerns or worries with them.

Staff understood their roles and responsibilities and understood the provider's vision of a good quality service.

People felt that the registered manager was approachable and they felt comfortable to raise any concerns or issues they had.

## 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 not always safe.

People were not protected from the risks of unsafe administration of medicines. There was a lack of guidance for giving people medicines that were to be given 'when required'.

Staff knew how to recognise signs of abuse and had been trained to understand their role in keeping people safe.

Staff were recruited safely and there were sufficient numbers of staff to meet people's needs.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not received consistent supervision in line with the provider's policy.

Staff had now received training to support them in their role.

The principles of the Mental Capacity Act 2005 were understood by the registered manager. There was guidance in place to ensure the rights of people were upheld in the home.

People's healthcare needs were monitored and supported. People had enough to eat and drink.

### Is the service caring?

Good ●

The service was caring

People felt that the staff were caring and kind towards them.

Staff communicated with people with courtesy and also respected their right to privacy.

People were happy and relaxed in the company of staff.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans had not been consistently reviewed and did not always contain up to date information.

There was a complaints procedure in place and people felt able to make their views known to the reregistered manager. The complaints procedure did not have the up to date details of CQC in case people wanted to share their experience with us.

People were supported to take part in a variety of activities in and out of the home.□

### **Is the service well-led?**

The service was not always well led.

Quality audits had not been completed consistently. Those completed had not picked up the shortfalls found at this inspection.

People and staff felt well supported by the registered manager

Records were not all accurate and up to date.

**Requires Improvement** ●

# Rosemary 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.

Before the inspection we reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed other information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

This inspection took place on 29 December 2017 and was unannounced. The inspection was carried out by two inspectors.

We spoke with four people who lived at the home. We interviewed two members of staff and the registered manager.

We pathway tracked the care of two people. We saw care and support in communal areas, spoke with people in private. We also looked at records that related to how the home was being run as well as the quality monitoring systems in place.

# Is the service safe?

## Our findings

We found that some aspects of the administration of medicines were not completely safe. Specifically there was a lack of guidance for giving people medicines that were to be given 'when required'. This was because protocols relating to the use of 'when required' (PRN) medicines were not in place. The use of PRN protocols is seen as good practice. This is because they direct staff as to when, how often and for how long medicine can be used. Protocols offer guidance around monitoring of effects and can reduce the risk of misuse.

The arrangements for receiving medicines and the storage of medicines were safe. Medicines were supplied to the home from a local pharmacy in pre-packed monitored dosage packs. Printed medicine administration record (MAR) sheets were also supplied by the pharmacy. Management and support staff were responsible for the administration of medicines in the home. Training records seen indicated that eight of the nine support staff employed had received training in medicine management in October 2016. The registered manager told us that the remaining staff member was currently not involved in administering medicines. The home's policy on how often staff received training was every three years. As they worked frequently with the support staff the registered manager felt they were able to regularly assess their competency.

The MAR sheets recorded the person's name, date of birth, room number, known allergies and the name of their general practitioner. Current photographs of the person were attached. In two cases, gaps were found in records for administration of medicines for the previous day. The number of medicines remaining in packs was correct, indicating that the person administering the medicine had given it, but not signed the MAR sheet. This was brought to the attention of the registered manager. There was comprehensive information available in the MAR file that related to people's prescribed medicines. This covered medicine usage, dosage, interactions and side effects.

One person had been prescribed various medicines which could have a highly sedative effect. The registered manager informed us that the person had been taking the medicines for a long while, to ensure the correct dose was being given they had been referred to a doctor from the local mental health team for a medicines review.

The registered manager stated there were no people receiving their medicines covertly and no people self-medicating. Appropriate storage facilities were available for all medicines.

People told us they felt safe. One person told us, "This is my home and they (the staff) are good to me". People were very relaxed in the company of staff. People approached the staff and the registered manager throughout our visit. This helped to convey that people felt safe with the staff that supported them.

The provider had taken steps so the risks to people from avoidable harm and abuse were minimised. The registered manager and staff had an understanding of each person and how to keep them safe. Staff knew what to do to keep people safe and to identify people at risk. Staff were confident to recognise and report concerns about abuse or suspected abuse. They also knew how to contact the local authority or the Care Quality Commission (CQC) with concerns if this was needed.

The provider had policies in place for safeguarding people from the risk of abuse, and staff knew of these. Staff received training in safeguarding people from the risk of avoidable harm and this was reflected in training records. Records at the service and held by CQC confirmed steps were taken to address concerns about care that may put people at risk. This ensured people were kept safe from the risks associated with unsafe care.

Staff were recruited safely because the registered manager checked they were of good character before they started working at the home. Staff told us that before they started work at the home a Disclosure and Barring Service (DBS) check had been carried out and a reference and identification had been requested. The DBS is a national agency that keeps records of criminal convictions. This helps prevent providers from recruiting staff who would be unsafe.

There was enough staff deployed to provide people with safe care. We saw that staff were attentive and hard working. Staff were able to respond to each person who needed their support promptly. The registered manager told us that the staffing numbers were calculated by assessing people's individual needs. This was to ensure there were sufficient staff to safely meet people's needs. The registered manager told us that any shortfalls were always made up by regular staff or themselves.

There were measures in place to minimise the impact of unexpected emergencies on people staff and visitors. There was a fire procedure and fire risk assessment in place. Personal evacuation plans were available to staff so it was clear what support people would need to evacuate the building if this was needed.

The provider ensured risks associated with the service's environment were assessed and steps taken to minimise risks. Staff and records confirmed this was the case. People's files contained emergency information and contact details for key people in their lives.



## Is the service effective?

### Our findings

At our last inspection in November 2016 we had found that staff were not all being regularly supervised in their work and overall performance (supervision is a one to one meeting with a line manager). This put people at risk of receiving unsafe care if the performance of staff was not being consistently and properly supervised and monitored.

At this inspection we found that formal one to one support and supervision meetings with staff continued to be behind and not up to date. Conducting regular supervisions aims to ensure that staff competence levels were maintained to the expected standard and training needs were acted upon.

The registered manager was open and transparent as they told us how the meetings held with staff on a one to one basis to provide support had reduced.

Staff had not met formally with the registered manager to review their progress and set goals for their development for over one year. The registered manager told us, and we also observed this, that they gave on the job support and support to staff every day. However there was no record of this type of support that could be used to drive up individual staff member's performance and development. The staff told us they were well supported in an informal way by the registered manager and were confident to approach them to discuss their work.

This was a continued breach of Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were now trained in their work. There was a training programme for all staff. The staff induction programme included areas such as how to support people with complex learning disabilities and safeguarding adults. Training records showed that the registered manager had ensured staff had been on training in relation to a number of areas of their work with people at the home. These included fire safety, health and safety, mental health, challenging behaviours, safeguarding, infection control, moving and handling, equality and diversity, medicines and person centred care planning.

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. On the day of our visit no one who lived at the home was assessed as lacking mental capacity to make decisions.

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). The DoLS requires providers to submit applications to a 'Supervisory Body' for authority to restrict people's liberty. We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their

liberty were being met.

The registered manager knew that DoLS applications were made to the local authority if legally required to make sure any restrictions on people were lawful. People's care records made clear reference to their mental state and ability to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans.

Staff had been on training about the MCA and were aware of the need to consider capacity and what to do when people lacked capacity. Care records showed how that capacity was assessed and considered when needed. Staff demonstrated they understood the principles of the Mental Capacity Act 2005. They explained how people had the right to make decisions in their lives. They also knew that mental capacity must be assumed unless a person had been fully assessed otherwise.

People were effectively supported to meet their physical healthcare needs. Each person had a health action plan. People told us they went to their doctor if they were worried about their health. The action plans contained information that showed how people were to be supported with their physical health and wellbeing. Care plans contained information relating to when people had used other healthcare professionals or services. For example, we saw one person had been supported by staff to attend a medical GP appointment.

People were supported to eat and drink what they wanted and choices were offered at every mealtime. People were served their meals where they wanted to eat them by staff members. People were asked whether they wanted more to eat. Staff confirmed and we observed that people had a choice of meal available to them. The staff told us they were aware of people who needed a particular diet to meet their health needs.

The deputy manager said that there was a set menu of meals available each day, which was based on knowledge of people's likes and dislikes. If a person did not like the choice for that day alternatives were offered, such as fish and chips or a ready meal. One person enjoyed Afro Caribbean style food and another Asian food, which was sometimes provided for them. When asked, a person living in the home confirmed that they were getting enough to eat and drink.

# Is the service caring?

## Our findings

People told us how well their individual needs were met. People spoke positively about the staff and their approach. Staff were observed supporting people in ways that showed they were kind and caring. For example staff used a calm, gentle approach and good humour with people. People responded very warmly to the staff and their caring manner towards them. These positive exchanges showed that people and the staff who supported them had built up close and supportive relationships.

Staff were respectful of people's cultural and spiritual needs. Staff had been on training about equality and diversity to help them understand how to apply the principles of equality and diversity in their work. There was also a policy in place to guide staff to ensure they always respected people's equality and diversity. The registered manager and the staff were aware of significant key events which were important to people in their lives. These included birthdays and the staff discussed with people as to how they wished to celebrate their day.

People's care records contained information about their life history, family relationships and important events and religious beliefs. People's diverse needs were recorded and staff supported people to continue to enjoy the things they enjoyed. Staff told us representatives from people's chosen religion visited the home to assist people to follow their individual faiths.

People were treated with care and kindness and were involved in decisions about the support they wanted to have. These related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and the staff we spoke with knew the needs of each person extremely well. The staff showed in conversations with us and the way they supported people that they knew how to provide people with personalised care that met their needs.

People told us they had a keyworker and spoke with them about their care and support. A key worker is a member of a staff who provides extra support to people and to help people become better at helping themselves in their daily lives. Care plans reflected these discussions and showed people were involved in deciding what sort of care and support they received.

The kitchen was open for people to make themselves drinks and snacks. This showed how the environment supported people to keep their independence. There was a private garden where people could walk safely. There was a quiet room and lounge. People had full access to all parts of the home and were sat in the different communal parts of it. This showed people were able to have privacy when they wanted it.

Each person had their own bedroom and this helped ensure people had privacy. Each room looked personalised with people's own possessions, photographs, artwork and personal belongings in them. These items helped to make each room more personal and homely for the person.

There was information available about the local advocacy service for people to see. Advocacy services support people to ensure that their views and wishes are properly heard and acted upon when decisions are

being made about their lives.

## Is the service responsive?

### Our findings

Care planning systems did not always show how to meet needs and were not all up to date. There were inconsistencies in the accuracy of the information provided for staff in people's care plans. The files we saw contained some outdated information that did not reflect their current needs. For example one person's care record contained information that described their mental health support needs and their favoured routines in good detail. However, on speaking to the registered manager, the person was no longer able to carry out some of these routines, such as visiting the local shops, due to mobility problems. Their general file contained an assessment, which had not been dated, regarding their mobility. This stated they only required the use of a walking stick whilst outside the home. However we were informed that the person currently needed staff support and a frame whilst mobilising. The assessment had not been updated and was not an accurate reflection of the person's needs.

Another person's records contained a risk management overview form that was dated 28th September 2016. This stated the person 'uses Zimmer independently.' We visited the person and found that their mobility was greatly reduced and that they required staff support whilst transferring from their chair to bed. A standing aid had been provided with regard to this. The assessment did not reflect the person's current needs and there was no written guidance relating to appropriate moving and handling techniques in order to guide staff. When asked how they assisted the person a staff member replied "He can stand up if you push his legs." The person confirmed that they had not had any accidents whilst being transferred.

Information about the care and support people needed was available in their 'person centred file' and a second 'general information' file. One person's person centred file contained information relating to their favoured routines, relationships, things that made them happy, or unhappy, things they liked to do and to eat and drink. The support they required with things such as bathing and mealtimes was also included. Information on what behaviours the person may exhibit and what these may mean were available, along with suggested actions staff should take in response to these. The plan had been signed by the person, indicating their involvement in the process.

One person's care records also contained a comprehensive 'risk management overview form' which assessed whether they had any risk in relation to personal care, nutrition, tissue viability, mobility, accidents, appliances or aids, continence, medicine management, violence or aggression, disinhibited behaviour, vulnerability, self-harming and self-neglect. The assessment form had been fully completed and was dated 30 Aug 2016. However it had not been reviewed since then. This; meant it may not be a reflection of the person's current needs. The risk management form had been signed by the person, indicating their involvement in the process.

Their general file also contained a daily record completed by support workers recording how the person was feeling or any events that day. A record of any physical care and support, such as showering or bathing, was also kept. Other assessments about risks relating to nutrition and physical health and well-being were seen, but these had not been dated and were in a different format from the more comprehensive risk management overview form used in other people's files we reviewed.

This was a breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014 around safe care and treatment.

The staff used appropriate interventions in order to meet people's needs in a flexible way. Staff used different ways of communicating and responding with each person. One person for example valued close gentle support from staff. We saw that staff gave them this in a skilled way. Another person enjoyed a hearty laugh and a joke and the staff responded to this person in that way. Both people responded very positively to the different staff approaches that were used with them.

A further example of responsive care and support was for two people who had reduced mobility. Both people were at risk of developing pressure sores. Records seen indicated that staff assisted them to stand, or change their position regularly and checked the condition of their skin. Neither had pressure sores. We spoke with one of the people who confirmed that staff assisted them to change their position regularly. They had been provided with a pressure relief mattress for their bed and cushion for their chair.

We saw people were very comfortable and able to approach the staff and registered manager during our inspection. People raised issues and queries they had. The registered manager and staff were supportive in their approaches when responding to them.

People enjoyed a varied lifestyle, which included activities, events and tasks that they wanted to do. There was a list of the activities people enjoyed kept in their care records to help ensure people had access to activities which they liked to do. For example, one person liked to walk to the shops every day and another person liked to go into Bristol. Staff knew what activities people enjoyed each day. One person told us they enjoyed staying in and watching films on TV. Another person told us they mostly enjoyed chatting with the staff.

People were supported to discuss how they felt and to speak up for, and ask for what they would like. People told us the registered manager stressed that they could speak directly to their key worker or them about any issues of concern they had. The registered manager explained to people how their opinions were valuable. At the time of our inspection there had been no complaints made.

The provider had a complaints procedure on display. However this was not up to date as it did not have the up to date contact details for the Care Quality Commission. This meant it could make it harder for people to tell us about their experiences.

## Is the service well-led?

### Our findings

At our last inspection in November 2016 the service had been in breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance. At this inspection we found the systems still required embedding into practice as issues had not been picked up by the quality monitoring systems in place.

There were some audits that had identified that action was required, but not all the issues we found at inspection had been identified by the quality monitoring systems. The issues we identified in the regarding care plans, medicines administration and staff supervisions had not been identified. This put people at risk of receiving unsafe and unsuitable care. This was because the provider had failed to ensure that the care and service people received was properly and consistently checked and monitored to ensure it was safe and suitable for them.

The registered manager told us they and the team had been through a challenging period of time. There had been certain pressures, such as responding to concerns from a person who now no longer lived at the home. They said this had impacted upon the timeliness of the quality checks and oversight of the home. There were examples throughout our inspection where this had impacted upon the potential risks to people's safety and care. For example, care and risk management plans not consistently reflecting accurate and updated information about the care people required and received.

This was a continued breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and staff spoke highly of the registered manager. One person told us that they were a "nice bloke". The registered manager demonstrated thought out our visit that they had a very good knowledge of the needs of each person who lived at the home.

Throughout our visit we saw that the registered manager and staff team were enthusiastic and committed to ensuring people received a service that met their needs. The service culture was positive and open for people. The registered manager provided direction to the team who all said they were very supportive and approachable at all times. We also found that the registered manager had a very good knowledge of the needs of each person who lived at the home.

The staff team were proud of the service. Staff understood the values that the provider they worked for expected them to have. Staff knew the values emphasised equality and person centred care for people. We saw how staff followed these values in all of their interactions with people. Staff encouraged people to make choices about what they wanted to do that day.

Team meetings were held and it was evident staff felt able to speak openly and share ideas in the way the service was run. Staff were asked to provide feedback on what they felt was working, what wasn't working and suggested improvements for the service.

The service had on display in the home their last CQC rating and a copy of the report where people could see it. This has been a legal requirement since 1 April 2015.

The registered manager notified CQC of important events that effected people in the home in a timely way. This is one of the legal responsibilities of the role of a registered manager. Providers must notify us about certain changes, events and incidents that affect their service or the people who use it. This information is used by CQC to keep an overview of a service and the care and welfare of the people who live there.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Care plans did not always show how to meet people's up to date needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff were not being formally supervised in their work.