Roseland Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this unannounced inspection of Roseland Care Limited on 18 March 2015. Roseland Care Limited provides nursing and personal care to predominantly older people within two separate units. Roseland nursing home is registered to provide nursing and personal care to a maximum of 37 people. Some people in Roseland nursing home have dementia care needs. Penlee unit is registered to provide residential care to a maximum of 18 people with dementia care needs. On the day of the inspection there were 30 people living in Roseland nursing home and 11 people living in Penlee unit. The service was last inspected in June 2014 and was found to be compliant.

There was a registered manager in post who was responsible for the day-to-day running of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe in the service and with the staff who supported them. People told us, "it's very good here, I am safe", "if you have to be in a home then this is it", "it's a very nice home", "I am fine, no complaints" and "I feel safe here". A relative told us the service was "absolutely marvellous".

People were protected from the risk of abuse because staff had a good understanding of what might constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. Staff were well trained and there were good opportunities for on-going training and for them to achieve additional qualifications. Recruitment processes were robust and appropriate pre-employment checks had been completed to help ensure people's safety.

People were well cared for and were involved in planning and reviewing their care. There were regular reviews of people's health and staff responded promptly to changes in need. Staff had good knowledge of people including their needs and preferences. People were supported to take their medicines by staff who were appropriately trained.

Staff supported people to be involved in and make decisions about their daily lives. Where people did not have the capacity to make certain decisions the home acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Staff were able to tell us how people liked to be supported and what was important to them. People's privacy was respected. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in communal areas or in private.

People and their relatives told us staff treated them with care and compassion. A relative told us about staff, "nothing is too much trouble". People told us, "staff are caring" and "staff are fine, some are better than others, but that's life you get on better with some people".

People had a choice of eating their meals in the dining room, their bedroom or the lounge. People told us they enjoyed their meals and they were able to choose what they wanted each day. There was a wide range of group and individual activities for people to take part in if they wished to. People told us, "there is a lot to do" and "there is plenty to do if you want to join in".

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager regularly monitored the quality of the service provided. People and their families were given information about how to complain and were regularly asked for their views on the running of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People felt safe in the service and relatives told us people were safe.

Staff knew how to recognise and report the signs of abuse. They followed policies and procedures when abuse was suspected.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Is the service effective?

Good

The service was effective. Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

The registered manager and nurses had a good understanding of the Mental Capacity Act and appropriate applications had been made in relation to the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices. Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to take part in a range of group and individual activities of their choice.

Information about how to complain was readily available. People and their families told us they would be happy to speak with the management team if they had any concerns.

Is the service well-led?

Good

The service was well-led. There was a clearly defined management structure in place.

Staff sought advice from healthcare professionals to make sure people received appropriate support to meet their needs.

There was a robust system of quality assurance checks in place.

Roseland Care Limited

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 unannounced inspection took place on 18 March 2015. The inspection team consisted of two inspectors.

Before this inspection we reviewed previous inspection reports, the information we held about the home and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection we spoke with five people who were able to express their views of using the service and two visiting relatives. We looked around the premises and observed care practices on the day of our visit in Roseland nursing home and Penlee unit. We used the Short Observational Framework Inspection (SOFI) over the lunch time period in both units. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. After our visit we received feedback from two GPs.

We also spoke with five care staff, three nurses, the manager of Penlee unit and the administrator. We looked at five records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home. We spoke with the registered manager over the telephone after our inspection.

Good

Is the service safe?

Our findings

People told us they felt safe in the service and with the staff who supported them. People told us, "it's very good here, I am safe", "if you have to be in a home then this is it", "it's a very nice home", "I am fine, no complaints" and "I feel safe here". A relative told us the service was "absolutely marvellous".

Staff had received training in safeguarding adults and had a good understanding of what might constitute abuse and how to report it. All told us they would have no hesitation in reporting any concerns to management as they wanted people in the home to be safe and well cared for. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe.

The service held money for people to enable them to make purchases for personal items and to pay for appointments such as the visiting hairdresser and chiropodist. People signed consent forms to agree to the service holding money for them or to say they wished to look after their own money. Receipts were kept to show when money was paid to the person, for example from their family, and when money was paid out. There were two designated members of staff who could access people's money. If these two staff were not available it was possible for staff to use a petty cash fund which meant people were always able to access their money when they wished to. We looked at the records and checked the monies held for people and found these to be correct.

Care records contained appropriate risk assessments, which were regularly reviewed. There was detailed guidance and information for staff on how to reduce the risks for people. For example, one person was unable to use the call bell in their room and staff checked every hour to ensure their needs were met. Staff encouraged and supported people to maintain their independence. The balance between people's safety and their freedom was well managed. One person in Roseland nursing home had a section of garden they maintained and grew plants in. There was a ramp in place to enable them to access this outside area independently, in their wheelchair, and they told us they went out into the garden most days. Their risk assessment recorded what measures needed to be in place to ensure they accessed the garden safely while still having the freedom to go into the garden on their own.

Incidents and accidents were recorded in the home. Records showed that appropriate action had been taken and where necessary changes made to learn from the events. For example, the nurse in charge reviewed the control measures in place when people had falls. If individuals had repeated falls appropriate professionals were involved to check if their health needs had changed or additional equipment was required.

There were enough skilled and experienced staff to ensure the safety of people who used the service. Staffing numbers were determined by using a dependency tool, which was regularly reviewed. A dependency tool is used to identify the numbers of staff required by assessing the level of people's needs. For example a new person was due to move into the Penlee unit a few days after our visit. The manager of the unit told us staff numbers would be adjusted from three staff to four because of the new dependency score. Staff rotas for the current week and previous weeks showed the number of staff on duty each day was in line with the dependency levels of people using the service at that time.

People and visitors told us they thought there were enough staff on duty and staff always responded promptly to people's needs. People received care and support in a timely manner in both units. One relative told us about Penlee unit, "there are always plenty of staff". However, two people in Roseland nursing home told us they could be delays in staff responding at busy times such as in the morning and at teatime.

Staff had completed a thorough recruitment process to ensure they had the appropriate skills and knowledge required to provide care to meet people's needs. Most staff recruitment files contained all the relevant recruitment checks to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. Three files did not have confirmation that a DBS check had been received. The registered manager advised us that these three members of staff were completing their induction and working with existing staff before the DBS was received. We were assured that staff did not start to work on their own until the DBS check was completed.

Medicines were stored and administered safely. All Medication Administration Records (MAR) were completed correctly providing a clear record of when each person's medicines had been given and the initials of the member of

Good

Is the service safe?

staff who had given them. Training records showed staff who administered medicines had received suitable training. Staff were competent in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record.

Medicines were securely stored in a metal cabinet which was kept in a locked room specifically used for the storage of medicines. A dedicated refrigerator was available for medicines that needed refrigeration and the temperature was checked each day to ensure it stayed within the acceptable range. Some medicines which required additional secure storage and recording systems were used in the home. These are known as, 'controlled drugs'. We saw that these were stored and records kept in line, with relevant legislation. We checked stock levels of some people's medicines during our inspection and found these matched the records completed by staff. Where medicines were supplied in the original packaging, rather than being dispensed into sealed daily dose packs, we found it was difficult to accurately check the remaining stock against the MAR charts. This was because the number of remaining tablets was not recorded each time a medicine was given. The registered manager told us there was a system in place to record the number of remaining tablets, after each medicine was given, on the back of the MAR sheet. They assured us they would remind staff to follow this system so there was a clear audit trail.

The environment was clean and well maintained. Maintenance records showed that when repairs and faults were reported these were dealt with in a timely manner. We found there were appropriate fire safety records and maintenance certificates for the premises and equipment was in place.

Good

Is the service effective?

Our findings

Staff demonstrated a good knowledge of people's needs and told us about how they cared for each individual to ensure they received effective care and support. People and visitors spoke well of staff and said staff had the right knowledge and skills to meet people's needs. One person told us, "my care needs are met well by competent staff"

There were good opportunities for on-going training and for obtaining additional qualifications. Most care staff had either attained or were working towards a National Vocational Qualification (NVQ) in care or a Diploma in Health and Social Care. Staff had received training identified by the provider as necessary for the service. For example moving and handling, infection control, mental capacity and safeguarding. In addition nursing staff had completed training in medicines, first aid and palliative care. One care worker told us, "training is good, plenty of it". Records showed most staff had completed dementia awareness training. This training was relevant to the needs of people who used the service.

Staff completed an induction when they commenced employment. The training was in line with Skills for Care Common Induction Standards (a recognised training and induction programme widely used within the care industry). A senior member of staff explained the home's working practices, policies and procedures to new employees when they started working at the home. New staff completed shadow shifts with a more experienced member of staff before they started to work on their own. We spoke with a newly recruited care worker who was working a shadow shift in the Penlee unit. They told us they found it helpful to learn about the role while being an extra member of the team as they could observe and assist other staff until they felt ready to work alone.

Staff told us they felt supported by the management and they received regular one-to-one supervision. This gave staff the opportunity to discuss working practices and identify any training or support needs. In addition staff had annual appraisals where they discussed their personal development.

People had access to health care professionals to meet their specific needs. For example the Penlee unit was working with the local dementia liaison nurse to find different ways of supporting one person who had recently become more anxious and disorientated. A relative told us, "staff are very good at picking up on early signs of infections and calling a doctor when needed".

The environment in the Penlee unit and the ground floor of Roseland nursing home had been adapted to help people with dementia orientate independently around the building. The service had followed published research into how the use of prime colours could help people with dementia identify specific areas of a building. The surround of toilet and bathroom doors had been painted in prime colours and there were picture signs on the doors to help people identify the facilities. There were coloured toilet seats and handrails to further aid people to use toilets independently.

The service monitored people's weight in line with their nutritional assessment. Some people had their food and fluid intake monitored each day and records were completed by staff. People's individual records detailed an ideal amount of food and fluid intake and a minimum intake each day. These records were checked by the nurse in charge to ensure people were appropriately nourished and hydrated. People were offered drinks throughout our visit and jugs of squash were readily available. A relative told us, "my mother always has water in her room".

We observed the support people received during the lunchtime period in both units. Mealtime was unrushed and people were talking with each other and with staff. Tables were attractively laid with vases of flowers and clean white table clothes. People told us they enjoyed their meals and they were able to choose what they wanted each day. A relative told us, "food is very good" and one person told us, "food is OK, nothing to complain about". Staff provided people with individual assistance, such as help with eating their meal or cutting up food to enable people to eat independently. People had a choice of where to eat their meals. For example, in the dining room, their bedroom or one of the lounges. When lunch was served one person decided they wanted a different meal to their original choice and this was provided for them.

Staff asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. For example, we observed people were asked to verbally consent to taking their medicines.

Good

Is the service effective?

The registered manager and nursing staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lacked mental capacity to make particular decisions for themselves.

Where people did not have the capacity to make certain decisions the registered manager acted in accordance with legal requirements. A best interest meeting had taken place for one person to discuss their end of life care. Records showed the person's family and appropriate health professionals had been involved in this decision.

The registered manager considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS is part of the Mental Capacity Act 2005 (MCA) and provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a recent court ruling the criteria for where someone may be considered to be deprived of their liberty had changed. The provider had taken the most recent criteria into account when assessing if people might be deprived of their liberty. As a result of this the registered manager told us they had made 10 DoLS applications to the local authority recently and were waiting to hear if these would be authorised.

Good

Is the service caring?

Our findings

People and their relatives said staff treated them with care and compassion. A relative commented, “nothing is too much trouble”. People told us, “staff are caring” and “staff are fine, some are better than others, but that’s life you get on better with some people”. A healthcare professional told us, “the majority of staff are very caring and motivated to look after their clients”.

Staff were clearly passionate about their work and told us they thought people were well cared for. Staff told us, “residents are like your family” and “I would be happy for a member of my family to live here”. Staff were friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people’s wellbeing. For example, when staff helped people who needed assistance with eating this was conducted in a respectful and appropriate manner, sitting alongside the person and talking to them. At lunchtime a staff member noticed that the sun was coming through a window directly into one person’s eyes. The staff member asked if the person would like to move and gently assisted them to change places, moving their cutlery and drink for them.

The care we saw provided throughout the inspection was appropriate to people’s needs and helped people to be as independent as possible. People had a range of different adapted plates and cutlery to help then eat and drink independently. For example, cups with lids, plate guards, cutlery with extra grip handles and coloured cutlery.

People were able to make choices about their day to day lives. Some people used communal areas of the home and others chose to spend time in their own rooms. People told us they chose what time they got up, when they went to bed and how they spent their day. Individual care plans recorded people’s choices and preferred routines for assistance with their personal care and daily living. One person told us, “we are lucky to get such a good nursing home”.

People living in Penlee unit and some people living in Roseland nursing home had a diagnosis of dementia or memory difficulties and their ability to make daily decisions and be involved in their care could fluctuate. The service had worked with relatives to develop life histories to understand the choices people would have previously made about their daily lives. Staff had a good understanding of people’s needs and used this knowledge to enable people to be involved in decisions about their daily lives wherever possible. The relative of one person told us, “my mother has a good relationship with staff and they understand her needs and how she communicates”.

People’s privacy was respected. Bedrooms had been personalised with people’s belongings, such as furniture, photographs and ornaments to help people to feel at home. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering. One person had brought a garden ornament with them and the service had placed this in the garden so they could look at it from their bedroom window. The person’s family told us they felt this had been of comfort to their relative as they recognised the ornament and it had helped them to settle when they first moved in.

All the staff said they thought people were well cared for. They said they would challenge their colleagues if they observed any poor practice and report their concerns to the manager. Visitors told us they were always made welcome and were able to visit at any time. People were able to see their visitors in communal areas or in their own room.

Good

Is the service responsive?

Our findings

People who wished to move into the home had their needs assessed to help ensure the home was able to meet their wishes and expectations. The management made decisions about any new admissions by balancing the needs of a new person with the needs of the people already living in Roseland nursing home and Penlee unit. The manager of the Penlee unit talked to us about how they continuously monitored people's needs so they could assess how an individual's needs would match with people already living in the unit.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans were informative and accurately reflected the needs of the people we spoke with and observed. Care plans were reviewed monthly, or as people's needs changed, with a full care review taking place with the person every six months. Where people lacked the capacity to make a decision for themselves staff involved family members in writing and reviewing care plans. People told us they knew about their care plans and a manager or a nurse would regularly talk to them about their care.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at Roseland nursing home and Penlee unit. Staff told us care plans were informative and gave them the guidance they needed to care for people. Healthcare professionals told us they thought the quality of care provided in both units was good.

There were some people living in both units who, when they became anxious or distressed, could display behaviour that was challenging for staff to manage. We saw staff were confident about how to respond to meet people's needs, quickly calming the person and defusing the situation. There was a consistent approach between different staff and this meant that people's needs were met in the agreed way each time. For one person their behaviour had been monitored over a period of several days and this had identified certain patterns. This had resulted in changes to staffs approach and how the person's care was provided at certain times of the day.

People had access to a range of group and individual activities of their choice. The service employed three staff to facilitate and co-ordinate activities for both units. There were two activity assistants and one activity co-ordinator. At least one of these three staff was on duty six days a week from 08.00am until 06.00pm. Activity staff told us they spent time every day talking to each person individually to ask what they would like to do and carry out one-to-one support with them. People told us there was a wide choice of activities on offer. This included church services, music sessions, craft activities, bingo, board games, entertainers and monthly bus trips out. People were given a programme for each week. People showed us their copy of the programme and spoke enthusiastically about what they were planning to take part in. People told us, "there is a lot to do". and "there is plenty to do if you want to join in". People could have access to the internet and have telephones in their rooms. One person told us the service had set up internet access for them and they enjoyed using this.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. People and their visitors told us they knew how to complain. One person told us, "no faults about the service, any concerns would be listened to". The service had received four complaints in relation to Roseland nursing home and none for Penlee unit in the last year. All of these complaints had been investigated and resolved to the complainant's satisfaction.

Good

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for Roseland nursing home and Penlee unit. A nurse was in day-to-day charge of Roseland nursing home and a manager was in charge of Penlee unit. The management team was supported by senior care staff on each duty. Staff told us there was a good management structure and everyone was aware of their roles. Management were approachable and supportive and staff told us they could raise any issues with them. People and relatives also told us they thought they service was well managed. One relative told us, "no improvements could be made".

There was a positive culture within the staff team with an emphasis on putting the people who used the service first. Staff consistently interacted with people in a friendly and reassuring manner. Staff felt supported and enjoyed their work. One staff member said, "I love working here." Staff we spoke with confirmed they were encouraged to make suggestions regarding how improvements could be made to enhance the quality of care and support offered to people. Staff and the management team told us staff meetings were held regularly.

People told us there were regular meetings where they could raise any concerns and be involved in decisions about the running of the service. One person told us, "There is a residents meeting where you can bring up any issues, at the last meeting we discussed about ordering food on the day rather than the day before". We found changes had been made in response to people's comments and meal choices were made on the day. The service had a committee that met monthly to discuss any business decisions or changes to the service. One person living in the service attended these meetings to represent people who used the service.

There were effective quality assurance systems to monitor care and plan on-going improvements. These included audits for; care plans, medicines, falls, personal monies, nutritional screening, pressure sores, accidents and incidents, equipment and general maintenance of the building. Where shortfalls in the service provision had been identified the management team had taken action to improve practice. The registered manager completed monthly reports for the organisation to inform the provider of any areas for improvement and actions taken.

The management team sought advice from specialist professionals when developing care plans and this helped to ensure staff had the right guidance and information to meet people's needs. They kept themselves informed of any developments in working practices and new research, particularly in relation to dementia care.