Hexon Limited

Rosegarth Residential

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

Summary of findings

Overall summary

Rosegarth Residential is a care home for up to 26 older people, some of whom may be living with dementia. The home is situated in Bridlington, a seaside town in the East Riding of Yorkshire. Bedrooms are located on the ground, first and second floors and there is a passenger lift to reach the first and second floors. On the day of the inspection there were 19 people living at the home.

At the last inspection in March 2015, the service was rated as Good. At this inspection we found that the service remained Good.

There continued to be sufficient numbers of staff employed to make sure people received the support they needed, and those staff had been safely recruited. People told us they felt safe living at the home.

Staff had continued to receive appropriate training to give them the knowledge and skills they required to carry out their roles. This included training on how to protect people from the risk of harm.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind, caring and patient. They respected people's privacy and dignity and encouraged them to be as independent as possible.

Care planning described the person and the level of support they required. Care plans were in the process of being re-designed and were an accurate record of the person and their care needs.

Activities were provided for people, including walks with staff into the town and on to the seafront.

People understood how to express any concerns or complaints and were given the opportunity to feedback their views of the service provided.

The manager had submitted their application for registration to the Care Quality Commission. Staff and relatives reported that the service was well managed.

The manager carried out audits to ensure people were receiving the care and support that they required, and to monitor that staff were following the policies, procedures and systems in place.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Rosegarth Residential

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection that took place on 2 June 2017 and was unannounced. That means the provider did not know we would be inspecting. The inspection was carried out by one adult social care inspector.

Before this inspection we reviewed the information we held about the home, such as information we had received from the local authority and notifications we had received from the provider. Notifications are documents that the provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. We also received feedback from a health care professional. The provider was not asked to submit a provider information return (PIR) before this inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of the inspection we spoke with four people who lived at the home, two relatives, a senior care worker, the manager and the general manager. We also carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us. We looked around communal areas of the home and some bedrooms, with people's permission. We also spent time looking at records, which included the care records for two people who lived at the home, the recruitment and training records for two members of staff and other records relating to the management of the home, such as quality assurance, staff training, health and safety and medication. We spoke with a further two members of staff on the day following the inspection.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "The building is safe and I have confidence in the staff." This was supported by the relatives who we spoke with. One relative told us, "[My relative] is 100% safer here than they were at home" and another said, "I've been away for two weeks as I know [my relative] is in good hands." Staff described to us how they kept people safe. Comments included, "We administer medicines safely and make sure people stick to their specific diets" and "We have training on moving and handling and infection control."

Care needs assessments had been carried out, and when risks had been identified, action was taken to minimise potential risks without undue restrictions being placed on people. We saw risk assessments in respect of showering and bathing, falls, tissue viability, choking, diabetes and the storage of toiletries. The new call system worked remotely which meant that people could take their alarms into other areas of the home so they were easily accessible. One relative told us that their family member had been confined to bed for a long time; they had been provided with a special bed and had never developed pressure sores. They commented, "Staff use a positional chart and move her approximately every hour."

Staff continued to receive training on safeguarding adults from abuse. They were very confident when describing different types of abuse they may become aware of and the action they would take to protect people from harm. Staff told us they would pass on any concerns to the manager and were confident their concerns would be dealt with immediately. Records showed that the seriousness of incidents was being considered and alerts submitted appropriately to the local authority.

On the day of the inspection we saw there were enough staff on duty and people told us they did not have to wait for attention. Staff told us they were happy with staffing levels and that managers always tried to cover short notice staff absences. One staff member said, "Staffing levels are OK. We are sometimes a bit busy but that's the nature of the job." On the day of the inspection we saw that staff were visible in communal areas of the home and people received attention promptly.

We checked the recruitment records for two members of staff. These records evidenced that references and a Disclosure and Barring Service (DBS) check were in place prior to people commencing work. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions. This meant that only people considered safe to work with people who may be vulnerable had been employed at Rosegarth Residential.

We saw that medicines were stored safely, obtained in a timely way so that the person did not run out of them, administered on time, recorded correctly and disposed of appropriately. One person explained to us what they were taking their medicines for and commented, "I get my medicines at the right time and I can ask for more pain relief if I need it."

Accidents and incidents were recorded, analysed each month and audited to identify any patterns that

might be emerging or improvements that needed to be made. Body maps were used to record injuries and to assist staff in monitoring the person's recovery.

There was a contingency plan that provided advice for staff on how to deal with unexpected emergencies, and people had a personal emergency evacuation plan (PEEP) in place that recorded the assistance they would need to leave the premises in an emergency.

We reviewed service certificates and these evidenced that equipment and systems had been appropriately maintained. This included the fire alarm system, fire safety equipment, mobility and bath hoists, the electrical installation, portable electrical appliances and gas appliances / systems. Weekly fire alarm tests were carried out, as well as monthly checks on the emergency call bell, window opening restrictors and water temperatures.

Everyone who we spoke with told us that the home was maintained in a clean and hygienic condition and we observed this on the day of the inspection. We discussed with the general manager how improvements could be made to the laundry room to create more distinct 'dirty' and 'clean' zones. Following the inspection we received photographic evidence from the registered provider of the improvements that had been made to the laundry facilities at the home.

Good

Is the service effective?

Our findings

People told us they liked the meals at the home. One person said, "The food is really good – I'm having quiche today. There's always a choice." People's special dietary requirements were recorded in their care plan and we saw people had appropriate nutritional assessments and risk assessments in place. When people were at risk of weight loss or gain, charts were used to monitor their food and fluid intake. We saw that these had been completed consistently, although the target amount of fluid intake and the total fluid intake had not been recorded. Managers told us this would be addressed with staff. Care plans recorded visits from speech and language therapy or dietetic services when risks about choking or malnutrition had been identified, and there was a record of the advice given to staff.

There was a chalk board in the dining room that recorded the day's menu, and there was also a list of alternatives to the main meal. We observed the serving of lunch; the meal looked appetising and we observed that people were offered a choice of meals and drinks.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the record of DoLS applications that had been submitted to the local authority for authorisation, the DoLS that had been authorised and, in one instance, that the renewal had been applied for.

We found that staff had an understanding of the MCA, DoLS and the importance of obtaining people's consent to their care. When people had capacity to do so, they had signed consent forms for such areas as staff assisting with the administration of medicines. When people did not have the capacity to agree to this, we advised that their consent form should not be signed. Staff described to us how they helped people to make day to day decisions, such as which meal to choose and what clothes to wear. One member of staff said, "In a morning we would show people outfits so they could choose. At mealtimes they might choose one meal but then change their minds. We would just offer something else."

Staff received induction training when they were new in post, and also shadowed experienced staff as part of their induction training. Training records showed staff had completed training on the topics considered essential by the home, including first aid, safeguarding adults from abuse, infection control and moving and handling. Some staff had also completed additional training such as pressure area care and dementia. We discussed with the manager that, ideally, all staff should complete training on dementia as the home provided a service for people who were living with dementia. Records showed that nine of the 12 care staff had completed a National Vocational Qualification (NVQ) at either level 2, 3 or 4. It may be that the topic of dementia was covered during this training.

The general manager told us that most new staff had chosen to enrol on NVQ Level 2 rather than the Care Certificate, although one person had chosen to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers observe. It is the minimum standards that should be covered

as part of induction training of new care workers.

Staff told us they felt well supported, in both staff meetings and supervision meetings. Supervision meetings give staff the opportunity to meet with a manager to discuss people's care needs, identify any training or development opportunities and address any concerns or issues regarding practice.

People were supported by GPs, community nurses and other health care professionals and all contacts were recorded. Any advice given by health care professionals had been incorporated into care plans. A health care professional told us, "The staff do appear to understand the needs and dietary requirements of a patient that we see twice a day for insulin administration."

People had hospital passports in place. These are documents that people can take with them to hospital admissions when they are not able to communicate information about their care and support needs to hospital staff. They provide hospital staff with information about the person to enable them to meet their needs.

We observed that people who could mobilise independently walked around the home without restriction and had no problem with finding their way around. One person said, "I can find my way around without any bother." There was a laminated card on each person's bedroom door that recorded their name, room number and a relevant picture, such as kittens, to help them locate their own room.

Good

Is the service caring?

Our findings

We observed that staff were kind, caring and patient and we saw positive interactions between people who lived at the home and staff. People told us that staff genuinely cared about them. Comments included, "I love it here. The staff are kind and really care about me. The cook is lovely to everybody" and "They are the right staff for the job – nothing is too much bother." Relatives were positive about the attitude of staff. One relative told us, "Staff are absolutely marvellous. They really care – they are kind, affectionate and patient." Another relative said, "Staff genuinely care. My mum is much better in herself since she has been here. Staff are friendly and approachable, and they get to know relatives as well as the people who live here." A member of staff told us, "Staff definitely care. You couldn't ask for a better team." A health care professional told us, "The staff on a whole are friendly and helpful."

We saw people who lived at the home looked well cared for, were clean shaven (when this was their choice) and wore clothing that was in keeping with their own preferences. One relative said, "My mum looks clean and presentable." It was clear that staff understood people's different lifestyle choices and supported them to live how they chose to.

There was a dignity statement in each person's care plan that stated, 'Dignity is being listened to and being respected and being visible. Dignity is a safeguarding matter.' Staff were able to describe how they promoted people's privacy and dignity, such as closing doors and curtains, and covering people with a towel to protect their modesty. A health care professional told us that people receive interventions in a private room to promote their privacy and dignity.

People were supported to be as independent as possible. One person told us that they liked to keep busy and helped staff, "With things like folding napkins."

There was information available in the home about advocacy services. One person had been supported by an Independent Mental Capacity Advocate (IMCA) during the DoLS process. IMCAs provide support for people who lack the capacity to make their own decisions and have no-one else to represent them.

We saw that written and electronic information about people who lived at the home and staff was stored securely. This protected people's confidentiality.

One relative told us that they had discussed some of their concerns about their relatives care in the future, including their end of life care. They felt they had been listened to and that the manager and staff had responded very well to their requests for advice and information, and had put suitable arrangements in place to address their relatives future care requirements.

Good

Is the service responsive?

Our findings

Managers completed an initial assessment of people's needs before they moved into the home; these included the use of recognised assessment tools for tissue viability and nutrition. A care plan was developed from these assessments. Care plans contained information for staff about how to meet people's needs in a variety of areas, including communication, personal care, continence, mobility and tissue viability. Although care plans were in the process of being updated into a more accessible format, we saw that they contained sufficient information to ensure staff were aware of people's specific care and support needs and to enable staff to provide care that was centred on the individual. This included their hobbies and interests, their likes and dislikes and family relationships. Care plans were reviewed regularly to ensure that information was reflective of people's current needs.

Daily handover meetings provided staff with up to date information. Records showed staff discussed any concerns about people who lived at the home, as well as visits from and contact with health care professionals, appointments and medicines.

People were supported to keep in touch with family and friends and visitors were made welcome at the home. We spoke with some visitors on the day of the inspection and we received very positive feedback about the care and support their relatives received.

People told us they enjoyed the activities on offer. One person told us, "I like to read, do crosswords and watch the TV." A new activity coordinator had been appointed to support activities at homes within the organisation. They spent one day a week at Rosegarth Residential and this included spending one to one time with people. One person told us, "I've been out with [Name of activities coordinator] this morning and I had an ice-cream. I've also sat in the garden when the weather has been nice."

Care staff also carried out activities as part of their day to day duties and the activities folder showed that both one to one and group activities were organised on a regular basis. The activities programme for June was on display and this included an invitation to attend a coffee morning at a nearby home operated by the same provider. The day of the inspection was Ladies Day at Royal Ascot. This was on the TV but the sound was turned off, and the radio was playing at the same time, which was confusing. We discussed with the manager how this was a missed opportunity for discussion / activity, as a member of staff had introduced a game of dominoes when they could have introduced a discussion about Royal Ascot. This was acknowledged by the managers, who said they would feed this back to care staff.

Information about making a complaint continued to be available in the home. People told us, "I would speak to one of the carers and they would try to put it right" and "I could speak to any of the staff as they are all very good." Staff told us they would support someone to make a complaint if they were reluctant to do so, and that people's complaints were listened to. Records showed there had been one verbal complaint received in May 2017. This had been dealt with and the person making the complaint had stated they were happy with how the complaint had been dealt with.

The home had received several thank you cards from relatives of people who lived at the home, including one that was presented to staff written on a cake.

People had an opportunity to express their views in surveys about the care and support they received. The most recent survey was in May 2017 and we saw that all of the responses received were positive. For example, everyone said they could speak freely and openly to staff. A meeting for people who lived at the home had been held in December 2016. These meetings were being replaced by 'relative and resident' meetings; the first one was planned for July 2017. This showed that people had a variety of ways to give feedback on the quality of the service they received.

Good

Is the service well-led?

Our findings

There was a manager in post who was in the process of registering as the manager. 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. The manager had been appointed on 10 May 2017 and they had submitted their application for registration to CQC.

We asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to people's care and support. We found that these were well kept, easily accessible and stored securely. In addition to this, the current ratings for the service awarded by CQC were clearly displayed in the home, as required.

We found the manager had informed CQC of significant events in a timely way by submitting the required 'notifications'. The submission of notifications allows us to check that the correct action has been taken by the registered persons following accidents or incidents.

Relatives told us they were happy with how the home was managed. One relative told us, "I could speak to the manager about anything and they would listen." Staff supported this view. They told us, "The home is well managed. We can raise issues. I could speak to [Name of manager] or [Name of general manager] – they are both approachable."

Staff meetings were held and minutes of meetings showed that staff were kept informed about important issues, such as the home's management structure, the introduction of handover meetings and reminders about the home's policies and procedures.

Staff received a certificate of achievement if they had been identified as carrying out 'special work'. The manager said they were considering incentives for staff who worked additional shifts, and introducing a 'Carer of the month' scheme.

Staff described the culture of the service "A close little unit, very homely atmosphere with home cooked food and baking" and "Friendly and approachable staff." The manager told us that they aimed for the service to be safe and comfortable. They said, "It's their home and we want it to be happy."

The manager carried out quality audits to monitor that systems at the home were working effectively and that people received appropriate care. These included audits on safeguarding, medicines, care plans, health and safety and infection control that were carried out every two months. Accidents were audited monthly and periodic audits were carried out areas such as the dining experience, the nurse call system and the environment. Any actions that were required following the audits had been recorded and we observed that some had been actioned, such as hot drinks being offered to people with their lunch and picture menus being developed. However, we discussed with the manager that there needed to be more evidence of when

the required actions had been completed.

Relatives had completed a satisfaction survey in May 2017 and a summary of the survey responses had been collated. The responses to all of the questions included had been positive. Although there had been no recent relative meetings, this had been recognised by the new manager. There was a notice on display advertising 'resident / relative' meetings in July, October and December 2017. This would give relatives an additional opportunity to share feedback about how the service was being managed.