Ablecare Homes Limited

Rosewood House

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

This inspection took place on 28 June 2018 and was unannounced. The service is registered to provide accommodation and personal care for up to 17 people (one shared room is however only ever used by one person, reducing occupancy to 16). The home is a converted house and facilities are over three floors. There is a stair lift in situ but this does not access the two bedrooms on the half-landing. Some of the bedrooms have en-suite facilities. At the time of our inspection there were 13 people living in the home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

When we inspected the service in April 2017 we found there were two breaches of legal requirements and further improvements were required in Well Led. Following that inspection, we asked the provider to submit an action plan telling us what improvements they would make to rectify the breaches. We have assessed this as part of this inspection. The improvements had been made and we have added the detail in the main body of the report.

There was a registered manager in post who had worked at Rosewood House for many years. 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 were safe at Rosewood House. Staff received safeguarding vulnerable adult training and were knowledgeable about safeguarding issues. They knew what to do if there were concerns about a person's welfare and who to report their concerns too. In the majority of cases the care staff would report to the registered manager or the 'head office'. Safe recruitment procedures were in place to ensure only suitable staff were employed. The appropriate steps were in place to protect people from being harmed.

As part of the assessment and care planning processes any risks to people's health and welfare were identified. Their care plans detailed how these risks were managed to reduce or eliminate the risk. Medicines were managed safely and this is an improvement from our last inspection. The premises were well maintained with regular maintenance checks being completed. Checks were also made of the fire safety systems, the hot and cold-water temperatures and any equipment to make sure it was safe for staff and people to use.

Staffing levels were adjusted as and when necessary. Whilst the number of care staff on duty was based on the number of people in residence, account was taken of the care and support needs of each person and any social activities that were taking place in, or outside of the home. People were safe because the staffing levels were sufficient.

People received an effective service. Care staff had mandatory training to complete and any new staff had an induction training programme which prepared them for their role. This ensured the staff team had the necessary skills and knowledge to care for people correctly. Care staff were encouraged to complete nationally recognised qualifications in health and social care.

People's capacity to make decisions was part of the care planning process. People were always asked to consent before receiving care. They were encouraged to make their own choices about aspects of their daily life. We found the service to be meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were provided with sufficient food and drink. Consideration was given to their likes and dislikes and any specific dietary needs for catered for. Where people were at risk of losing weight, they were provided with supplement drinks or fortified foods. In the hot weather people were offered regular fluids to prevent dehydration. Arrangements were made for people to see their GP and other healthcare professionals when they needed to.

People were provided with a caring service. The staff team ensured people were well looked after, treated them with respect and dignity. Each person had a keyworker who would link with the person's family or friends. People were given the opportunity to take part in a range of different meaningful social activities. There were group activities and external entertainers visited the service on a regular basis.

The service was responsive to people's individual needs. Assessment and care planning arrangements meant people were provided with person-centred care. The service responded well to changes in people's care needs. People and relatives were asked to provide feedback about the service they received, were listened to, and actions taken where appropriate.

The service was well-led because there was good leadership and management. The registered manager was experienced. At the start of shifts, care staff received a handover report and were informed of any changes or happenings and staff meetings were held regularly.

The registered provider had a regular programme of audits in place which ensured that the quality and safety of the service was checked. These checks were completed on a daily, weekly or monthly basis.

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 has improved and is now safe.

People's medicines were managed safely.

People received care from staff who kept them safe. They received training in safeguarding issues and were aware of what to do if concerns were raised. Recruitment procedures were robust and ensured only suitable staff were employed.

Any risks to people's health and welfare were well managed and the premises were well maintained and safe.

There were sufficient staff on duty at all times to ensure people's needs were met and they were safe.

Is the service effective?

Good

The service has improved and is now effective.

Improvements had been made with staff training and staff supervision. This meant staff were trained, well supported and able to carry out their role.

People were provided with sufficient food and drink. They could make choices about what they ate and drank. They were assisted to see their GP and other healthcare professionals when they needed to.
The service was aware of the principles of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards and worked in accordance with this. People were asked to consent before staff helped them with tasks.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service has improved and is now well led.

There was a good management structure in place. Staff were provided with good leadership and were well supported.

There was a programme of checks and audits in place to ensure that the quality of the service was measured. Any accidents, incidents or complaints were analysed to see if there were lessons to be learnt.

Rosewood House

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 was 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.

The inspection took place on 28 June 2018 and was unannounced and was undertaken by two inspectors.

Prior to the inspection we looked at the information we had received about the service in the last year and notifications that had been submitted by the service. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During our inspection we spoke with seven people who lived at Rosewood House and two visitors. We spent a period observing how people were spending their time and the interactions between them and the staff team. We did this to assess what the quality of care was for those people who could not describe this for themselves. This was because some people had a degree of cognitive impairment or were living with dementia.
We spoke with the registered manager, the deputy who was leaving the service, the newly appointed deputy as well as four other members of staff (care staff and kitchen staff).

We looked at four people's care files and other records relating to their care. We looked at three staff employment records, their supervision and training records. We also looked at key policies and procedures, checks and audits that had been completed to assess the quality and safety of the service and minutes of staff meetings.
During the inspection we were able to get feedback from one healthcare professional who was visiting the service. We asked them to tell us their views and experience of the care and support people received. We also received feedback from social care professionals who had visited the service prior to this inspection. All their comments have been included in the main body of the report.

Good

Is the service safe?

Our findings

People received a safe service at Rosewood House. The two relatives we spoke with during the inspection had no concerns about the care of their loved one and never worried when they were not there. Health and social care professionals expressed no concerns about the care of people who lived in the home. Those people we spoke with raised no concerns regarding their safety. Our observations during the inspection concluded that people were well looked after and treated nicely.

At the inspection of April 2017 improvements in the management of medicines was required. At that time the inspector had found that protocols were not in place where people were prescribed medicines on an 'as required' basis. Also, where medicines were in a liquid form, the staff had not been writing the date of opening on the bottle. These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection the provider sent us an action plan detailing how they would rectify this breach and given timescales.

At this inspection we saw protocols were in place for all medicines prescribed on an 'as and when' basis. These protocols set out what the medicine was for, the dose and how often it could be administered. All bottle containing liquid medicines were dated with the day of opening.

The processes for ordering, receiving, storing and disposing of medicines continue to be well managed and in accordance with safe practice. We have asked the provider and registered manager to review the ventilation in the medicines room. This was because they are recording the temperature in the room daily but on most occasions, this is recorded as 25 degrees. This is the maximum temperature for safely storing medicines. People were assisted with taking their daily medicines by the care staff who had received safe administration of medicines training. Their competence in safe practice was regularly reviewed and reassessed.

Staff completed vulnerable adult training as part of the provider's mandatory training programme. Those we spoke with were aware of their responsibility to keep people safe and knew what action to take if abuse was suspected, witnessed or a person made an allegation of harm. Staff said they would report any concerns they had to the registered manager or the deputy. Information was displayed on the noticeboard by the office telling them how they could report directly to the local authority, the Police and the Care Quality Commission.

Safe recruitment procedures were followed always and this ensured unsuitable staff were not employed. Pre-employment checks were undertaken and included a face to face interview and assessment, written references from previous employers and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. Where risks had been identified during the pre-employment checks, the registered manager and provider had completed a risk assessment to ensure people could not be harmed.

Generic risk assessments were completed for each person as part of care planning. These included the

likelihood of falls, the risk of malnutrition or dehydration, the likelihood of pressure damage to skin and moving and handling tasks. Where a person needed assistance to move about a mobility plan was written. These set out the equipment needed to complete the task and the number of care staff required.

Staff received safe moving and handling training and the registered manager was a qualified moving and handling trainer. Staff were not permitted to undertake any moving and handling until they had been trained. At the time of this inspection 12 people could move about independently, either with no aids or with walking sticks and walking frames. One person required the care staff to help them move. Staff needed to support other people with using the bath and used bath hoists for example.

The maintenance team had a programme of checks of the premises to complete, this included fire safety equipment, hot and cold-water temperatures and equipment checks. There was a fire risk assessment in place and fire drills were arranged on a regular basis. For each person, a personal emergency evacuation plan (a PEEP's) had been prepared. These set out the amount of support the person would require in the event of a fire and the need to evacuate Rosewood House. There were daily, weekly and monthly tasks to be completed by the kitchen staff, including fridge and freezer temperatures, hot food temperatures and food storage arrangements. Kitchen staff and domestic staff had a cleaning schedule of daily weekly and monthly tasks. These measures ensured people lived in a safe environment.

The registered manager ensured the number of staff on duty for each shift was sufficient so that each person's care and support needs were met. Staffing numbers were adjusted as and when necessary. On the day of inspection, the deputy, one senior and two care staff were on duty along with kitchen staff and a domestic. The registered manager had not been on duty at the start of the inspection however they came in to assist with the inspection. The service was also supported by administrative staff based at head office, the quality manager and the maintenance team.

Rosewood House was clean, tidy and fresh smelling throughout. Domestic staff had cleaning schedules to follow to maintain the cleanliness of the home. Care staff received infection control training and had access to personal protective equipment (gloves, aprons and hand sanitising gels). Hand gel was placed in the main hallway and visitors were asked to use this. Regular checks were undertaken of the environment.

Good

Is the service effective?

Our findings

The service had improved to provide an effective service. People agreed the service was effective and said, "They are very good here. I believe I am well looked after", "It is alright here" and "Everything is fine". One relative said the home scored "10 out of 10".

At the inspection in April 2017we found the provider had failed to ensure that staff were trained and competent for the role they were employed for. The provider had also failed to provide adequate supervision opportunities for the staff team. These were breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us their action plan telling us what they planned to do to make the required improvements.

The service had made improvements to ensure staff were well supported and had the appropriate skills and competencies to meet people's needs effectively. The registered manager and deputy had set up a supervision matrix to ensure each staff member was supervised in line with the company policy. These supervision sessions ensured work performance was monitored and any training and development needs were identified. Staff confirmed they had a regular face to face meeting with a senior manager and they were well supported by their colleagues.

The provider had a programme of mandatory training for all staff to complete. At the last inspection some staff had not completed all their training and the service was in breach of the relevant regulation. The provider had taken action with those members of staff who had not completed essential training. Records evidenced that the staff team were well trained and had the necessary skills to meet people's needs. The training programme include moving and handling, food hygiene, fire safety and infection control, safeguarding adults (including the principles of the Mental Capacity Act 2005 (MCA). Other training the staff had completed included diabetes care and catheter care. Care staff were encouraged to undertake health and social care qualifications and at the time of the inspection14 care staff had already achieved an NVQ at level two.

New care staff had an induction training programme to complete at the start of their employment. They then completed the Care Certificate within 12 weeks of employment. When the provider completed the PIR prior to the inspection they employed six members of staff who had completed the Care Certificate. The Care Certificate was introduced in April 2015 and covers a set of standards that social care and health workers must work to.

People were supported to make decisions about their day to day life and encouraged by the staff to make decisions about how they wanted to be looked after. Mental capacity assessments were recorded in the person's care file. For one person we noted that their assessment had been completed in 2017 and not reviewed since. Staff were aware of the need to ask for people's consent and we heard them offering people choices and asking for permission to assist them.

MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the

capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for a person when they lacked the capacity to consent to treatment or care. At the time of the inspection the service was waiting authorisation of applications they had submitted to Bristol City Council. This was because those people lacked the capacity to make the decision they needed to live in Rosewood House for the care and support they needed. We found that the service was working within the principles of the MCA and applying for DoLS appropriately.

People were provided with sufficient food and drink. The staff found out what people liked to eat and drink. Any dislikes and food allergies were recorded and the kitchen staff were informed. Any other specific requirements, for example the need for soft foods or a diabetic diet were catered for. An assessment of each person to identify any nutrition and hydration risk was completed and reviewed monthly. Body weights were checked monthly and more often if necessary. The staff took appropriate action where people were losing weight and fortified foods and drinks were provided.

People were complimentary about the meals they were served with. One person said, "Lunch was lovely today. All the meals are nice to be honest". Another described the meals as, "Pretty good". A new chef was starting at the service on Monday 2 July 2018. In the interim care staff were taking it in turns to run the kitchen. The one on duty when we inspected told us they had completed food hygiene training. At lunch there was one main meal offered but people could request an alternative if they wanted to. Meals were served to people in the dining room and we observed this was a social event. It was a hot day when we visited and jugs of squash were available in the lounge and dining room and ice creams were served mid-morning. People were served tea and coffee, or cold drinks, with biscuits and homemade cakes throughout the day. People's birthdays were celebrated with a cake at afternoon tea time.

People had access to GP services. At the time of the inspection, every person was registered with the same GP. The staff made arrangements for the GP to visit the home and see people as and when necessary. On some occasions the staff could escort people to the surgery to have a consultation with the GP there. District nurses visited those people who had nursing care needs which could include wound care management, insulin injections, to support end of life care and other monitoring tasks. District nurses told us people received effective care, they were always called in a timely manner, communication was good and any instructions they left for the staff were followed through. The service was supported by the mental health in-reach team and healthcare professionals from community teams, for example physiotherapists and occupational therapists. Foot care specialists visited the service on a six-weekly basis and opticians visited regularly.

Good

Is the service caring?

Our findings

People received care and support from a staff team who were kind, caring and very respectful. They said, "I love it here", "The staff are very kind to me", "I think I am in the best care home and I am glad I live here" and "The staff are very caring and always smile. That makes me feel happier". One relative felt their parent was 'looked after as if they were family'.

People were encouraged to make their bedrooms personal and could bring in items of furniture (if there were no health and safety risks), pictures and personal memento's.

The registered manager and the whole staff team had a person-centred approach with each person and took account of their individual preferences and choices. Staff spoke about the people they were looking after in a respectful manner. We asked staff if they would recommend Rosewood House to friends and family to live in or work in and they each said yes.

We observed the interactions between the whole staff team, the people who lived in the home and any visitors. All interactions were friendly, respectful and genuine. People were assisted with personal care and this was done discreetly with bedroom, bathroom and toilet doors closed. We saw the care staff knocking on doors before entering people's bedrooms. People were generally called by their first name as a preferred choice.

The service had a keyworker system in place. A keyworker is a member of staff who takes a greater interest in their well-being, keeps a close eye on stocks of toiletries and clothes and provides a link between the person and their family. The keyworker was also responsible for ensuring the person's care plan was reviewed and kept up to date.

Where possible people were involved in saying how they wanted to be looked after and the care they were provided with was person centred. Those people who were living with dementia or a cognitive impairment were encouraged to make safe decisions to have some control over their day to day life. People were asked about things that were important to them and this was included in their care plans.

The provider had engaged with a professional counsellor who visited the service regularly. They were available to confidentially support people, family members and staff. This was an opportunity to discuss any concerns and issues people, relatives and staff had. The provider planned to continue this arrangement because of the benefits, particularly for families who were feeling guilty about their family member being 'in care' or struggling with their diagnosis of dementia. For staff they could discuss non work-related issues. This was an example of a very caring employer.

Good

Is the service responsive?

Our findings

The service continues to provide a good responsive service. People said, "I get all the help I need. You do not want for anything here", "Everything is alright and I am well looked after", "I tell the staff how I like things to be done", "When I was ill a while back, they looked after me wonderfully" and "They help me have a bath and it is lovely". One relative said, "I cannot fault the way mum is looked after. The staff are very attentive".

People's care and support needs were assessed before being offered a placement in Rosewood House. This ensured the home was the right place for them, the staff team could meet their specific needs and any necessary equipment was available. The assessment covered all aspects of the person's daily life, any healthcare needs and their expectations. The information gathered during this assessment was used as a basis for further assessment on admission and then completion of the care plan.

People's care plans were detailed and accurately reflected their care and support needs. The plans were person centred and evidenced the person had been involved in making decisions about their care and support. Care plans were generally reviewed monthly but there were a few gaps noted. Care plans were updated as needed to reflect changes in care needs. Relatives or other representatives were included with these reviews where the person wanted this to happen. Where necessary health and social care professionals were asked to be involved when people's care needs changed significantly.

Daily care notes were written by the care staff and any other monitoring forms. These may include food and drink charts, behaviour charts, the application of any prescribed topical ointment and cream charts and body maps identifying any wounds. Those records we looked at had been completed well.

There was a meaningful programme of social activities in place and details regarding events that were taking place were displayed in the main hallway. Activities were led by the care staff or external entertainers who visited the home. The programme for July 2018 included gardening club, music for health, music and singing, music and movement and visits from a hairdresser. The day after this inspection a summer garden party was being held. The service received visits from a local nursery and junior school, where people did activities with the youngsters. Photos of these events were displayed in the main hallway.

People could raise any concerns they had and the staff team listened to them. They told us, "I would say something if I was not happy. I am happy here", "The staff listen to me and sorts things out" and "I would ask to speak to the matron if I needed to report something". One relative said, "I have had reason to raise a few minor concerns, nothing really to worry about. The manager was very prompt and made the changes mum wanted". A copy of the complaints procedure was posted in the front hallway and included in the home's brochure.

The service would continue to look after people whose health deteriorated and they required palliative of end of life care. The staff would work in collaboration with the person's GP, district nurses and other health and social care professionals as appropriate. The service would however, not admit a person in to their care who already had end of life care needs.

Good

Is the service well-led?

Our findings

People spoke positively about the service and the registered manager. One person said, "They're good, we have like the matron she is good and a great person to talk to". When another person was asked if they felt comfortable to approach the registered manager they said, "I'm not afraid of anyone to talk to, but so far I'm ok and I have not needed to". During our inspection we were informed that a relative of a person using the service was so pleased with the service their relative was receiving they had recently nominated the registered manager and the team for a regional award with Care and Support West.

We spoke with the registered manager during our inspection who was familiar with the people who used the service and informed us that they would work with staff members to ensure that the service worked well from the 'residents' point of view.

The registered manager had received additional moving and handling training to be a trainer. This meant they could identify poor moving and handling practise and offer further training where necessary. The registered manager informed us of one occasion when they had walked into a room and observed a staff member using poor techniques. The registered manager had intervened and had personally re-trained the staff member to ensure that this type of occurrence would not be repeated in the future. This shows the registered manager led by example.

We observed interactions between the registered manager, staff members and people. These were caring and respectful. Staff achievements were celebrated across the organisation by a 'worker of the month' scheme; staff members who went 'above and beyond' and provided people with good levels of service were nominated and if chosen received a certificate and a £10 gift voucher.

The service had received one complaint in the past nine months. The complaint was investigated thoroughly and the service had followed up the concerns raised with the complainant. Furthermore, the service had engaged with staff involved in the complaint and had sought external advice from a doctor. The conclusion of the report was clear, accessible and comprehensive.

During our inspection we saw evidence that meetings were being held with people using the service. These meetings were to review people's care needs and the way in which they were looked after. Regular staff and management meetings were also taking place and minutes of the meetings had been recorded. Where relevant action plans were created and implemented. For example, we saw evidence that one person had provided feedback regarding how they wanted to be supported during personal care. This information was cascaded to staff and the care plan was altered to reflect the change.

Although they were not in breach at our inspection in April 2017 further improvements were required in auditing and monitoring the service. Both the provider and the registered manager had worked together to develop and implement a programme of quality audits and monitoring systems. This included medication audits, a questionnaires audit and health and safety audits. We saw that these audits had identified areas for improvement and where this was the case an action plan had been created. The records evidenced the

actions had been completed. For example, questionnaires completed by people highlighted that people felt there were few activities offered by the service. During our inspection we saw an action plan that aimed to increase the range of activities on offer. We spoke with the registered manager and a director who said that the service had been proactive in identifying and engaging with groups and services that may be able to assist them. As a result, there was now an abundance of activities now on offer, with a broad and varied programme of activities.

The service had introduced a supervision and appraisal audit because of feedback provided after the previous inspection. Records showed that all staff were being regularly supervised, any training and development needs were identified and their work performance was monitored.

The service had a kitchen audit in place and prior to our inspection the service had achieved five-star food hygiene rating from the Food Standard Agency.

The responses from questionnaires completed by people communicated that overall people felt well cared for, safe and that they were treated with dignity. Comments from questionnaires completed by health and social care professionals who visited the service included, "Staff are very friendly and approachable" and "I found staff to be attentive and pleasant to residents".

The service worked to identify trends and reoccurring problems and acted to ensure these were managed. For example, the registered manager had received feedback from a person who did not like the way that their bed was being made by members of staff. We saw evidence that this had been managed within a staff meeting and that members of care staff were now allocated to check each person's room had been left in the way that they preferred. This included that appropriate bed sheets were used, the call bell was accessible to people and clothes had been removed for laundering.

The registered manager was aware of their responsibilities regarding notifications which needed to be made to the Care Quality Commission. A notification is information about important events that have happened in the home and which the service is required by law to tell us about.

The provider and the registered manager worked with other organisations to make sure they were following current best practice. The provider was an active member of Care and Support West – the director was a board member and attended various board meetings and meetings regarding the current topics within the care sector. The registered manager attended the Bristol Registered Manager network meetings. Any learning gained from these meetings was taken back to the service and shared amongst the staff team and across the group.