

Acacia Care (MH) Ltd

Rosewood Manor

Inspection report

58 Coventry Road
Market Harborough
Leicestershire
LE16 9BZ

Tel: 01923624154

Website: www.rosewoodmanor.co.uk

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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

About the service

Rosewood Manor is a residential care home providing personal care to 32 people aged 65 and over at the time of the inspection. The service can support up to 70 people.

People's experience of using this service and what we found

People said they felt safe. Staff understood their responsibilities to protect people from abuse and avoidable harm. People received their medicines in a safe way and in the way they preferred.

Infection prevention and control policies and procedures and national guidance were followed. The service was clean and hygienic, and people were protected from the risk of infection.

Staffing numbers had recently increased, and staff deployment had improved to ensure increased support and supervision for people who required it.

Staff received the training and support they required to meet people's needs. They felt supported by their managers and colleagues.

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

Staff were kind and caring and motivated to provide person centred care. Staff had time to spend with people and supported people to make choices and be as independent as possible.

People had access to a range of activities and were supported to maintain important relationships and follow their interests and hobbies.

Lessons were learnt when things went wrong and changes were made to reduce further risk and improve the quality of care and support.

Systems and processes to monitor the quality of the service were robust and identified risk and areas for improvement. People were consulted and involved in the day to day running of the service. People's equality and diversity needs were considered and respected.

Staff and managers had a shared vision and person-centred approach. Staff were supported and said their managers were accessible, approachable and open.

The provider worked in partnership with other professionals and followed best practice guidance within the sector.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 28 January 2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing and management of risk. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosewood Manor on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rosewood Manor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Rosewood Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with fourteen members of staff including the provider, nominated individual, registered manager, regional support managers, care managers, care workers, a housekeeper and a lifestyle coordinator.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and had confidence staff would take action if they were worried about any risks or safety concerns.
- Staff had training and knew how to recognise the signs of abuse and how to report it. Notices were seen around the building with information about what people should do if they suspected abuse.
- The provider's service improvement plan included increasing staff understanding of safeguarding and action was taken such as discussing in staff meetings and supervisions.
- Safeguarding concerns were reported and investigated and action taken to reduce any further risk to people. We were given examples of action the provider had taken to protect people from abuse.

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored. For example, risks such as falls or pressure sores were included within individual care plans. Specialist pressure relieving beds were provided, and staff checked these were being used correctly and at the right setting for the person's weight. Assistive technology was used where people were at risk of falling.
- The electronic records and care planning system enabled early identification of risk and action required because staff could see at a glance the care and support provided or if people had not had enough to eat or drink.
- Regular safety checks were completed on the environment and equipment to ensure it remained safe.

Learning lessons when things go wrong

- The provider took action when things went wrong to reduce any further risk. All accidents and incidents were recorded and analysed so that action could be taken to reduce further risk.
- We saw examples of changes made, these were robust and included in people's care plans and risk assessments.

Staffing and recruitment

- Staffing numbers were calculated to meet the dependency needs of people using the service.
- The registered manager told us staffing members had been increased following improvements made to staff pay and conditions. Staff rotas showed staffing numbers met those determined by the provider.
- People told us they did not have to wait long for staff to arrive when they used their call bells. During our visit staff were seen supporting people and were available to people when they needed them.
- Staff were recruited in a safe way. The registered manager was supported by the provider's human resource team so that checks and references were carried out before new staff were offered employment.

Using medicines safely

- People told us they received their medicines at the right time and in a safe way, Staff had received medicine training and had their competency assessed at least annually.
- Medicines were stored securely and at the correct temperature. Records were electronic and this system enabled quick identification of any missed doses or other exceptions. Reports were produced daily to check people had received their prescribed medicine.
- Where medicines were prescribed on an 'as required basis', this was recorded in the care plan so staff knew when and in what circumstances it should be given.
- Where possible, people were supported to manage their own medicines. This was risk assessed and monitored.
- The provider's service improvement plan had identified the storage of medicines and staff administration practices required improvement. Action had been taken to ensure these processes were safe.
- Medicines were reviewed by the prescribing doctor. The registered manager had improved communication channels with the GP practice so that people's medicines were reviewed and managed safely.

Preventing and controlling infection

- The service was clean and hygienic. There was a separate housekeeping team. They followed daily and weekly cleaning schedules.
- The provider and staff were following national guidance for COVID-19. Staff wore personal protective equipment and cleaned their hands frequently.
- Staff and people were taking part in regular testing and had received COVID -19 vaccinations.
- Staff mostly understood and followed isolation, and social distancing procedures to prevent the spread of infection. However, there was no door signage indicating a person was in isolation following a hospital admission. This signage is important to make all staff and visitors aware they must follow isolation procedures. We spoke with the provider who took immediate action to address this.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed before moving to the service. People's physical, mental and social needs were considered as well as equality and diversity needs.
- Care and support was delivered in line with up to date legislation and guidance. People told us care and support was good. One person said, "The staff make it, all staff good, "throughout, from administrators to cleaners to restaurant staff."

Staff support: induction, training, skills and experience

- Staff had the training and support they required to meet people's needs. Staff received induction training and ongoing training. Additional training could be requested as required. A staff member said, "The induction was good, and I shadowed an experience staff member for three days."
- The provider had employed a new manager responsible for staff learning and development and a new more comprehensive induction training was being implemented.
- Staff attended supervision meetings with their line manager. They were able to discuss any concerns or learning and development needs they may have.

Supporting people to eat and drink enough to maintain a balanced diet

- People said they liked the meals provided. We saw staff supporting people at lunch time in an appropriate and sensitive way.
- People had their risk of malnutrition assessed. Where risk was identified this was recorded in care plans and staff took action. People's individual dietary needs were catered for. Catering staff attended daily meetings to discuss any needs or changes required.
- People's food and drink intakes were monitored, the electronic care planning system alerted staff when people did not have sufficient amounts. Referrals were made to healthcare professionals such as GP's and dieticians where this was required.
- The menu was discussed with people at meetings and changes were made accordingly. For example, people asked for fewer green beans and more fruit and this was implemented.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services such as GP's and community nurses. People were supported to attend healthcare appointments.
- Staff worked as a team to ensure that people received consistent, coordinated, person-centred care and

support. Daily meetings were held with all heads of departments to discuss any changes or additional support people may require.

Adapting service, design, decoration to meet people's needs

- The service was newly built and was decorated and furnished to a high standard.
- There were a variety of communal areas and outside areas people could use to spend time with others or taking part in activities. We saw people using these spaces chatting to each other and to staff, the atmosphere was very sociable.
- One person said, I'm delighted to be here. It's like a five star hotel, it's a comfortable place to be."
- There was appropriate signage to support people to navigate their way around and the premises were spacious throughout.

Ensuring consent to care and treatment in line with law and guidance

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had their capacity to make decisions assessed and best interest decisions were made where people lacked this capacity.
- People were supported to make their own decisions where possible and supported in the least restrictive way.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported and cared for by kind and compassionate staff. People told us staff were kind and caring.
- People were given choices and had their equality and diversity needs respected. Staff interacted with people in a positive and respectful way.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decision making about their care and support. Care plans were formulated taking into account people's cultural background, gender, sexual orientation, and religious preference. This supported effective communication and person-centred care.
- The provider's service improvement plan had identified people and their relatives should be involved in care plan reviews. Action had been taken and care plan meetings were being arranged with people and their families.
- Staff told us they had time to spend with people and we saw staff did this during our visit. This meant staff had time to listen to people and involve them in decision making. One person said, "Good information is provided about everything."

Respecting and promoting people's privacy, dignity and independence

- One person told us they had recently moved in and had regained their independence and mobility. They said, "I can do as I please and I like all the staff."
- Staff had training about promoting privacy, dignity and independence. Staff we spoke with understood their responsibilities to protect people's privacy and private information.
- People's relatives were made to feel welcome. The provider was working within government guidance for visitors and made arrangements for safe visits to take place. Some people were supported to keep in touch with their families through video calls.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care. Care plans were developed to include people's personal preferences and individual needs. For example, people chose how to spend their day, what activities they liked to do and where to spend their time.
- A new initiative known as 'resident of the day' had been introduced to support people's choices and preferences. Each head of department consulted with the person to find out if there was any care plan changes or further support required. One person had asked for staff to check on them more frequently overnight. Another person wanted a change to a prescribed modified diet. Action was taken and appropriate professionals were informed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was provided in accessible formats. For example, easy read documents were available for safeguarding and complaints and these topics were also discussed at 'residents' meetings.
- Information was also available in large print, picture format and could be translated into other languages. Visual aids were used where this was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they had plenty to of activities to choose from. One person said, "There is so much activity on offer can't get round it all." Another person told us there was a different activity every week day. They said, "Joining in is very easy, There's a clutch of like-minded people."
- The provider employed a lifestyle coordinator responsible for organising and providing activities. People were supported to go out into the local town and had a variety of activities to choose from.
- People used communal areas to meet up and chat with family members or with friends they had made since moving into the service.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt confident staff would listen and take action.
- The provider had a complaints procedure and investigated and responded to complaints in a timely manner.

- Complaints were used as an opportunity to learn and improve. For example, the provider had taken action to improve communication with people and families following a complaint.

End of life care and support

- Were possible, people's preferences and choices for their end of life care and where they wish to die were recorded.
- Staff had received training about end of life care. Staff made sure people had someone with them at all times. Appropriate healthcare professionals were consulted to support people to have a comfortable and pain free death.
- The provider had received positive feedback from families regarding end of life care provided.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they were supported in the way they preferred. They liked the staff and felt able to make decisions about their care and support.
- Staff were motivated and proud of the service. A care worker said, "I love it here. It's like a family. Everyone works together, management and everybody. I felt part of the team straightaway. People enjoy what they do, managers care about the residents and the staff."
- Staff and managers had shared values and a person-centred approach. Residents meetings were held so that people could provide feedback and suggest changes. During our visit the maintenance person had a meeting with people and explained the support they could offer.
- At the last 'residents' meeting, people had asked for a reference chart with staff photographs. The provider was in the process of developing this. A 'you said/we did' action plan was provided to people following each residents meeting.
- Senior staff carried out observations to ensure care and support was delivered in a dignified and person-centred way. This process was new and had not been fully implemented at the time of our inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager. They understood their responsibilities and notified the CQC and other authorities of events and incidents they were required to. This meant risk were identified and shared with appropriate professionals.
- An additional regional support manager role had been developed to support the registered manager and the service.
- There were comprehensive and robust systems and processes in place to monitor quality performance and identify risk. All staff were involved, and each head of department carried out checks and audits and reported on these to their line managers. This information was reported to senior managers and discussed at monthly meetings.
- The provider had developed a 'service improvement plan' and all staff were aware of the action plans and what they were required to do to improve the service. For example, the provider had increased the frequency for staff to check food and fluid charts to make sure people had sufficient amounts to eat and drink each day.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities to be open and honest with people when things go wrong. We saw examples of action the provider had taken and how this had been clearly communicated. The provider accepted responsibility and offered people and relatives support where this was required.

Continuous learning and improving care

- The provider was continually working towards improvement, had clearly identified areas requiring improvement and was taking action. For example, staff deployment had changed to ensure more staff were available to support people at mealtimes.
- A new learning and development manager role had been developed and recruited to and due to commence January 2022. Staff training and induction had been improved with the aim of providing more comprehensive and in-depth induction and ongoing training to all staff.

Working in partnership with others

- Staff worked in partnership with other professionals such as healthcare professionals and the local authority. This meant appropriate information was shared with other agencies for the benefit of people who used the service.