Charing Court Investments Limited

Rosewood Residential Care Home

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

We undertook this unannounced inspection on 12 December 2016. Rosewood Residential Care Home is registered to provide accommodation and personal care for a maximum of 43 people, some of whom may have dementia. At this inspection there were 33 people living in the home.

At our last inspection on 12 August 2014 the service met all the regulations we looked at.

The care home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People using the service and their relatives informed us they were satisfied with the care and services provided. They said they had been treated with respect and felt safe living in the home. This was reiterated by relatives we spoke with. There was a safeguarding adults policy and suitable arrangements for safeguarding people.

The premises were clean and no offensive odours were detected. Infection control measures were in place. There was a record of essential inspections and maintenance carried out. There were arrangements for fire safety which included alarm checks, drills, training and maintenance of fire equipment. Personal emergency and evacuation plans (PEEPs) were prepared for people and these were seen in the care records. Window restrictors were in place.

Care workers were responsive and knowledgeable regarding the individual choices and preferences of people. People's care needs and potential risks to them were assessed and recorded. Care workers prepared appropriate care plans which involved people and their relatives. Arrangements were in place to ensure that people's special choices and preferences were noted and responded to. People's healthcare needs were closely monitored. Care workers worked well with healthcare professionals to ensure that people's needs were met. This was confirmed by people, relatives and a healthcare professional we spoke with. Monitoring charts were in place to evidence that allocated tasks had been carried out and care workers provided appropriate personal care.

There were suitable arrangements for the provision of food to ensure that people's dietary needs and personal preferences were met. People were satisfied with the meals provided. The arrangements for the recording, storage, administration and disposal of medicines were satisfactory. Audit arrangements were in place and people who spoke with us confirmed that they had been given their medicines.

Care workers had been carefully recruited and provided with a comprehensive induction and on-going training to enable them to care effectively for people. They had the necessary support, supervision and appraisals from the registered manager. There were enough care workers to meet people's needs. Teamwork and communication within the home were good. Care workers were aware of the values and aims of the service and this included treating people with respect and dignity within a homely environment and providing a high quality of care.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS ensures that an individual being deprived of their liberty is monitored and the reasons why they are being restricted are regularly reviewed to make sure it is still in the person's best interests. During this inspection we found that the home had followed appropriate procedures for complying with the Deprivation of Liberty Safeguards (DoLS) when needed.

There were arrangements for encouraging people to express their views and experiences regarding the care and management of the home. Residents' meetings had been held with people to enable them to discuss their care and the services provided. The minutes of meetings were available for inspection. The home had a varied activities programme which provided social and therapeutic stimulation.

People and their representatives expressed confidence in the management of the service. The results of the last satisfaction survey indicated that there was a high level of satisfaction with the care and services provided. People and their relatives were aware of whom to complain to if they had concerns. Complaints made had been promptly responded to. Regular and comprehensive audits and checks had been carried out by the registered manager and senior staff of the company.

We were also informed by the registered manager that the service had voluntarily suspended admissions until two weeks before the inspection. This was because care workers said they had experienced some difficulty in meeting the needs of people and the Director of Care and Operations of the company and the registered manager intended to re-assess the needs of people to ensure that people received appropriate care. In addition, the service carried out regular reviews of staffing and closer monitoring of care provided. The service had also liaised closely with social and healthcare professionals to obtain feedback to ensure that the needs of people were met. Deficiencies identified in their own internal and external quality assurance audits had been promptly responded to. Following positive feedback from people and their relatives, the service had started to re-admit people into the home.

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. Care workers had received training in safeguarding people and knew how to recognise and report allegations of abuse. People informed us that they felt safe in the home.

Risk assessments contained action for minimising potential risks to people. There were suitable arrangements for the management of medicines. Care workers were carefully recruited. There were sufficient care workers to meet people's needs. The home was clean.There was a record of essential inspections and maintenance carried out.

Is the service effective?

Good

The service was effective. People who used the service were supported by care workers who were knowledgeable and understood their care needs.

People had access to healthcare services. Their nutritional needs were met. Care workers were well trained and supported to do their work. There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring. People were treated with respect and dignity. Care workers were able to communicate and form positive relationships.

Residents meetings and care reviews had been held. People and their representatives, were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive. Care plans were comprehensive and addressed people's individual needs and choices. Reviews of people's care had been carried out.

The home had an activities programme to provide social and therapeutic stimulation for people.

There was a complaints procedure and complaints made had been promptly responded to.

Is the service well-led?

Good

The service was well-led. Audits and checks of the service had been carried out by the registered manager and senior staff of the parent company. These included medicines administration, care documentation and health and safety checks. Deficiencies identified had been responded to.

People and their relatives expressed confidence in the management of the service. Care workers worked well as a team and they informed us that they were well managed

Rosewood Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection took place on 12 December 2016 and it was unannounced. The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before our inspection, we reviewed information we held about the home. This included notifications and reports provided by the home. The provider also completed a Provider Information Return (PIR). 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. The PIR also provides data about the organisation and service

There were 33 people living in the home. We spoke with ten people and five relatives. We also spoke with the registered manager of the home, the Head of Care, the chef, domestic supervisor, a laundry staff, the maintenance person and four care workers. We also spoke with a visiting healthcare professional. We observed care and support in communal areas and also looked at the kitchen, gardens and people's bedrooms. We also received feedback from three social and healthcare professionals.

We reviewed a range of records about people's care and how the home was managed. These included the care records for six people and eight staff recruitment and training records. We checked the policies and procedures and maintenance records of the home.

Good

Is the service safe?

Our findings

People told us they were safe in the home and were satisfied with the care provided. One person said, "I feel safe here yes, the carers make me feel safe to be honest with you." A second person said, "I am very happy about everything, my family knows I am safe, so I am happy with that." A third person said, "Yes there is enough staff here, this helps with the good care I am receiving here." All relatives were of the opinion that people were safe and well treated by care workers. One relative said, "Yes my relative is very well looked after and I know he feels safe here."

We observed that people were cleanly dressed and appeared well cared for. Care workers were constantly present and spoke with people in a pleasant way. We noted that they greeted people warmly.

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the Care Quality Commission (CQC) if needed. The service had a safeguarding policy and the local multi-agency safeguarding guidance. A small number of safeguarding notifications had been received by us and the local safeguarding team. The local safeguarding team was investigating a safeguarding matter at the time of our inspection.

Risk assessments had been prepared and these contained guidance for minimising potential risks such as risks associated with pressure sores, falls, seizures and other medical conditions. Personal emergency and evacuation plans were prepared for people to ensure their safety in an emergency such a fire occurring in the home. We however, noted that these did not contain information on whether people were taking night sedation or other medicines which may affect their response. The registered manager stated that this information would be added. She also stated that copies of people's medicine charts were also kept in the emergency evacuation box which was available in the office.

We looked at the staff rota and discussed staffing levels with the registered manager. On the day of inspection' 33 people were using the service. The staffing levels during the morning shifts consisted of six care workers. During the afternoon shifts there were five care workers. At night, there were four care workers on waking duty. Additional staff on duty included three domestic staff, an administration staff and three kitchen staff. There were two part time activities staff. The registered manager and the Head of Care were present during this inspection. Care workers we spoke with told us that this staffing level was satisfactory and there were usually sufficient care workers to attend to people. Staffing levels and the ability to meet the needs of people were discussed at staff supervision, daily handovers and team meetings. this provided the registered manager with an indicator of staffing needs so that staffing can be adjusted accordingly. Relatives and people informed us that there were sufficient staff and they were satisfied with the care provided. This was reiterated in a recent satisfaction survey. We activated the emergency call bell in a bedroom on the first floor. A care worker responded within one minute. We observed that people appeared well cared for. .

We examined a sample of eight records of care workers. We noted that they had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that care workers were suitable to care for people.

There were suitable arrangements for the recording, administration and disposal of medicines. The temperature of the fridge where medicines were stored was monitored and was within the recommended range. The home had a system for auditing medicines. This was carried out by senior staff of the home and by an external pharmacist. There was a policy and procedure for the administration of medicines. This included guidance on homely remedies and the administration of covert medication. There were no gaps in the medicines administration charts examined. The registered manager and Head of Care informed us that medicines were usually checked by two care workers before being administered. People we spoke with told us they had been given their medicines. Controlled drugs (CD) were signed by two staff and the amount in the controlled drugs cupboard coincided with that in the CD register. We noted that three senior carer workers had not received their refresher competency assessments this year. Soon after the inspection, the registered manager informed us that arrangements had been made for these assessments to be done.

There was a record of essential maintenance carried out. These included safety inspections of the portable appliances, hoists and gas boiler. The electrical installations inspection certificate indicated that the home's wiring was satisfactory. There was a fire risk assessment and the fire alarm was tested weekly to ensure it was in working condition. Fire drills had been carried out. Regular checks of the hot water supply had been carried out and these were documented. Hot water temperature checks had been carried out by care workers prior to showers and baths being provided. We saw documented evidence of this.

We inspected the premises soon after arrival. The premises were clean and no unpleasant odours were noted. Care workers we spoke with had access to protective clothing including disposable gloves and aprons. The home had an infection control policy. We visited the laundry room and discussed the laundering of soiled linen with the domestic supervisor and a laundry staff. They were aware of the arrangements for soiled and infected linen and the need to transport these in colour coded bags and wash them in a sufficiently high temperature to minimise the risk of infection.

Window restrictors were in bedrooms we visited. The lighting of the path leading from the road to the front entrance of the home was dim and presented a safety risk. This was brought to the attention of registered manager. Soon after the inspection she arranged for new brighter lighting to be promptly installed. The registered manager also informed us that the lighting in the lounge had previously been improved and this had led to reduced incidence of falls. We examined the accident and incident book. These were completed satisfactorily. Where an accident was preventable, guidance to staff on prevention was provided.

Good

Is the service effective?

Our findings

People and their relatives informed us that care workers were competent and able to care effectively for people. A person who used the service said, "Staff is just great, they are really friendly and helpful". A second person said, "Oh yes the staff brilliant, I think they do a good job". A third person said, "The food is good to be quite honest with you, I get enough drinks during the day and the carers know exactly what I like or dislike which makes it a lot easier". A fourth person said, "I can see the doctor whenever I want to."

We spoke with a healthcare professional. They informed us that the home maintained good liaison with them and care workers followed guidance given regarding the care of certain people with medical conditions. This professional informed us that they had no concerns regarding the healthcare of people.

People's healthcare needs were closely monitored by care workers. Care records of people contained important information regarding their background, medical conditions and mental health. There was evidence of recent appointments with healthcare professionals such as people's dentist, optician, dietician and GP.

There were arrangements to ensure that the nutritional needs of people were met. People's nutritional needs had been assessed and there was guidance for them and for care workers on the dietary needs of people and how to promote healthy eating. There was information for kitchen staff to inform them of people on special diets. Kitchen staff were aware that one person needed a gluten free diet. Monthly weights of people were recorded. Care workers were aware of action to take if there were significant variations in people's weight. They informed us that they would refer people to their GP for input from a dietician and in some instance people had dietary supplements.

People said they were satisfied with the arrangements for meals. There was a choice of main dish at meal times. We saw that the chef consulted with people and checked what they wanted for their meals. We observed people eating their lunch. The meals were presented attractively and appeared balanced.

Care workers were knowledgeable regarding the needs of people. We saw copies of their training certificates which set out areas of training. Training provided included food hygiene, moving and handling, fire safety, first aid, person-centred care and The Mental Capacity Act. Care workers confirmed that they had received the appropriate training for their role. Training certificates were seen by us.

New care workers had undergone a period of induction. Their induction was comprehensive and reflected topics in the Care Certificate. The course had an identified set of 14 standards that social care workers needed to be familiar with. The induction programme enabled care workers to be knowledgeable in areas such as duty of care, communication, dementia, safeguarding, infection control and health and safety.

Care workers said they worked well as a team and received the support they needed. The registered manager and Head of Care carried out supervision and annual appraisals of care workers. Care workers we spoke with confirmed that this took place and we saw evidence of this in their records. They informed us

that communication was good and their manager was approachable. We saw evidence that where there were concerns regarding the performance of care workers, the registered manager had taken appropriate action to support staff.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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. The registered manager informed us that several people were unable to make their wishes known and relatives or representatives advocated for them. The registered manager and care workers were aware of the need for best interest decisions to be made and recorded when necessary. We saw evidence of a best interest meeting being held to discuss covert medication for a person. Care workers were knowledgeable about the importance of obtaining people's consent regarding their care, support and treatment. They stated that they asked people for their consent or agreement prior to providing care or entering their bedrooms.

We also looked at the Deprivation of Liberty Safeguards (DoLS) which aims to make sure people are looked after in a way that does not inappropriately restrict their freedom. We saw DoLS authorisation for people in their care records. Applications had also been submitted for ten others assessed by the registered manager as needing authorisation. Care workers had received the relevant MCA and DoLS training and this was confirmed in records we saw.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us that they found care workers to be helpful and caring. "The carers are really good, respectful and kind". Another person said, "Oh yes, staff respect my privacy and dignity, they don't shout at me or anything and they are really patient too." A third person said, "Oh yes, staff are caring, I don't have any complaints, they look after me very well." A fourth person said, "Very caring, kind and compassionate towards me."

We saw that people were able to approach care workers and talk with them. There were respectful and pleasant interactions between care workers and people who used the service and their relatives. Care workers spoke in a gentle manner with people. We saw care workers assisting those with mobility difficulties and checking with others if they wanted assistance.

The registered manager and care workers had a good understanding of the importance of treating people as individuals and respecting their dignity. People and their relatives stated that care workers treated people like family members and listened to people.

We saw detailed information in people's care plans about their care needs. Care workers could provide us with information regarding people's background, interests and needs. Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Care workers we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. There were arrangements in place to meet these needs. The home had arrangements for ensuring that the religious observances of people were met. A local priest visited the home weekly to pray with people who wanted to and offer them comfort.

The registered manager stated that they encouraged people and their relatives on admission to help complete the "The life stories" with likes and dislikes. Evidence of this was noted in the care records. People's preferences regarding food were attended to. The service offered choices of main dish at meal times to people. This was confirmed by people we spoke with. The registered manager informed us that if needed, food can be provided to meet people's religious or cultural needs. We noted that kitchen staff were aware that one person needed a special gluten free diet.

We noted an example of good practice. The home had a "Star Wish List" to indicate people's wishes and a date they were achieved. For example a person asked for fresh cockles and mussels. They home arranged for a local fishmonger to deliver a variety of shellfish for all people as well as "fish and chips" for those who had asked for "real fish and chips". A person asked for a glass of alcoholic drink which they used to drink at home. The service made appropriate checks and the person now regularly enjoyed a glass of this drink. Another person wanted some old fashioned sweets. The registered manager stated that whenever they went to the local shopping centre they stopped at the old fashioned sweet shop and people could choose the sweets they would like. In addition trips to the shopping centre included a visit to the perfume counter to have a spray of the testers and sometimes perfumes were purchased for people. The activities organisers had several photograph albums and other evidence showing choices and wishes which had been

responded to.

The bedrooms we saw were well-furnished and had been personalised with people's own ornaments and belongings according to their preference. Memory boxes were attached to bedroom doors. These had ornaments and pictures chosen by people.

The registered manager stated that staff held one to one sessions with people so that they can express their views regarding the care provided. In addition meetings had been held where people could express their views regarding the care and services provided. The minutes of these meetings were seen by us. We noted that there were no minutes of relatives' meetings held within the past nine months. The registered manager stated that meetings were planned previously but no relatives attended. She agreed to organise another meeting soon.

During the inspection we observed that a person slipped onto the floor in the lounge. We saw that care workers responded promptly and in a calm manner. They were reassuring towards the person, got the person into a comfortable position and assisted them onto a chair.

Good

Is the service responsive?

Our findings

People and their relatives informed us that staff listened to them and they were responsive to their needs and views. They stated that people received care which they needed. One person said, "Oh, the staff are doing a very good job, and I am pleased with their help." A second person said, "I know about my care plan yes, but I have not read it, to be honest my family takes good care of that". A relative said, "I think my relative is alright, he has not complained." Another relative said, "I don't have any concerns to be honest".

The care provided was individualised and person-centred. People and their representatives were involved in planning their care and support. Assessments had been carried out and important information had been obtained from people and their relatives prior to people moving to the home. These assessments included information about a range of needs including nutrition, mobility, medical, religious and healthcare needs. Care plans were prepared with the help of people and their relatives. This was confirmed by people and their relatives. The care plans were comprehensive, up to date and addressed the needs of people. Monitoring charts for the care provided were seen by us. These included the monitoring of people's weights and personal care provided. We saw documented evidence of these.

Care workers had been given guidance on how to meet people's needs and when asked they demonstrated a good understanding of the needs of each person. We discussed the care of people with diabetes with care workers. They were aware of the specific needs of people and this included ensuring that people had sugar free food and received their medicines as prescribed. We examined the action taken to reduce falls and noted that the home had a procedure whereby the informed people's GP when this occurred. Referrals were also made to the community falls team. Special falls mats which alerted care workers when people were moving about in their rooms were also available.

Evaluations of care had been carried out monthly and evidence of this was provided. Care workers informed us that reviews of care had been arranged with people, their relatives and professionals involved to discuss people's progress. This was confirmed by relatives we spoke with and in the care records.

The home had a programme of activities and this was on display in the reception area. Activities provided included arts and crafts, exercise sessions, tea at a local church cafe, walks to another local café and trips to garden centres and a large shopping centre. We saw a display of arts and craft made by people. This included pictures and ornaments. One of the two activities organisers informed us that she kept a log of activities that people had engaged in each day. Evidence of this was provided. She also informed us that she spent time in one to one sessions with some people. In addition, the home had volunteers who sometimes organised activities for people. People and their relatives confirmed that the home had organised activities for people. One relative and two people who used the service informed us that more activities were needed to ensure that people who wanted to were provided with more appropriate activities. The registered manager agreed to consult with people and their relatives about this.

The home had a complaints procedure and this was included in their handbook and displayed in the home. Relatives informed us that they knew how to complain. Care workers knew that they needed to report all

complaints to the registered manager so that they can be documented and followed up. We examined the complaints records. Three complaints were recorded within the past 12 months. There was evidence that two complaints made had been promptly responded to. The third complaint was acknowledged in October 2016. However, full details of the initial complaint had not been included in the complaints book. The registered manager stated that this was to be found in an email sent by the complainant. She agreed to ensure that it was included in the complaints book.

Good

Is the service well-led?

Our findings

People and their relatives were satisfied with the management of the home and the quality of care provided. They made positive comments regarding the management of the home and the attitude and behaviour of staff. One relative said, "My relative is well cared for. This is the best possible place for my relative." Two professionals who provided us with feedback indicated that they had no concerns regarding the management of the home.

Care workers expressed confidence in the management of the home. They stated that there was a good team and the registered manager was approachable. There was a system for ensuring effective communication among staff. There was a diary where staff wrote down important information such as hospital appointments and outings planned which they want passed on to the next shift. The home also had verbal and documented handovers with information regarding the care of people. There were regular staff meetings where they regularly discussed the care of people and the management of the home. The minutes of these meetings were seen by us.

There was a comprehensive range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as infection control, safeguarding, administration of medicines and health and safety. Care workers were aware of these policies and signed to indicate they had read them.

Audits and checks of the service had been carried out by the registered manager, area manager and senior staff of the company. The company had a quality monitoring officer who had recently visited the home to check on the quality of care provided. The registered manager conducted internal audits covering incidents, accidents, care documentation, cleanliness, complaints, medicines, and maintenance of the home. Evidence of these was provided. The company had arranged for an external quality monitoring officer to carry out unannounced inspections which reflected CQC's five areas of safe, effective, caring, responsive and well led.. Their inspection report seen by us was comprehensive and detailed. This identified deficiencies where improvements were needed such as in care documentation. We noted that action had been taken in response to identified deficiencies.

We were also informed by the registered manager that the service had voluntarily suspended admissions until two weeks before the inspection. This was because care workers said they had experienced some difficulty in meeting the needs of people and the Director of Care and Operations of the company and the registered manager intended to re-assess the needs of people to ensure that people received appropriate care. The registered manager informed us that some people with high needs which could not be met at the home had been transferred to more appropriate accommodation. This meant that there was less pressure on care workers. In addition, the service ensured that there were regular reviews of staffing and closer monitoring of care. Following positive feedback from people and their relatives, the service had started to re-admit people into the home. The home had also liaised closely with social and healthcare professionals to obtain feedback to ensure that the needs of people were met. Deficiencies identified in their own comprehensive internal and external quality assurance audits had been promptly responded to. Evidence of

these was seen by us. The registered manager also explained that the service was aware of the pressure on local hospital beds and wanted to provide assistance. However, she stated that new referrals were carefully assessed to ensure that only those people whose needs can be met were admitted.

The home had carried out a satisfaction survey recently and their survey report of October 2016 was available in the home. The results seen by us were positive and indicated that people were satisfied with the care provided. Care workers were aware of the values and aims of the service and this included treating people with respect and dignity and providing a high quality service.