Rosewood Care LLP

Rosewood House

Inspection report

Rosewood House
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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 18 October 2017 and was unannounced. A second and third day of inspection took place on 19 and 25 October and these dates were announced.

Rosewood House is a residential home which provides nursing and personal care for up to 78 people. At the time of our inspection there were 74 people living at the home, some of whom were living with dementia.

A registered manager was in place at the time of our inspection. 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected this service in August 2015 when an overall rating of 'Good' was awarded. At this inspection we found the service remained 'Good.'

People we spoke with told us they felt safe living at the home. Relatives we spoke with all said they felt their family members were safe. Staff had received training in safeguarding and knew how to respond to any allegations of abuse. Safeguarding referrals had been made to the local authority appropriately, in line with set protocols.

The arrangements for managing people's medicines were safe. Medicines were stored securely and medicine records were up to date with no gaps or inaccuracies.

A thorough recruitment and selection process was in place which ensured staff had the right skills and experience to support people who used the service. Identity and background checks had been completed which included references from previous employers and a Disclosure and Barring Service (DBS) check.

Although people's needs were met in a timely manner, we have made a recommendation about staffing levels and the deployment of staff. This was because we noted that a high number of people who used the service had complex needs both in relation to dementia and general nursing needs, and some people and staff we spoke with felt more staff would be beneficial.

Risk assessments about people's individual care needs were in place, for example in relation to falls, pressure damage and nutrition. Control measures to minimise the risks identified were set out in people's care plans for staff to refer to. Each person had a personal emergency evacuation plan (PEEP) which provided staff with information about how to support them to evacuate the building in an emergency situation such as a fire or flood.

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

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

Staff received regular supervisions and appraisals and staff training in a range of key areas was up to date.

Staff spoke with people in a kind, caring and respectful way. People's individual choices were sought and respected.

Care records showed that people's needs were assessed before they started using the service and care plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The provider had an effective complaints procedure in place and people who used the service and their relatives were aware of how to make a complaint.

The provider had an effective quality assurance process in place. Staff said they felt supported by the management team. People who used the service, family members, staff and visiting health and social care professionals were regularly consulted about the quality of the service via meetings and surveys.

People who used the service spoke positively about the registered manager and said they would recommend Rosewood House to others.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

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

This inspection took place on 18, 19 and 25 October 2017. Day one of the inspection was unannounced which meant the provider did not know we would be visiting. Days two and three were announced so the provider knew we would be returning.

The inspection team was made up of one adult social care inspector, a specialist nurse advisor with expertise in clinical governance (that is continuous improvement in care practice) and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to tell us about. We also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback we received to inform the planning of our inspection.

During the inspection we spent time with people living at the service. We spoke with 16 people and 12 relatives. We also spoke with the registered manager, a representative of the provider (regional operations manager), the care co-ordinator (who was also the deputy manager), the clinical lead, one nurse, 10 care assistants, two activities co-ordinators, one administrator, one maintenance staff, two kitchen staff and two domestic staff. We also spoke with a local GP, an older persons specialist nurse and a continuing healthcare nurse assessor.

We reviewed seven people's care records and four staff recruitment files. We reviewed medicine

administration records for 12 people as well as records relating to staff training, supervisions and the management of the service. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

We looked at staff rotas for the week of the inspection and the previous two weeks. At the time of the inspection there were 74 people using the service across three units. Rotas showed that each shift was covered by a trained nurse, who worked on the nursing unit, three senior care assistants and between 14 and 16 care assistants. The registered manager and care co-ordinator were on duty from Monday to Friday.

In addition to care and nursing staff the provider employed other staff in a range of support roles such as maintenance staff, laundry and domestic workers, kitchen staff, activities co-ordinators and administration and clerical support.

We spent time observing staff responses throughout the inspection. We did not witness call bells ringing for long periods and noted that when people called for assistance this was given within a reasonable response time.

Although people's needs were responded to in a timely manner, we noted there were three staff members on the unit for 18 people living with dementia. We noted that a number of people on this unit were at high risk of falls; this risk was increased due to people's dementia. Also, some of the people who lived on this floor sometimes displayed behaviour which could be challenging for themselves or others. Some of the people on this unit required two staff members to support them which then left only one staff member to support everybody else, which may place people at risk of harm. We noted that a high number of people who used the service had complex needs both in relation to dementia and general nursing needs.

When we discussed this with the registered manager, they agreed that staffing levels and the deployment of staff needed to be reviewed. When we returned for the third day of our visit we saw an extra staff member had been allocated to the dementia unit.

Some people we spoke with felt there should be more staff on duty. One person told us, "The staff are really helpful but they are always busy, busy, busy, always rushing about." A relative said, "There's not enough staff at the weekend."

Several staff members felt more staff would be beneficial. One staff member said, "I think we need more nurses on duty as 31 residents have nursing needs." Another staff member said, "Staffing levels need to be improved across the board. Sometimes we struggle to get a lunch break until gone 3pm as we put the residents first."

We recommend that the provider regularly reviews staffing levels and the deployment of staff across all aspects of the service, to ensure there are sufficient numbers of staff employed and deployed appropriately, to meet people's care needs.

People said they felt safe living at the home. One person commented, "I feel very safe here it's a lovely place." Another person said, "Yes I am safe as there are always people around if I need them." Relatives told

us they felt people were safe. One relative commented, "I feel my family members are safe here and it is a great comfort to know they are well cared for and in a safe place." Another relative said, "It's very safe for my family member. I feel the pressure has been taken off me and I know my family member is safe and happy here."

There had been a number of new staff members employed by the service since our last inspection. The administrator described the recruitment process to us and showed us records of four staff that had been recruited since the last inspection. We found the provider had an effective recruitment and selection procedure in place. Relevant security and identification checks were carried out when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and reduces the risk of unsuitable people working with children and vulnerable adults.

The provider had a system in place to check nursing staff were registered with the Nursing and Midwifery Council (NMC) and their registration remained up to date, prior to their employment and during their time working for the service. The NMC is the regulator for nursing and midwifery professions in the UK and ensures nurses and midwives keep their skills and knowledge up to date and that they maintain professional standards. This meant the provider ensured only nurses whose registration was up to date could work at the home.

The arrangements for managing people's medicines were safe. Medicine records we checked had been completed accurately. The administration of topical creams was recorded on topical medicine administration records. Staff who administered medicines had completed up to date training and their competency was checked regularly. Medicines were stored securely and checks were in place to ensure they were stored at the correct temperature. Medicines that are liable to misuse, called controlled drugs, were recorded and stored appropriately. Records relating to controlled drugs had been completed correctly and stock balances tallied with these records.

Medicine files were in use for each floor which contained MARs and information relating to people's medicine needs, such as if they had any allergies. Staff who administered medicines referred to this file each time they administered medicines. For people who were prescribed medicines to be taken 'when required' there was not always clear guidance in this file for staff to refer to. For example, guidance was not available about when to administer medicines required intermittently for pain relief. Staff we spoke with told us when different people required such medicines, and this information was contained in people's support plans but this was not always accessible for staff who administered medicines. This was particularly important for people who could not always communicate verbally. When we spoke to the registered manager about this they agreed this could be improved and gave their assurances that this would be addressed as soon as practicable.

Risks to people's health and safety were recorded in care files. These included risk assessments about people's individual care needs such as nutrition, pressure damage and using specialist equipment. Control measures to minimise the identified risks were set out in people's care plans for staff to follow. For example, where people had been identified as being at risk of developing pressure ulcers or damage to their skin, risk assessments detailed the steps staff should take to minimise this happening. This included regular repositioning of the person, especially when they were cared for in bed. Records showed people at risk of skin damage had been repositioned at appropriate intervals. Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed by the registered manager

regularly.

A business continuity plan was in place for emergencies and untoward events such as loss of amenities, flood or fire. This provided the registered manager with a plan to follow should these instances occur. Each person had a Personal Emergency Evacuation Plan (PEEP) which contained details about their individual needs should they need to be evacuated from the building in an emergency. They contained clear step by step guidance for staff about how to communicate and support people in the event of an emergency evacuation.

At our previous inspection we found the provider had dealt with safeguarding issues appropriately and that action taken was being recorded. We found this continued to be the case. The registered manager had reported any safeguarding issues to the local authority safeguarding team and investigations had been undertaken as appropriate. Staff continued to receive safeguarding training in relation to vulnerable adults.

We looked at the maintenance records kept within the service. Regular checks had been carried out on both the environment in which people's care and support had been provided and on the equipment used to maintain people's safety. For example, daily, weekly, quarterly, and annual checks had been carried out on window restrictors, bed rails and hoists. Other required inspections and services of utilities were carried out including gas safety and electrical testing. The records of these checks were up to date.

Accidents and incidents were recorded accurately and analysed regularly in relation to date, time and location to look for trends. Although no trends had been identified recently, records showed appropriate action had been taken by staff, such as referring a person to the falls team or obtaining assistive technology to prevent recurrence.

There was a pleasant and homely atmosphere at the service. The accommodation was comfortable, clean, decorated to a good standard and there were no unpleasant odours.

Good

Is the service effective?

Our findings

People and relatives we spoke with said they were happy with the service and felt staff had the right skills to provide the care they needed.

Staff told us and records confirmed training in topics which the provider deemed compulsory was up to date. Training records showed staff members had completed training in areas such as moving and assisting, nutrition, dementia care, dignity and infection prevention and control. Staff told us they felt they had sufficient training to support them in their roles.

The provider ensured staff had sufficient support with their professional development. Staff told us they had regular supervisions with a supervisor and records confirmed this. Supervisions are meetings between a staff member and their manager to discuss training needs, the needs of the people they support and how their work is progressing. During this inspection we found staff members who had been employed for over a year had taken part in an annual appraisal. During these appraisals future training and development needs were identified for each staff member, and staff were supported with their professional development.

People were supported to maintain a balanced diet and to have enough to eat and drink. We observed lunch time during our inspection. There were enough staff to support people to eat. The dining experience was calm and relaxed. Staff regularly asked people if they wanted more food, if they were they enjoying their meal and if they wanted another drink. On the first day of inspection lunch was a choice of soup and sandwiches or a beef burger and chips; other options were also available. One person asked for a jam sandwich which was made for them immediately. Meals were hot, cooked with fresh ingredients and looked appetising. Hot and cold drinks were readily available depending on people's preferences. People told us the food was of a good standard and they had enjoyed their lunch. One person said, "I like the food here. I get plenty and enjoy it." Another person told us, "The food is good here."

There were some visual and tactile items to engage people living with dementia throughout the service. Sensory sprays, picture cards and virtual reality headsets were used to aid reminiscence. Twiddle muffs and aprons were available to reduce people's anxiety. Some written and pictorial signs were in place which helped people orient themselves around the home. Menus were not available in picture format to support people living with dementia to choose their meals. When we discussed this with the registered manager they said they were reviewing how dementia friendly the environment was as they felt this could be improved further. For example, the registered manager said they wanted to improve signage throughout the home and they were considering using coloured crockery to support people living with dementia. Coloured crockery can promote the independence and nutrition of those living with dementia.

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. The application procedures for this in care homes and hospitals are 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 were being met. The manager had made applications to the relevant local authority to ensure they were able to deprive people of their liberty lawfully and keep them safe. 41 DoLS had been authorised by the local authority. Mental capacity assessments had been carried out and best interest decisions recorded for specific decisions such as the covert administration of medicines. This means disguising medicine by administering it in food and drink where it is deemed in the person's best interests because of serious risks to a person's health or wellbeing if the medicine is not taken.

Staff had completed training in the Mental Capacity Act and the Deprivation of Liberty Safeguards. Staff we spoke with had an understanding of MCA and DoLS and why it was important to gain consent when giving care and support. Staff knew who had a DoLS in place and gave examples of why. Staff told us how they involved people in decision making where possible, for example when choosing what to eat or wear.

During our inspection, we observed that staff sought people's consent before carrying out care tasks or involving them in activities. We saw evidence that people and/or relatives currently using the service had consented to their care, treatment and support plans.

People were supported to maintain their health and well-being. The service had close links with healthcare professionals such as community nurses, GPs and speech and language therapists. People's care records contained evidence of consultation with professionals and recommendations for staff to follow. People's weight and skin condition were monitored regularly. Food and fluid charts were completed accurately for those people who needed them.

We spoke with three external health professionals who were visiting the home during our inspection. All of them spoke positively about the quality of care provided. One external health professional told us, "It's very organised and methodical here." Another external health professional said, "This is the best home in Gateshead. If something needs doing it gets done here. Communication is very good as messages always get through. I'm always made to feel welcome and they always ensure a nurse or senior staff member accompanies me when I see residents. Staff know the residents well and know what they're doing. Staff refer appropriately."

Good

Is the service caring?

Our findings

People spoke positively about the care provided. Comments included, "Staff are helpful, really kind and caring," "Staff are really good here. They're always very nice and help you if you need anything," "The staff here are all lovely and kind" and "Staff are fabulous." A relative told us, "My (family member) is well cared for here."

We observed support being provided throughout our visit. People were supported by staff who knew them well and understood what was important to them. We observed a staff member chatting with a person about their family. They were able to use their knowledge of the person's family to reassure them when they were feeling anxious.

We observed staff spoke with people in a kind, caring and respectful way, taking time to listen to people and understand what they were communicating. Staff were attentive to people's needs and reassured people if they were upset or distressed. During this visit we saw lots of interaction between staff and people. For instance, some people were sitting with staff having a chat over a cup of tea or coffee.

People's preferences were respected and they were able to make choices about their lives. One staff member told us, "It's important to give people choices and to respect those choices." People told us they could go to bed any time. One person told us, "I prefer to go to bed at 8pm and it's not a problem." Some people told us they preferred a female staff member to support them with personal care and this was respected.

Staff described how they maintained people's dignity and respect. This included explaining what they were doing, talking to the person whilst providing support, offering reassurance, keeping people covered up as much as possible and allowing people to do as much as they could for themselves. We saw staff knocked on doors before entering people's rooms and asked, "Hi (name of person) can I come in?"

Staff we spoke with were knowledge about people's needs and circumstances. They told us in detail about people's health and care needs and preferences.

Relatives and friends were encouraged to visit and they told us they could visit at any time. During our visit we observed relatives being greeted by the staff team in a friendly and welcoming manner.

Each person who used the service was given a residents' guide (an information booklet that people received on admission) which contained information about the service.

For people who were unable to make decisions about their care, either by themselves or with the support of a family member, advocacy services were available. This meant that people had access to someone who could support them and speak up on their behalf if they needed it.

Good

Is the service responsive?

Our findings

The registered manager told us, and records confirmed, that people's care and support needs were assessed prior to them moving into the service. This was so they could assure themselves that people's needs could be met by the staff team.

People had a range of care plans in place to meet their needs including personal care, eating and drinking, medicines, continence and mobility. Care plans were personalised and included people's choices, preferences, likes and dislikes. They contained relevant detail and clear directions to inform staff how to meet the specific needs of each individual. For example, what an individual's bedtime routine was.

Where potential risks had been identified during or after the initial assessment process risk assessments were in place. We viewed these assessments and noted they were personalised to each person's circumstances. Daily progress reports were completed at least twice daily and more frequently if there was anything specific to record.

People and relatives told us they were involved in setting up and reviewing care plans. All of the people we spoke with said they felt involved in decisions about their care. A relative said, "Staff helped us through the care plan and explained it properly. They have a fall plan in place as well."

The staff we spoke with had a good understanding of people's preferences and wishes and we observed staff using this information in their day to day role when supporting people. People's records contained information about their social history, likes, dislikes and preferred routines. It is important staff have access to this information so they can get to know people as individuals.

Care plans had been updated to account for changes in people's circumstances such as when . people had short term illnesses or changes in their prescribed medicines. Regular reviews were carried out to help ensure care plans reflected people's current needs.

People were supported to participate in activities which they enjoyed and were meaningful to them. Two activities co-ordinators were employed for this purpose. People and relatives spoke positively about the enthusiasm of the activities co-ordinators. People told us they enjoyed the range of activities on offer, although some said they preferred their own company.

A range of activities were available which included tai chi, singing for the brain, art club, coffee mornings, cinema afternoons, pampering sessions, gardening and drama. Trips out included the pantomime, shopping at the Metro Centre and going to a local cinema where they have a 'dementia afternoon.' On the second day of our visit people and visitors enjoyed a sing song at a coffee morning. A variety of cakes and hot drinks were available which were enjoyed by everyone. One person told us, "I really enjoy this. It's just like going to a tea room." A relative said, "The cakes are fabulous!"

There was a hairdressing salon on the first floor. Staff told us the hairdresser came in most week days. One

person said, "I love getting my hair done as I like to look smart."

People and relatives knew how to complain if they had concerns about the care provided. All of the people we spoke with advised they did not currently have any complaints and had never had any reason to complain. They all told us that if they needed to raise any issues they would feel comfortable addressing this with staff or the registered manager.

One person said, "I have no complaints here." Another person told us, "I have no complaints or problems at the minute. I would feel comfortable to complain if I needed to."

Records showed complaints had been dealt with appropriately and in a timely manner.

Good

Is the service well-led?

Our findings

The registered manager had worked at the service for a number of years and had been registered with the Care Quality Commission since 2010. The registered manager was supported by the care co-ordinator (who was also the deputy manager) and the clinical lead. There was a clear management structure in place and staff understood who they reported to.

Providers of health and social care services are required to inform the Commission of important events that happen in the service in the form of a 'notification'. The provider had made timely notifications to the Commission when required in relation to significant events that had occurred within the service.

People and relatives we spoke with knew the registered manager well and spoke positively about them. One person who used the service told us, "You can ask [registered manager] anything at all." A relative commented, "I am happy with the staff here and the manager. I feel they do a great job running things. I feel the service is very well led and managed." People and relatives told us they would recommend Rosewood House to others.

An external health professional commented, "[Registered manager] leads by example. I can raise any issues with her and it gets fixed."

Staff told us there was an open and positive culture at the home and they enjoyed working there. Staff told us they felt supported by the registered manager and could raise issues at any time. A staff member told us, "[Registered manager] is a nice person. They are supportive and approachable." Another staff member said, "I really enjoy my job and like it here. The staff are all lovely, the manager is very supportive and the residents are great."

Staff meetings were held regularly. Minutes of staff meetings were available to all staff so staff who could not attend could read them at a later date. Records of discussions held and actions needed were clearly captured. Staff told us they had enough opportunities to provide feedback about the service.

People's feedback was sought regularly via residents' meetings, care planning reviews and an annual survey. The results of the most recent survey in April 2017 were positive.

There was an effective quality assurance system in place to monitor key areas such as safeguarding concerns, accidents, incidents and medicines administration. Regular audits carried out by the registered manager and provider led to action plans with completion dates where necessary. For example, a recent provider audit identified the need for pictorial menus, a sensory garden and specialist crockery for people living with dementia. As we identified during our inspection, the environment for people with dementia was an area for further development. This meant audits were effective in identifying where improvements were needed.

The provider had employed a new regional operations manager in September 2017. Since then the regional

operations manager had worked several shifts at the home to review clinical practice and get to know people and staff. We noted that their first audit of the home on 18 and 19 September 2017 was thorough and they had produced a comprehensive action plan for the registered manager to complete.