

RS Care Homes Limited

Rose Farm

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

About the service

Rose Farm is a residential care home providing personal and nursing care to 49 people, aged 18 and over at the time of the inspection, some of whom were living with dementia.

The service can support up to 54 people over 3 adapted units. One of which is in a separate building providing care to people living more independently.

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

People were safely supported and cared for whilst living at Rose Farm. They felt safe and staff understood the importance of maintaining their safety. People's risks were monitored and managed by staff who had been recruited appropriately.

People's needs were being appropriately assessed and were being met by staff who were appropriately trained. People spoke very positively about their meals and their needs relating to nutrition and hydration were being met. People were supported to access healthcare as required.

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.

People spoke highly of the staff who supported them. Staff treated people with care, kindness and dignity. People were encouraged to express their wishes and their independence was promoted.

People's care plans were personalised and included information about their choices. Information from families was sought and families felt involved in their loved one's care. People had a choice of activities to participate in. The service had not received any complaints and people felt confident to raise any concerns.

Rose Farm had a good management structure in place who monitored the quality of care delivered and took action to improve care where necessary.

Rating at last inspection

The last rating for this service was good (published 11 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Rose Farm

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.

Inspection team

The inspection was carried out by an inspector and an assistant inspector.

Service and service type

Rose Farm 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

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with eleven members of staff including the nominated individual, the registered manager, deputy manager, members of the care staff, the cook and activity coordinator.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and policies.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living in the home, there were appropriate processes in place to ensure their safety.
- A person said, "There's always someone around, they [staff] pop in as they pass just to check I am ok, that makes me feel safe and secure." Another said, "I think it is fantastic here, the big thing is that I feel safe, If I need anything I just have to ask."
- Staff had completed safeguarding training, they knew the signs of potential concerns and what process to follow should they feel people needed safeguarding.

Assessing risk, safety monitoring and management

- People's risks were identified on admission and appropriately monitored and managed.
- Risk assessments contained guidance for staff on how to support people and documented measures put in place to reduce risk. For example, people's risk of falling had been reduced by sensor mats in place, which alerted staff to when people got up.
- Environmental risks were managed by comprehensive checks on areas such as fire, decoration and water.

Staffing and recruitment

- The registered manager used a dependency tool to work out the required staff numbers, there was adequate staffing to keep people safe. Although deployment meant some people sometimes had to wait for support.
- People had mixed views on staffing depending on where they were living in the service. One person said, "Because we only have one staff, I have to wait for them, I would like to sit outside but I need a staff to go with me and they can't leave the others, so I can't go out." Another said, "The staff never stop on here, they run around all day up and down trying to keep an eye on us."
- Whereas others were more positive, "If I need anything I just press my buzzer and they come to see what I want." Another said, "Yes, I think there's is enough staff, there's always someone around."
- Staff said they had raised their concerns with the management team regarding staffing levels in a particular area. Staff said previously people were more independent, but this is not the case now. We discussed our findings with the registered manager who agreed to carry out observations and review staffing levels.
- Recruitment practices continued to be robust, ensuring, as much as possible, only appropriate staff were employed.

Using medicines safely

- People were safely supported with their medicines and spoke positively about the support they received.

A person explained, "When I need my tablets, the staff are there always on the ball with them."

- People were supported with "as and when" medicines, such as painkillers. One person said, "Sometimes when I am in my room I feel under the weather, I press my call bell and the staff come to see me and bring me tablets for my aches and pains." We did find, in some cases, protocols to guide staff on these types of medicines were missing. However, once we brought this to the attention of the registered manager they were put in place on the day of inspection.
- We did raise some additional concerns over the administration recording and these were promptly addressed by the provider.

Preventing and controlling infection

- The home was kept clean throughout, where we saw any concerns these had already been identified by the provider and a plan was in place. For example, one of the bathrooms was in disrepair which could potentially mean cleaning could be ineffective and therefore posing an increased risk of infection. However, this had been picked up on internal audits and was on the improvement plan.
- People said that staff always wore protective gloves and aprons when carrying out personal care.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed. Issues were promptly addressed with staff, where required observations and competencies were carried out and concerns discussed at staff meetings.
- The registered manager explained, "We learn every time something happens to prevent it happening again."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and their relatives told us that they had a pre-assessment before moving in to Rose farm.
- The provider used recognised tools to assess people's needs. For example, the use of the Malnutrition Universal Screening Tool (MUST) and a falls risk assessment tool to establish people's level of risk related to their specific needs.
- Assessments considered the protected characteristics under the Equality Act 2010 and were reflected in people's care plans. For example, people's needs in relation to their age, gender, religion and disability were identified. This supported people not to experience discrimination.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction when they started at the service, which included shadowing experienced staff. A person said, "If we get new staff they work with the others until they get to know us."
- Staff who had not previously worked in care were enrolled on the Care Certificate. The Care Certificate covers an identified set of standards which health and social care workers are expected to implement to enable them to provide safe and effective care.
- Staff were supported to gain vocational qualifications in care; as well as training to support them carry out their role and meet the needs of people.
- Staff received regular supervisions and felt supported in their roles.

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

- All the people we spoke with said the food was good. People had a choice of two meals and if they didn't want either of those, they could ask for an alternative.
- A person said, "The food is very good, there is a nice choice. It is always on time, if you feel a bit unwell, they will bring it to you in your room."
- Catering staff were very knowledgeable about people's needs and ensured they provided the correct diets for people. For example, if people were on a fortified diet, or lived with health conditions such as diabetes.

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

- The home was decorated in a way to help orientate people living with dementia. There were dementia friendly signs, which were consistent throughout the home, to signpost people to different areas and to bathrooms.
- There were areas for people to enjoy in communal settings as well as a conservatory designated for when they wanted to meet friends and family in private.

- People in the main building had access to outside space, although those living in the cottage required a member of staff to be with them.

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

- People said the GP would visit them should the need arise, and staff supported them to optical appointment and hospital appointments.
- People had oral health assessments and were supported with their oral hygiene needs.
- The provider participated in the 'red bag scheme.' This is an NHS innovative approach in how information is shared for people between care homes, ambulance staff and hospitals. This supports people to receive continuity in care.

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.

- Staff had received training in the MCA and was mostly understood the MCA and why best interest decisions were made when people lacked capacity.
- The registered manager worked within the principles of the MCA and ensured any DoLS were upheld. However, we did find that some assessments and best interest documents did lack some detail, we raised this with the registered manager who reviewed the assessments and emailed evidence to show they had added more detail.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 by staff who treated them well and respected their differences.
- A person said, "The care staff are all kind and caring, they always ask how I am feeling, and do I need anything." Another said, "When I'm doing my word search the staff always say have you got your reading glasses, they will go and get them from my room if I've forgot them."
- We observed kind and positive interactions between staff and people.

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

- Staff supported people to express their views and be involved on a day to day basis in decisions about their care.
- Where appropriate families were involved in decisions, for example the cook arranged for them to taste test potential meals, they explained, "Family input is very important; especially for non-verbal."
- People were supported to access advocacy services. This meant people had access to someone who would speak up on their behalf.
- Staff knew the importance of encouraging people to make any decisions. One explained, "I give them a choice. If that's how they like something done, then that's how we do it."

Respecting and promoting people's privacy, dignity and independence

- People's independence and dignity was respected by staff.
- A person explained, "When the staff come into my room they always knock and then say, do you want to get up yet."
- Staff explained, "We make them comfortable, make sure the doors are shut and the curtains are closed. We talk through what we are doing. For example, 'I've just come to turn you over.'"
- Information about people was quite securely to protect their privacy.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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's care was planned in a personalised way and included information to guide staff on how to meet their individual needs and preferences.
- People said they were involved in their care plan reviews, and where appropriate so were their families. This meant staff would have current and accurate information on people's preferences and choices. Relatives said, the manager always consulted with them if there were any changes. One relative said, "They ring me if there are any changes, they always keep me in the loop."
- A person said, "All the staff know me, they know my routine and that's important to me." Another said, "The staff know my relative and us well, they take time to talk to family members, really get to know us all."
- Staff knew people well, they knew who required a specialist diet, and were up to date with people's needs and changes in needs.

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.

- People's care plans contained information about their communication needs and guided staff on how best to communicate with them. For example, to 'chat one to one', to 'speak slowly' and to 'give short answers'.
- Staff used a variety of aids to support communication for example, whiteboards and pictorial flashcards. Staff said, "We get to know people, they are all individuals and we learn how to speak with them."
- At the time of the inspection the service did not have available key information in alternative formats such as easy read or large print. However, the registered manager said no one required it and if they did, they would source this.

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 were supported to continue to take part in activities they enjoy and maintain important relationships. One person explained, "My visitors can pop in anytime, or they ring me sometimes and the staff bring me the telephone".
- People said they were happy with the group activities. There were a range of activities available including music and movement, reminiscing, ball games, nail care. External singers came fortnightly, and animals also attended as a form of pet therapy.

- A monthly church service was arranged for those who wished to take part. For those who were unable to take part in group activities one on one time was arranged such as reading newspapers together.

Improving care quality in response to complaints or concerns

- There had been no formal complaints since the last inspection, but people knew how to raise any concerns they had through care staff and management.
- A person explained, "It's brilliant here, they [staff] really are caring, I've no complaints".

End of life care and support

- At the time of the inspection no one was receiving end of life care at the home.
- The registered manager explained if someone did require end of life care they would make a specific care plan to ensure they received the care they wished for.
- Some people's care plans already included details about their preferred funeral arrangements and contained information on advanced decisions and whether they chose to be resuscitated or not.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a clear leadership and management structure in place which both staff and people were aware of.
- Staff said the management team were supportive and believed it was a nice place to work with a good staff team.
- The registered manager ensured quality was continually monitored using both informal practices and a range of audits. A monthly report went to the directors and regional managers who made sure that actions were taken where necessary.

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 registered manager recognised their legal duty to be transparent when incidents happened. This included investigating the event and informing the relevant people, such as family members and safeguarding teams.
- The registered manager understood their regulatory requirements. This included displaying their previous inspection rating and submitting notifications to CQC regarding certain incidents and events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A system was in place for staff to receive emails from the manager regarding any changes. Staff said, "If I have had time off the manager sends messages on email, first thing that I do when I come on is check my messages this will say if changes in care plan occurred."
- Staff said they had regular supervisions and annual appraisals with either the manager or the deputy, staff said this was an opportunity to discuss any concerns, development, training need and feedback.
- Annual surveys were completed by residents and relatives, with the information collated and action plans developed. Any findings were discussed at relative meetings, where people also had the opportunity to give feedback.
- Families had been invited to take part in choosing menu's which was especially important for people who were no longer able to communicate for themselves. The home also had a very active private social media page to keep family connected and involved.

Continuous learning and improving care, Working in partnership with others

- The registered manager had a good learning ethos, they said, "We learn every time something happens to prevent it happening again.
- The service ensured they worked in partnership with the local authority, fire service, infection control and safeguarding teams to keep people safe.