Rosebank Nursing Homes Limited

Rosebank 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**

Overall summary

This inspection took place on the 3 June 2015 and was an unannounced inspection. At the last inspection on 10 May 2013 the service had met all of the outcomes we inspected.

Rosebank Care Home is a residential care home providing care and support for up to 28 older people. Rosebank specialises in providing care to people living with dementia.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us staff knew how to support them. Comments included; "I cannot speak too highly of the staff, they do know how to look after me, no problems" and "They have regular training here; they look after me very well". Staff had the training and support to meet people's needs and support them safely.

Summary of findings

Staff understood the needs of people, particularly those living with dementia, and provided care with kindness and compassion. People spoke positively about the home and the care they received. Staff took time to talk with people and provide activities such as and arts and crafts, games and religious services.

People were safe. Staff understood how to recognise and report concerns and the service worked with the local authority if there were any concerns. People received their medicines safely as prescribed. Staff assessed risks associated with people's care and took action to reduce risks.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) which governs decision-making on behalf of adults who may not be able to make particular decisions themselves. People's capacity to make decisions was regularly assessed.

People told us they were confident they would be listened to and action would be taken. The service had systems to assess the quality of the service provided in the home. Learning was identified and action taken to make improvements which improved people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

All staff spoke positively about the support they received from the registered manager and the owner. Staff told us they were approachable and there was a good level of communication within the home. People knew the registered manager and spoke to them openly and with confidence. The owner's vision of a service "That puts people's care before anything else" was evident.

Summary of findings

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. People told us they felt safe. Staff knew how to identify and raise concerns.

There were sufficient staff on duty to meet people's needs.

People received their medicines as prescribed. Staff carried out appropriate checks before administering medicines.

Is the service effective?

Good

The service was effective. Staff had the training, skills and support to care for people. Staff spoke positively of the support they received.

People had sufficient amounts to eat and drink. People received support with eating and drinking where needed.

The service worked with health professionals to ensure people's physical and mental health needs were maintained.

Is the service caring?

Good

The service was caring. Staff were kind and respectful and treated people and their relatives with dignity and respect.

People's preferences regarding their daily care and support were respected.

Staff gave people the time to express their wishes and respected the decisions they made.

Is the service responsive?

Good

People's concerns were dealt with before the formal complaint procedure was required. People were confident they would be listened to and action taken.

People and their relative's views were sought frequently. Meetings were conducted with people to discuss changes in the home and to seek their feedback and suggestions were acted upon

There were a range of activities for people to engage in, tailored to people's preferences. Community links were maintained with local groups who regularly visited the home.

Is the service well-led?

Good

The service was well led. The registered manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistle blowing policy in place that was available to staff around the home. Staff knew how to raise concerns.

The home had a culture of openness and honesty where people came first.

Rosebank 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 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 the 3 June 2015. It was an unannounced inspection. This inspection was carried out by 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.

We spoke with six people, a relative, two visitors, seven staff, the deputy manager, the registered manager and the owner. We also spoke with a visiting healthcare professional. We looked at six people's care records, medicine and administration records. We also looked at a range of records relating to the management of the home. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on it, observation and Short Observational Framework for Inspection (SOFI). SOFI provides a framework for directly observing and reporting on the quality of care experienced by people who cannot describe this themselves.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. A notification is information about important events which the provider is required to tell us about in law.

Before our inspection, we reviewed the information we held about the home and contacted the commissioners of the service and the care home support service to obtain their views. The care home support service provides specialist advice and guidance to improve the care people receive.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "Yes, I do feel safe. If not, I would speak to somebody in the office", "Oh yes definitely quite safe", "This feels very safe. If I didn't I would speak to anyone walking around or my son" and "Safe Good Lord, yes". A relative said "I am happy my mother is safe. They prioritise what's important".

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to their manager or senior person on duty. They were also aware they could report externally if needed. One member of staff said "I would report straight to management with any concerns or the CQC (Care Quality Commission), the GP or even the police". Another said "I'd speak to senior staff and the manager. I can also report to the local authorities". Records confirmed the service notified the appropriate authorities with any concerns.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to reduce the risks. For example, one person had difficulty with their mobility and was at risk of falls. The risk assessment gave guidance to staff on how to safely support this person. This included "two carers when using the hoist" and "speak clearly to them [the person] so they can understand, give them time to take in what is being said". Staff were aware of, and followed this guidance.

People were protected against the risks associated with pressure damage. For example, one person was at risk of developing a pressure ulcer. A nationally recognised assessment tool was used to assess the risk. The person had been assessed by the GP and visited by the Care Home Support Service and district nurse to ensure a broad range of professional advice was obtained to minimise the risk to this person. Guidance to reduce the risk to this person, included pressure relieving equipment, checking the person's skin condition and applying prescribed medicine in the form of a cream to their skin. Pressure relieving equipment was in place and records confirmed creams were applied in line with the guidance. This person did not have a pressure ulcer.

There were sufficient staff on duty to meet people's needs. The registered manager told us staffing levels were set by the "dependency needs of our residents". During the day we observed staff were not rushed in their duties and had time to chat with people and engage them in activities. People were assisted promptly when they called for help using the call bell.

People told us there were sufficient staff. Comments included; "I would have thought there's plenty of staff, they cope quite well really", "It's never occurred to me that there isn't enough staff" and "Oh yes, plenty of carers, no problem". Staff told us there were enough staff to meet people's needs. Comments included; "I think there's enough staff here, my team has been increased so it's all good", "Most of the time there's enough. If we are tight we can speak to the manager who then puts more staff on" and "I think our staff ratio is very good and we all support each other".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

People had their medicines as prescribed and when they needed them One person said "I take some pills in the morning around 8.30am. It's always the same". Another said "Yes, I get medicine four times a day, rarely late". The staff checked each person's identity and explained the process before giving people their medicine. Medicines records were accurately maintained. Medicines were stored securely and in line with manufacturer's guidance.

Good

Is the service effective?

Our findings

People told us staff knew their needs and supported them appropriately. Comments included; "I cannot speak too highly of the staff, they do know how to look after me, no problems", "They have regular training here; they look after me very well", "On the whole they know how to look after me, yes. I can safely say they just do it. They know what's needed" and "There's no problem about staff here at all, we are well looked after".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. Induction training included fire, moving and handling, infection control and dementia care. Staff comments included; "The training is excellent, I get regular refresher training, assessments and updates from the pharmacist at least twice a year and I have gained an NVQ (National Vocational Qualification) in care level two and three" and "The induction training was very good. It really gave me confidence".

Staff told us, and records confirmed they had effective support. Staff received regular supervision and appraisals. Records showed staff had access to development opportunities. Staff told us they found the supervision meetings useful and supportive. One said "They are regular and very good. I get to have my say". Another said "I can raise issues on supervisions but I often go to the manager without waiting for a formal supervision, that way things get done quickly. This is a very supportive organisation".

The service provided guidance to staff on how to 'Make use of supervision'. A description of how supervisions would be conducted, its uses and aims were listed and informed staff of their 'Right to regular supervision'. We looked at supervision records for staff and noted they were conducted and recorded in line with this guidance.

All the staff had received training in the MCA and had a good understanding of the principles of the act and we saw they adhered to the principles in their day to day work. We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. Care records showed the principles of the Mental Capacity Act 2005 code of practice had been followed when assessing an individual's ability to make a specific decision. For example, one person had been assessed and did not have capacity to make a decision relating to their personal hygiene. Their best interests had been considered involving staff, the person's family and their GP. The person had an individual who had been given Lasting Power of Attorney (LPA). This means they had the legal right to make decisions within the scope of their authority on behalf of the person. They had signed their consent relating to this decision.

At the time of our visit no one was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty these have been authorised by the supervisory body as being required to protect the person from harm in the least restrictive way. However, the registered manager told us they had recently made applications for seven people to the local authority because these people were having their liberty restricted to keep them safe.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP, Care Home Support Service, Speech and Language Therapist (SALT), district nurse and physiotherapist. We spoke with a visiting health professional and asked about the service. They said "We have good communication with the home and they always ring with any concerns. They really try to follow our advice. They know their residents well and they are caring, kind and very patient". Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans.

People had sufficient to eat and drink. Where people needed assistance with eating and drinking they were supported appropriately. Staff were patient and caring, offering choices and providing support in a discreet and personal fashion. Picture menus were provided weekly and staff helped people choose what to eat. People were also shown their meals so they could decide what to eat on the day. Where people required special diets, for example, pureed or fortified meals, these were provided.

People told us they food. Comments included; "The food, it's alright, I eat what they give me, you do get a choice. I have water in my room. They are always coming round with drinks", "Very good atmosphere at mealtimes", "It's very

Good

Is the service effective?

good food, you get a choice of meat or vegetarian. I had sausages and mash today. The lady on my table didn't like the choices and had a salad instead", "Mealtimes are nice", and "The food is brilliant, there's two choices. If I don't want it, they will get me a salad instead".

Good

Is the service caring?

Our findings

People told us they enjoyed living at the home. Comments included; "I think they love us all, they are certainly very respectful. I can have a lovely bath, they give me a flannel to wash myself, they come back when I've finished", "I would say they are very caring. You can see the way they treat the ones who need help, they are very kind" and "They are wonderful here. They are very good, the staff". A relative said "They seek out the little details that are so important. I talk to the staff a lot and they know about my mother and tell me things that show they care".

Staff told us they enjoyed working at the home. Comments included; "I love it here, this is a real home where people are welcome", "I enjoy my work because we treat people with dignity and respect", and "I think we have really caring relationships here. I think we promote residents independence, I love it".

People were cared for by staff who were knowledgeable about the care they required and the things that were important to them in their lives. Staff spoke with people about their careers, family and where they had lived. Care plans listed people's preferences and personal histories and staff were able to tell us about them. For example, One member of staff spoke about a person's food preferences. They said "Even though I know what they will choose for dinner I always offer the choice. We both laugh when they tell me they will have their usual". One care plan noted how the person liked to get up and have breakfast in the lounge but occasionally liked 'Breakfast in bed'. The plan reminded staff to 'Always offer the choice'.

Throughout our visit we saw people were treated in a caring and kind way. The staff were friendly, polite and respectful when providing support to people. Staff took time to speak with people as they supported them. For example, one person indicated they wished to visit the toilet. The member of staff crouched down and we heard them quietly and discreetly ask how the person wanted to be supported. Their preference was respected and they supported the person calmly, in a caring fashion, to the toilet. We observed staff communicating with people in a patient and caring way, offering choices and involving people in the decisions about their care. For example, at lunchtime we saw people's preferences of what to eat and drink were respected.

People's dignity and privacy were respected. We saw staff knocked on doors that were closed before entering people's rooms. Where they were providing personal care people's doors were closed. One member of staff said "Knowing the person has not got capacity to make a certain decision means I try different ways to gain their agreement, all the while making sure they have dignity". Another said " When someone's family visits them I try to provide a quiet space for them, be discreet. Their privacy is promoted here". We saw how staff spoke to people with respect using the person's preferred name. When staff spoke about people to us or amongst themselves they were respectful.

We observed many positive interactions. For example, staff would sit and read with people, engage in an activity or simply sit and talk with them. One person was walking with the aid of a frame from the lounge to the dining room. The person was slow but did not need support. Two staff accompanied the person and chatted with them as they made their way to the lounge. They allowed the person to walk at their own pace and stop to rest when they wanted to. Staff were patient, attentive and caring towards this person whilst promoting their independence.

Staff gave people the time to express their wishes and respected the decisions they made. For example, we observed a member of staff offering a person a choice of drinks. They spoke calmly and gave them time to decide. The person's choice was respected.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to admission to the service to make sure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Care plans were detailed, personalised, and were reviewed on a monthly basis.

People told us the service responded to their needs and wishes. Comments included; "They went through my care plan when I arrived four months ago, I signed it", "They don't restrict me, I do what I like. If I get up late, they are not bothered", "I can get up when I want to or have a lie in. I went to bed at 10.15pm last night", "They knew exactly what I needed when first came in, I agreed all my care needs" and "Friends can come when they like, everybody's welcome, its home from home here". One relative spoke to us about their mother. They said "They do go the extra mile. Mum used to play the piano so they now have arranged to take her to the local church where there is a piano for her to play".

People were protected from the risk of social isolation. Information in care records was used to arrange activities suited to people's preferences. For example, one person was being supported to attend a 'sing a long' activity in the lounge. Their care plan noted they enjoyed music and singing. We saw this person singing and smiling during the activity. A member of staff told us "They just love to sing. We make sure they always attend the weekly sing a longs". Another person enjoyed 'being in the garden looking at insects'. The care record noted the person went into the garden as often as possible. We asked this person about their interests. They said "My hobbies are insects in the garden. I study them and also the flowers. I enjoy the activities. The sing along was very good this morning. I go out quite a lot especially the weekend". One person, who was living with dementia, had a care plan detailing their likes in a 'This is me' document. It stated 'Likes to be outside in the sun. Likes to touch and feel things so activities involving touch work best'. Staff were aware of this guidance and the daily notes evidenced the person experienced activities related to the guidance.

The service employed two 'Lifestyle support coordinators' who arranged activities in the home. A weekly programme of activities was published and available to people and included visiting choirs, hairdresser, afternoon movies, gardening, flower arranging and games. Trips out of the home to places of interest, the local coffee shop and shops were regularly organised and the service maintained strong links with the local community. For example; the home was involved with events held at the village hall and a 'toddlers group' was held in the home. People told us they enjoyed activities in the home. Comments included; "They help with my IPad and take me to Budgens in the village", "I'm not an activities person. I read a lot and watch the TV. They ask me to do things but I don't want to", "They have singing and dancing, they take me to the garden centre" and "I'm very free here, I went to see the Morris dancers last week, a carer came with me".

A life style support coordinator said "I hold a monthly meeting to discuss activities and record resident's suggestions and preferences. I also talk to families and friends to get their opinions as well". We saw from these meetings people's preferences were respected. For example; one person had requested 'oily fish' on the menu and we saw this was now provided. People had also requested trips out for pub lunches and we saw this was a regular occurrence.

The service had good links with the local community. For example, two regular customers at the local coffee shop had met people from the home who were enjoying a coffee morning. These two people now visited the home every week to organise the morning sing along. The local church and choir, toddler group, local hand bell ringers, library and 'Community Ladies' regularly visited the home and people went out to local events. A relative told us "Community links are just amazing".

The home had a large, well maintained garden area for people to enjoy. Access to the garden was unrestricted and accessible for people who used wheelchairs. Raised borders were available for people who used wheelchairs so they could participate in gardening activities. Staff regularly visited the garden to make sure people were safe and to provide support if it was needed.

People were supported with their spiritual and religious needs. Once a month a religious service was held in the home by a visiting vicar. People could choose the hymns to be sung. One person had requested information about Islam, its origins and divisions. A member of staff had used the internet and sat with the person explaining the

Good

Is the service responsive?

information they had obtained. Once a year the home held a 'Remember me' morning. People who had passed away whilst living at the home were remembered and their lives were celebrated. People, relatives, past relatives and staff attended the event. People's names were read out and remembered and poems were read. We were told by staff this was a popular and moving event.

People knew how to raise concerns and were confident action would be taken. Comments included; "No problem in raising a concern, they are very receptive", "I have no concerns but I would raise them if I needed to", "I think so, I would speak to the boss if I wasn't happy". One relative said "I have raised concerns before and they were noted and rectified immediately so I am confident they would listen and take action". Information on how to complain was detailed in care plans and on display in the home. Staff were aware of the complaints procedure and told us they would assist anyone needing to make a complaint. The service had not recorded any complaints. We spoke with the registered manager who said "Because we are such a close knit community here concerns or issues are dealt with before we reach the formal complaint stage. We try to deal with any issues straight away".

People and their relatives could raise issues at the 'Residents and relative's' meetings, which were regularly held and advertised on the activity planner. For example; one person had asked to have their main meal of the day in the evening and not at lunchtime. We saw this request had been respected. The meetings also discussed local events. For example, a meeting in February discussed the plan for 750 new houses being built in the village. The local authority had issued a questionnaire to all village residents and the home was included. People's opinions were sought and their input recorded on the questionnaire.

The service responded to the needs of relatives. We spoke with the owner who told us they had identified a need for supporting relatives when people were seriously ill or approaching end of life. They said "I saw it was difficult for families visiting a dying relative every day so we are converting rooms on the top floor of the home into a bedroom and bathroom area. This will allow relatives to be close at hand without the worry of booking accommodation locally".

Good

Is the service well-led?

Our findings

Regular audits were conducted to monitor the quality of service and learning from these audits was fed back to staff to make improvements. For example, following an audit around training, some minor short falls in staff training were identified. The registered manager conducted a review of staff training. This allowed training to be provided to staff to rectify the short falls. One member of staff said "The training we get is excellent. There are always good, interesting courses available, not just sitting in front of a computer to learn". Another audit identified people's dependency levels had increased at certain times of the day. The registered manager deployed extra staff at these times to more effectively meet people's needs.

Accidents and incidents were recorded and investigated. The registered manager analysed information from the investigations to improve the service. For example, they identified a pattern relating to falls in the home. As a result, staff received extra training, nutrition champions were appointed and the Care Home Support Service consulted. The incidence of falls had reduced. The registered manager said "This time last year we had approximately 20 or so falls. Since we have taken this action falls have reduced and now, in comparison, this year we have had only three so far".

The registered manager empowered staff. Champions had been appointed for skin, nutrition, medicines and dignity. Champions are a point of contact for people and other staff in relation to their speciality. Champions had received extra training allowing them to be a point of reference for other staff and give them oversight of their area. One staff member said "Being a champion means I get more responsibility and influence so I can be better at what I do. I really like it".

All the people we spoke with knew who the registered manager was and told us they were approachable. The registered manager knew people by their name and took time to talk with them. People spoke positively about the registered manager, deputy manager, the owner and the support they received. People's comments included; "They are all really brilliant, they know their job. They look after the home very well. I had a duvet which was too hot. They changed it for a cooler one", "Good Lord yes, management and the staff, they are marvellous". A relative we spoke with said "I think it is an honest service. Communication is excellent and the manager is great, really approachable".

Staff spoke positively about the registered manager and owner. Staff comments included; "The manager is so supportive. They have never said no to me and they are always available", "They are all really nice and very supportive. Not only with work but with outside issues as well", "They always ask if you are alright and you know they mean it. They listen and you can approach them with ideas and suggestions". Staff told us about the 'little extras' they thought made a difference. For example, the owner arranged for staff outings and team building exercises provided by outside consultants. They also spoke about having "Time for reflection". One said "We definitely have an open culture here. We get time to discuss things or events that happen and reflect on them. I think it is so important for us all".

There was a whistle blowing policy in place that was available to staff around the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff told us they had also been given 'Alert' cards. These cards contained details of who to contact if they had a concern. One staff member said "Anything that happens to someone here would get reported and investigated".

People's opinions were sought via 'Residents and Relatives' surveys conducted twice a year. Questionnaires were circulated in a format that mirrored the Care Quality Commissions (CQC) inspection domains of Safe, Caring, Effective, Responsive and Well led. The registered manager told this allowed them to cross reference people's opinions and experiences with standards against which we inspect. At the last survey we saw people had rated the service as either 'Good' or 'Outstanding'. The results were feedback to people through "Group meetings or face to face", when they popped into the office. Comments from the survey were recorded and any actions acted upon. For example, we saw one person had requested 'Extra choices at breakfast'. The menu had been amended to provide extra choices. People's comments included; "It's the best home I've been in. Nothing to improve, it's a good place", "There's nothing here I would change" and "Quite happy with the home. It's very well looked after".

Good

Is the service well-led?

The service was working towards accreditation with the 'Gold Standards Framework Centre (GSF)' in end of life care. 'The GSF in End of Life Care is the national training and coordinating centre for all programmes, enabling staff to provide a gold standard of care for people nearing the end of life'. The registered manager said "This would allow people to be cared for in the home in line with their wishes and empower them to do what they want to do". 'GSF improves the quality, coordination and organisation of care leading to better patient outcomes in line with their needs and preferences and greater cost efficiency through reducing hospitalisation'. The owner told us this was in line with their vision for the service "That puts people's care before anything else".

The service worked in partnership with visiting agencies and had strong links with GPs, the pharmacist, district nurse and Care Home Support Service. One healthcare professional we spoke with said "It is a very well-run home, good support, good staff. I've no concerns whatsoever". Another said "They refer appropriately, they are open and honest and follow guidance to the letter".

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.