

Runwood Homes Limited

Rose House

Inspection report

Church Street
Doncaster
South Yorkshire
DN3 3AJ

Tel: 01302831450

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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

Rose House is a care home situated in Armthorpe, Doncaster. It provides care for up to 40 older people with a range of support needs. It is located close to local amenities and public transport links. At the time of our inspection 37 people were using the service.

The inspection took place on 12 June 2018 and was unannounced. The last comprehensive inspection took place in January 2016 when the service was rated Good. You can read the report from our last inspections, by selecting the 'all reports' link for 'Rose House' on our website at www.cqc.org.uk. At this inspection we found the service had remained Good.

At the time of this inspection the service had a registered manager. 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 who used the service were protected from the risks of abuse. Staff were knowledgeable about safeguarding people and told us they would report any concerning matter to their line manager without delay. Risks associated with people's care were identified and managed appropriately. We observed staff interacting with people and found there was enough staff available to meet people's needs in a timely manner.

Accidents and incidents were monitored and appropriate actions taken to minimise reoccurrences. The home was clean but some areas were in need of attention. We spoke with the registered manager who was already aware of these issues and had started to take action to address them.

Staff had the skills and knowledge to complete their role well. People received personalised care and their choices were respected. People received a balanced diet and the meal time experience was pleasant. Health care professionals were accessed when needed and their advice was followed. Staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and people's consent was sought in line with current legislation.

We observed staff interacting with people and found that they respected people and showed kindness. Staff ensured that people's privacy and dignity was respected.

People received personalised care which met their needs. People we spoke with felt able to raise concerns and told us the registered manager and staff were approachable. End of life care choices were considered and recorded in care records.

The service was well led and the registered provider had a system in place to monitor the quality of the service. Audits took place at regular intervals and actions were taken to make changes when required. People who used the service, their relatives and staff had several opportunities to voice their opinions and to

be involved in the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Rose 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 registered 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 June 2018 and was unannounced. The inspection was carried out by two adult social care inspectors.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We looked at the provider information return [PIR]. This 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. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We spoke with people who used the service and three relatives of people living at the home. We spent time observing staff interacting with people. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with staff including care workers, catering staff, the registered manager, the deputy manager and the regional operations director. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We spoke with people who used the service and their relatives and they felt the service was safe. One person said, "It's lovely here and I feel very safe." Another person said, "Everyone is so nice, I am comfortable."

The registered provider had systems and processes in place to ensure people were safeguarded from the risk of abuse. We spoke with the registered manager who showed us a record of safeguarding incidents which had been reported. The service had no safeguarding concerns at the time of our inspection. Staff had a good knowledge of how to safeguard people from abuse. One care worker said, "If I was concerned about anything at all, I would take it to my manager, or go higher up. I could go to the police, CQC or social services."

Risks associated with people's care were identified and actions were in place to attempt to minimise them. We looked at care records and found risk assessments were in place for things such as falls, moving and handling, used of bed rails and malnutrition. One person was at risk of choking and a plan was in place to ensure staff offered safe care. The person required a textured diet which was regularly reviewed by staff and the speech and language therapist.

People had a personal emergency evacuation plan (PEEP) to ensure people were appropriately supported in an emergency. Staff and people were regularly involved in fire drills.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly.

The registered provider had a system in place to ensure people received their medicines as prescribed. Records reflected that staff consistently gave people their medicines correctly.

Medicines were stored safely and at the correct temperature. We observed one care worker assisting people to take their medicines. They explained clearly to people what their medicines were for. Staff had identified one person as being more independent with medicines and supported them to self-administer their medicines.

Some people had medicines which were prescribed on an 'as and when' basis, known as PRN medicines. There was guidance in place so staff knew when people might need these medicines and how much they should take them. However, there needed to be more information, so staff were aware when they should seek advice following prolonged usage. There had been a recent pharmacy audit which had identified that there needed to be a record kept when PRN medicines had been administered and the reasons why they had been given. We could see that some staff were keeping a record of PRN medicines, however, this wasn't being completed consistently, and therefore needed embedding into practice.

We completed a tour of the service and found that, although it was tired and worn in places, overall, it was clean. However, we saw the laundry room cupboard and shelving in the cleaning cupboard were worn and difficult to clean. We also found some toiletries in a bathroom along with some prescribed topical cream. The registered manager removed them straight away.

We spoke with staff and people who used the service and we found there was enough staff with the right skills, knowledge and experience to meet people's needs and people were kept safe. The registered manager and deputy manager offered support to staff and people as required and were very much a part of the team. We saw people were supported to do what they wanted to do and enough staff was available to facilitate their requests. One relative said, "The staff are plentiful, they encourage people to do things independently, and they give them lots of time. They will even come in to cover shifts if they need to on their days off."

The registered provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at staff recruitment files and found they contained most of the relevant checks. Although, two files did not contain two written references, the registered manager explained that the staff had worked for the previous provider and the references were consequently held at a central office.

Is the service effective?

Our findings

People's care needs were assessed and delivered in line with current legislation. Staff showed a keen interest in ensuring people achieved their outcomes. For example, we looked at care records and found they contained assessments of need which were comprehensive and could be easily followed.

The registered provider ensured staff had the skills, knowledge and experience to deliver effective care and support. The registered provider ensured that training took place regularly and staff told us they valued the training they received. Some training was completed via e-learning and subjects such as practical moving and handling, first aid and fire safety were completed face to face. Most staff were qualified to National Vocational Qualification (N.V.Q) Level 2 or 3 in care. Staff we spoke with told us training was effective and, "Gave them the knowledge to do their job well."

The service had an effective staff induction process which incorporated training and shadowing experienced staff. Staff we spoke with felt supported through their induction and felt it gave them knowledge to get to know people and what their needs were. The registered manager told us that all new staff employed would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff told us they felt supported by their managers and told us they had regular supervision sessions. Supervision sessions were one to one meetings with their line manager. These gave staff the opportunity to discuss work related issues. We also saw that staff received an annual appraisal, which focused on their practice and professional development.

People were supported to eat and drink sufficient amounts to maintain a healthy balanced diet. Information about people's needs, likes and dislikes in relation to food was gathered and passed onto the cook who then catered for people accordingly. The cook told us that they enriched food with full fat cream, milk and cheese to help people who were identified as being underweight. They said if there was an assessed need to provide a low fat diet then this would be offered too and they regularly catered for people who were diabetic, by offering low sugar desserts.

On the day of our inspection we observed lunch in both dining rooms. There was a nice relaxed ambiance in the dining rooms, people were chatting with staff and each other. People sitting in the dining room had different levels of support needs, varying from requiring their food to be cut up, blended and support with eating and drinking. There were plenty of staff on duty to give people the assistance they needed. We observed staff asking people if they were enjoying their meal or if they wanted second helpings. We observed one person, who had didn't want a main course being offered extra dessert. Another person didn't want either of the main meal option but instead chose to have a cheese and tomato sandwich.

Relatives we spoke with told the food was very good. One relative said, "When it was my mum and dad's wedding anniversary, they [the staff] set up a table for the two of them, in a quiet area, as they had a meal

together to celebrate, now that's going that extra mile for people." Another relative said, "Dad eats everything that's put in front of him, he really enjoys the food, and it's hard to believe he used to be a fussy eater before." We heard people giving positive feedback about the food they had been given, saying things like, "I would like to have some more, it was very nice indeed. I enjoyed it."

People were supported to live healthy lives, have access to healthcare services and receive ongoing healthcare support. We looked at care records and found they contained a professional visitor's record. This showed that people had received healthcare as required. Care records also contained plans of care which had been devised to ensure any advice given was actioned.

People's individual needs were met by the adaptation, design and decoration of premises. Although there were some areas of the home which were tired and worn, the registered manager and registered provider had taken steps to improve the environment. We saw appropriate signage around the home and observed people looking at the signs for direction. We also saw that people had access to outside space which was safe and welcoming. People also had access to small lounges where they could meet with their relatives. We also saw a room which was dedicated to activities.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Consent was sought in line with current legislation. People were asked to consent to things such as voting, mail and medical appointments and whether they preferred to keep their bedroom door locked when they were not in it. Decisions made for people who lacked capacity had been considered in line with their best interests.

We also saw staff interacting with people and offering choices and waiting for people to respond. We saw people's choices were respected. Staff had an awareness of the MCA and had received training in this area. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected. One care worker said, "They [people] have the right make their own choices and we have to encourage them as much as we can."

Is the service caring?

Our findings

We spoke with people who used the service and they told us the staff were lovely. One person said, "Look at them [staff], aren't they lovely."

All the relatives we spoke with gave positive feedback about the staff and felt they were very caring. One relative said, "I am very happy with staff. My mum looks on them as family. They go above and beyond; they even come into work when they're not on duty, to help out at the summer fayres." Other relatives said, "My dad is so lucky to be here. All the staff are amazing. It's not just a job to them."

We observed staff interacting with people who used the service and we found them to be kind and caring. Throughout the inspection we observed staff and people interacting in a friendly manner. There was lots of appropriate banter and laughter. For example, we saw one person laughing with and hugging one care worker. We could see that staff had a good relationship with people and people showed they were comfortable with staff by displaying happy facial expressions and in how they responded using body language.

People who used the service had a dedicated member of staff known as a key worker. The role of the key worker was to ensure people had all they needed, that families were involved and that care plans reflected how people wanted to be assisted. A photo and information about people's key worker was kept in people's bedrooms to help people get to know who their key worker was. .

Care records we looked at included a section called, 'a story worth telling.' This was used to document people's life history and was specifically used to assist staff with people living with dementia. We also saw a document called 'my day' which was used to explain what was important to people. For example, one care record stated that it was very important for one person for staff to show respect. The person's personal preferences were described such as, enjoying chatting, food and watching TV. The person's communication needs were included, with guidance for staff about the importance of allowing the person time to respond and to listen carefully.

Staff we spoke with knew the importance of maintaining people's privacy and dignity. We observed staff respecting privacy when knocking on bedroom doors and waiting for a response. We observed staff treating people with the upmost dignity and respect. People were quietly asked if they needed support to use the bathroom this was respectful of their dignity. One relative said "They [the staff] have so much respect for [my family member]."

The registered provider ensured that dignity was embedded in to practice by choosing a dignity topic each month. This month was privacy, 'actively ensuring privacy and modesty for everyone.' Each month a member of staff was chosen by their colleagues to be the dignity star. The dignity star was nominated by the previous month's dignity star to promote dignity in the home.

We observed staff reassuring a person who was upset. The staff member stopped what they were doing and

gently comforted the person and gave them time to talk and to calm. Once the person had recovered from their distress they encouraged them to be involved in preparing the tables for lunch, which the person enjoyed. This showed that staff knew and supported people well.

We saw that people were dressed in clothing of their choice. One person was dressed very casually in comfortable clothing, whilst another person was dressed in smart trousers and a well pressed shirt. This showed that people were cared for in line with their personal preferences and choices.

Relatives told us they were made to feel welcome and could visit at any time. One relative told us that staff had offered them advice and guidance on how best support their relative with moving and handling. They said, "They [the staff] were very diplomatic and educated me in the best way to manoeuvre my mum. I really appreciated that as it's for her best interests and mine."

Is the service responsive?

Our findings

Relatives told us they were involved in their family member's annual review and this gave them input into planning the care their relative received. This helped to ensure people's care was personalised.

We looked at people's care records and observed staff interacting with people. We found they received care which was personalised and met their individual needs. We observed staff interacting with people and we found they knew people well and responded to their needs. For example, one person asked for a biscuit with their drink. The person was not able to have one due to medical issues. However, the carer said, "I have something better than a biscuit for you, a real treat." The care worker went and fetched a yogurt which the person enjoyed. This showed staff responded appropriately and ensured people's needs were met in a thoughtful way.

The registered manager was in the process of recruiting an activity co-ordinator to provide social activities and stimulation. This would be for 20 hours per week. In the interim period the registered manager had made arrangements for staff to engage people in one to one activities by using a 'cookie jar.' The cookie jar contained suggestions for one to one time based on people's individual preferences. One care worker per shift would select from the cookie jar and carry out the activity. This could be an activity such as a walk in the garden.

We also saw staff engaged in other activities, for example, we saw one care worker reading through a magazine with someone and chatting about current affairs.

The service had also set up a gardening club with people and their relatives. We saw they had developed a very pleasant, well used outdoor space. During our inspection we saw people benefited from the use of the garden area which was easily accessed. We could see that this brought a smile to people's faces and gave them somewhere to visit so they could relax in the fresh air. One person was a little upset but as they entered the sensory garden they quite quickly relaxed and began to smile as they looked at the plants and garden ornaments.

The registered provider had a system in place to manage complaints. This was displayed in the home. People who used the service and their relatives told us they felt able to raise concerns. They told us the registered manager and staff were all very approachable and they could speak with them if they had a problem. People and their relatives were confident that any concerns would be looked into and appropriately resolved.

One relative said, "I've never heard any relative say anything negative about here." Another relative said, "I've never had a real complaint. I once brought a niggle to the manager's attention and it was dealt with straightaway, without hesitation." Relatives were able to put their comments in a suggestions box. One relative said they used the suggestions box to give the service ideas on how to make improvements.

People were supported to discuss their end of life wishes which had been documented within the care

records.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. 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.

The management team consisted of the registered manager, deputy manager and senior staff. Care workers we spoke with knew what was expected of them and enjoyed working at the home. Staff felt supported by the management team and told us they could speak with them at any time. One care worker said, "I get plenty of management support through coaching." One relative said, "The manager is brilliant, very approachable, listens and acts. If I had a complaint, I am confident it would be addressed."

There was a clear vision and management presence in the service. We saw the registered manager and the management team being involved in all aspects of the service delivery.

The registered provider had a system in place to continuously learn, improve, innovate and ensure sustainability. We saw a range of audits were completed at regular intervals to ensure the service was operating as it should. We saw audits in place for things such as medication, infection control, health and safety, and equipment. The registered manager also completed a daily walk round to ensure standards were maintained on a daily basis.

We saw that any actions identified as part of the audit system were added to the home's action plan and addressed.

People who used the service, their relatives and staff were given opportunities to express their views about the service and to be involved in the development of it. Relatives had been heavily involved in the gardening project which had given people access to outside space. People and their relatives were also invited to meetings and asked for comments about the service via an annual quality survey. Care plan reviews took place annually or sooner if required. We saw that this included a resident's survey. This checked out people's experiences of mealtimes, the laundry service and residents' meetings.