

Maria Mallaband Care Homes Limited

Rosedale Nursing Home

Inspection report

The Old Vicarage
Catterick Road
Catterick Garrison
North Yorkshire
DL9 4DD

Tel: 01748834948

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14 November 2017

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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

The inspection took place on 14 November 2017 and was unannounced.

Rosedale Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Rosedale Nursing Home is registered to provide accommodation for persons who require nursing and/or personal care. It is divided into three units; a general nursing unit; a unit for people living with dementia who require residential care and a unit for people living with dementia who require nursing care. There were 41 people living at Rosedale on the day we inspected.

There was a registered manager in place. 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.

At the last inspection, the service was rated good. At this inspection we found the service remained good.

People were protected from the risk of abuse and staff followed the local safeguarding procedures when they suspected abuse.

Risk assessments were completed to reduce the risk of harm. Accidents or incidents were analysed to reduce the risk of reoccurrence.

People's medicines were stored and administered safely. Staff were aware of the infection control measures in place to reduce the risk of the spread of infection.

There were sufficient numbers of suitably trained staff to meet the needs of people safely.

Recruitment procedures were robust to ensure staff were fit and of good character to work with people.

People were supported to have 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.

There were positive interactions between people and staff. Staff knew people well, showed kindness, dignity and respect. Care was person centred and people were provided with choice.

The provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views. There were effective systems in place to monitor and improve the quality of

the service provided.

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? 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 ●

Rosedale Nursing 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 was a comprehensive inspection that took place on 14 November 2017 and was unannounced. The inspection was carried out by one adult social care inspector, a specialist advisor and an expert by experience. A specialist advisor is someone who can provide expert advice to ensure that our judgements are informed by up to date clinical and professional knowledge. The specialist advisor who supported this inspection was a specialist in nursing care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert-by-experience who assisted with this inspection had knowledge and experience relating to older people. They supported this inspection by speaking to people and their relatives to seek their views and experiences of the service.

Before our inspection, we looked at information we held about the service. The provider completed a 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 reviewed the information we held about the service, such as notifications we had received from the manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the commissioners of the service and Healthwatch prior to our visit. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We planned the inspection using this information.

At the time of our inspection there were 41 people who used the service. During the inspection we spoke with eight people and five of their relatives. We spoke with the manager, the deputy manager, two nurses, two care workers, the activities co-ordinator and the chef.

We looked at a range of documents and records held on the office computer or on paper, related to people's care and the management of the service. We looked at six care plans, three staff recruitment and training records, quality assurance audits, minutes of staff meetings, complaints records and policies and

procedures. We also looked at findings from questionnaires that the provider had sent to people. During the inspection we spoke with three health and social care professionals to gather their feedback about the service.

We 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.

Is the service safe?

Our findings

People and their relatives who we spoke with told us they or their family member was safe and well looked after. One person said, "I definitely feel safe and feel listened to. Issues are dealt with promptly." A relative said, "[Name] is very safe. I know because they are happy now and I have peace of mind."

There were up to date safeguarding and whistle blowing policies and procedures in place. Staff had received safeguarding training and were able to describe to us the different forms of abuse. Staff were aware that people were individuals and any form of discrimination would be reported. One member of staff said, "I wouldn't give it a second thought and would tell my manager." Staff told us their concerns would be taken seriously and acted upon by the management.

People were protected from harm as potential risks relating to their care, such as moving and handling had been assessed to ensure they were appropriately managed. People and their relatives told us they had been involved in the assessment process. Staff had access to people's records which were stored securely. This meant staff could support people to remain safe.

We looked at records which confirmed checks of the building and equipment were completed. These included for example, checks on the fire alarm, fire extinguishers and gas safety. We saw that personal emergency evacuation plans were in place to ensure people were supported to leave the building safely during an emergency.

On the day of the inspection there were sufficient staff to meet the needs of the people who used the service. We saw that the manager had established how many nurses and care staff needed to be on duty based on the care each person required. All the people we spoke with said there was enough staff, however there were mixed comments from relatives. One we spoke with said, "There is never enough staff, but they do remarkably well." Another told us, "There is always staff around and nobody is left on their own."

Staff were safe and suitable to work with vulnerable people. Disclosure and Barring Service check (DBS) were carried out before staff started working at the home. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. We also saw that previous employer references had been obtained and a full work history was provided within the application form.

Arrangements were in place for the safe management, storage, recording and administration of medicines. People were supported to take their medicines by staff who were trained and had their competency assessed. We observed medication being administered and good practice guidelines followed. It was unhurried and interaction with residents was good. The nurse gained consent and offered a drink of water after each administration.

We found that the service was clean and staff recognised the importance of preventing cross infection and used gloves and aprons when required.

Information gathered in relation to accidents and incidents that had occurred had been documented and was monitored to identify possible trends. For example, we saw documents which showed that the service had learned from the advice given by a dietician regarding the recording and monitoring of people's dietary needs. Staff were working with them to ensure learning was embedded within practice and had appointed a 'nutrition champion.'

Is the service effective?

Our findings

Arrangements were in place to assess people's needs and choices so that nursing and personal care was provided effectively. Care plans and assessments recorded people's physical, emotional and social needs. Records also showed if any additional provision was needed to ensure people did not experience discrimination. For example, people were asked if they needed support in relation to their sexuality.

People could alert staff should they need support via the call bell systems and had access to bed or room sensors if these were required. Two people we spoke with told us their independence had been promoted as staff had supported them with technology. One said, "I use my computer and phone for shopping and chatting to family."

People and their relatives were confident that staff had the knowledge and skills they needed to provide care. One person told us, "I use a hoist, staff are very professional. They are always encouraging me with fluids and give regular pressure relief. I see a lot of on-going training."

Records showed that staff had received induction training before they provided people with person centred care and on-going refresher training to keep their knowledge and skills up to date. Staff were supported with regular supervisions and appraisals. We found that staff knew how to care for people in the right way. For example, we observed two members of staff transferring a resident from an armchair to their wheelchair. They used appropriate equipment, informed the person what they were going to do and gained their consent.

During our inspection, we saw members from the local mental health team meeting with staff to help them understand the specific needs of a person living with dementia. Staff had come in on their days off as they wanted to learn how their intervention with this person could be improved. A health care professional told us, "Staff are very keen to learn and we get a good reception when we come to talk with them. They follow our recommendations which has a positive effect on the person." Records showed interventions and the support required should a person move between services. This ensured people received effective and coordinated care.

People were supported to eat healthy meals and their likes and dislikes were known. People we spoke with told us there were snacks and drinks available throughout the day and the food was good. During our inspection we observed lunch in all the dining rooms. People were shown the food on offer to enable them to make a choice. The dining experience was pleasant, calm, and we observed positive interactions between people and staff.

People's health and wellbeing was supported and they had access to support and treatment in a timely way. Records showed involvement with other health care professionals when people's needs changed.

Arrangements were in place to ensure people had access to the environment around the home. This included gardens for people with dementia. These areas were also accessible to people with mobility

difficulties. The decoration and signage in the premises supported people's needs and enabled easy navigation which promoted their independence. People were encouraged to personalise their rooms with personal effects that included, ornaments, memorabilia and photographs.

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.

We checked whether the service was working within the principles of the MCA. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw DoLS applications had been submitted and the provider was complying with any conditions. People were encouraged to give consent to all aspects of their care.

Is the service caring?

Our findings

People were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs. One person told us, "The staff talk and listen to you. They are very kind and always concerned about my welfare." Another said, "They are all very good and I have no complaints." A relative we spoke with said, "The care shines out from the staff."

We observed staff communicating with people who found it difficult to express themselves by giving them time to respond and rephrasing questions. Staff we spoke with were aware of people's individuality and the importance of respecting this. One member of staff we spoke with said they were nominated as the 'dignity champion' and would have no hesitation in pointing out to staff if they felt a person's rights were not being upheld. They told us they would escalate any concerns to the manager.

People and their relatives told us they were involved with decisions about their care and how they preferred to be cared for. One person told us, "Yes absolutely, they are very good. My family is also involved. A relative we spoke with said, "My opinion is listened to and I helped staff understand what my relative's preferences were, even the way they liked to dress."

Confidentiality was well maintained throughout the home. Information held about people's support needs was kept secure and we found that staff understood their responsibilities in relation to this.

Information about a local advocacy service was available and people were supported to access this if required. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

All the people we spoke with agreed staff were very respectful of their privacy and dignity. One person we spoke with said, "Staff leave me alone to get dressed and washed and I can close the door." Relative's we spoke with told us, "Staff show great dignity and respect, even when I am there" and "When staff are using the hoist they always ensure my relative is covered."

One relative we spoke with was very complimentary regarding their relatives' wellbeing and how their independence was promoted. They had received one to one support for a few weeks when they initially moved to the home. They said, "[Name] would not walk, but eventually began to mobilise with their frame supported by staff. They now have their quality of life and personality back."

During our SOFI observations, we saw staff reassuring people who found it difficult to express themselves. Staff supported people to mobilise and decide for themselves where they wanted to sit. Staff checked on people who had chosen to sit on their own and asked if they needed anything. We could see for ourselves that people were relaxed and being attended to.

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs and their support was planned with them. One person told us, "I had an assessment this week for physiotherapy and my family was involved." Staff we spoke with knew people well and knew their individual needs and preferences.

Care plans were person centred and reflected people's physical, mental, emotional and social needs. This enabled staff to deliver care and support in a way people liked. Records we looked at showed people and their relatives where appropriate, had been involved in their reviews.

People were encouraged to remain active and we saw people were engaged in games and activities during our inspection. We spoke with the activities co-ordinator who showed us how they were developing people's life stories by compiling memory books which included the activities they were interested in. Activities were personalised and were also offered to people in their rooms to prevent social isolation. A relative told us that the activities were, "Absolutely brilliant." They explained that their family member had been taken out by a member of staff to the cinema and then for a meal, which they had thoroughly enjoyed.

The registered manager ensured information was shared with people in ways they could understand. We saw information displayed in large print and easy read formats on topics such as safeguarding and equality.

Each person had use of a call bell system to request support that was easy to use and alerted staff immediately; bed and door sensors were used where appropriate. The service used technology to promote people's health outside office hours. This system allowed staff to take a laptop to people's bedrooms and link with a health care professional. This meant staff had access to immediate medical advice.

People and their relatives told us they knew how to complain if they needed to and would speak to the registered manager or a senior member of staff. The complaints procedure was displayed. We saw documents which evidenced when complaints or concerns were raised by people, they were recorded along with any action taken and the outcome. This ensured any repeating trends were identified and the service could learn and improve.

The service had identified a member of staff who had taken on the role as 'champion' to understand the needs and wishes of people who were coming to the end of their lives. A health care professional we spoke with said that, "Staff are very sensitive to people's needs and care about their relatives too." A member of staff we spoke with told us, "It is a privilege to be with someone, hold their hand and make them as comfortable as possible."

Is the service well-led?

Our findings

A registered manager was 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 and their relatives told us they had confidence in the registered manager and they were approachable. One person said, "The manager is very efficient and has an open door policy." Another said, "We have a very good manager. Everyone is very good, even the cleaners. Staff are very civil and you can have a laugh with them." A member of staff we spoke with said, "The manager is very supportive and I have learnt from them."

The home is well managed and staff had the knowledge and skills required to provide care and support appropriate to people's individual needs. The manager explained they had an 'open door' policy and encouraged staff to make suggestions to continuously improve the service. For example, staff had outlined the values of the service by using the letters from the name of the home and displayed this as a poster.

Equality and diversity were actively promoted. The manager ensured staff were aware of the importance of respecting the cultural needs of people. They gave an example when a person with dietary needs associated with religious preferences was admitted for a short time; they ensured these needs were met. Staff we spoke with confirmed this.

The registered manager understood and had carried out their responsibilities with regards to submitting statutory notifications as required by law for incidents such as serious injury and allegations of abuse. Where appropriate, information was shared with other agencies.

We saw staff had opportunities to speak up in regular staff meetings. Agenda items included health and safety, policy awareness, safeguarding and data protection. We saw the minutes of managers meetings were available to all staff which promoted transparency in the service.

People who used the service and their relatives were asked for their views about the care provided. These were acted on to shape and improve the service. For example, one person we spoke with told us, "I go to monthly resident meetings and filled in a couple of surveys. I mentioned that the garden furniture wasn't very nice and they changed it."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. The manager completed monthly audits to identify trends and took action when needed. For example, following advice from a dietician, a nutritional action plan had been devised and an audit of all people's nutritional and hydration needs had been completed. Quality monitoring visits were also carried out by the registered provider and these visits included; staffing, health and safety and premises.

There were positive working relations with other professionals which promoted and supported people's needs. One health care professional we spoke with told us, "I can see improvements in the service. There is a good mix of skilled staff who are eager to learn."