

Random inspection report

Care homes for adults (18-65 years)

Name:	Rosedene
Address:	128 Franche Road Kidderminster DY11 5BE

The quality rating for this care home is:	zero star poor service
The rating was made on:	04/02/2009

A quality rating is our assessment of how well a care home, agency or scheme is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this review a 'key' inspection.

This is a report of a **random inspection** of this care home. A random inspection is a short, focussed review of the service. Details of how to get other inspection reports for this care home, including the last key inspection report, can be found on the last page of this report.

Lead inspector:	Date:
Sally Seel	2 0 1 0 2 0 0 9

Information about the care home

Name of care home:	Rosedene
Address:	128 Franche Road Kidderminster DY11 5BE
Telephone number:	01562861917
Fax number:	
Email address:	
Provider web address:	

Name of registered provider(s):	Minster Pathways Limited
Name of registered manager (if applicable)	
Mrs Anita Homer Golden	
Type of registration:	care home
Number of places registered:	5

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	5	0
mental disorder, excluding learning disability or dementia	5	0

Conditions of registration:									
The maximum number of service users to be accommodated is 5.									
The registered person may provide the following category of service only: Care home only - Code PC, to service users of the following gender: either, whose primary care needs on admission to the home are within the following categories: Mental disorder, excluding learning disability or dementia - Code MD; Learning disability - Code LD.									
Date of last inspection	0	2	0	6	2	0	0	9	
Brief description of the care home									
Rosedene is a care home providing personal care for up to 5 people, male and female, with a learning disability, a mental health need, or a combination of both needs. It is an ordinary house in a residential road in Kidderminster. Within the home there are									

Brief description of the care home

ensuite bedrooms for 5 people, 2 with their own living area as well. There is a shared kitchen, dining area and living room. The house is no-smoking, but there is a covered area in the garden for some people who do smoke. There are facilities such as shops and pubs nearby, and bus services into central Kidderminster.

The home is owned by Minster Pathways Limited. The responsible individual for Minster Pathways Ltd is Mr Colin Farebrother. Ms Anita Homer-Golden has been the registered manager of the home since December 2008. Before this she was the acting manager for over a year.

What we found:

This inspection visit was carried out to check compliance with three requirements which presented risks to people's health, safety and wellbeing at our key inspection on 17th July 2009.

We spoke with the registered manager who provided us with information on what had been done so far in relation to reviewing care plans and making these always accessible to all staff at all times. We also looked at care plans, risk assessments and daily records of people who live in the home. This is to make sure that people who live in the home are having their individual needs met consistently in line with their care plans which are reviewed and details individual's changing needs where appropriate. We also spoke with all staff that we are on duty about meeting people's needs and what training they had received to enable staff to have the knowledge and skills to perform their roles within the home. Training matrix was also looked at which provides us with all staff training that has been achieved, what is planned and what is needed.

Care Planning and Monitoring Health, Welfare and Safety

We saw that care plans have now been reviewed since the last key inspection and the majority were dated July 2009. The registered manager showed us that care plans are now being placed on the computer and are printed off to place in the care records of each person who lives at the home.

The registered manager was able to inform us that a person is going to be referred to their doctor for a reassessment as some changes in their needs have been noted by staff. Another person's doctor has instructed staff of how their health needs are to be met and we were told that this information will be placed in their care plan for all staff to follow. We also saw that one person's care plan now has an amendment upon it to reflect an individual's medical condition which is linked to their eating and diet. This was found to be missing at the last key inspection.

We discussed the processes involved in meeting the care and health needs of people living at the home with staff. In the main staff spoken with had an understanding of meeting people's individual needs and have full access to people's care records. We found that care records are now maintained in an improved accessible formats, such as, there is a separate record for meeting individual's health needs with includes health action plans which help staff to maintain and review people's health needs to make certain individuals are supported to keep health and well. There is also a separate file for each person which holds their care plans and risk assessments. We were told that care records are never removed from the home which means staff have these to hand at all times to provide information and guidance to all staff.

In view of the foregoing individual's health and wellbeing are now being promoted, monitored and reviewed with appropriate clinicians, and people are protected as far as is possible by the home's procedures and systems for care and health planning and risk management.

Staff Training

We looked at three staff training files, training matrix and spoke with staff about training opportunities to assist them in meeting both individual and collective needs of people living at the home. The training matrix informed us that some staff have received training in, Protection of Vulnerable Adults (POVA), first aid, health and safety, fire safety, food hygiene, moving and handling, infection control, medication and so on. If staff needed specific training this was also highlighted on the training matrix together with confirmed booking dates when training is to take place. Staff training files confirmed to us that training certificates are in place that are documented on the training matrix. All staff spoke with without exception confirmed that staff training opportunities had now improved together with the general morale of staff. Also all staff said that they feel that people who live in the home have their needs met in a timely manner and this is generally achieved by maintaining a good skill mix of staff on all shifts together with appropriate staffing levels.

It was positive to see that it has been highlighted on the training matrix that staff need training in aspects of ageing. This is particularly important as people who live in the home are getting older and staff require training to recognise individual's changing needs as they progress through their own lives.

We discussed staff training with the registered manager who is now making sure that all staff receives the training that they require to meet the full range of each person's needs that live at 'Rosedene'. In some ways this task has been achieved by having a more stable staffing team and bank staff where required who have the knowledge and skills to consistently meet the individual needs of people living at the home.

A requirement about Regulation 15 was fully met as care plans and risk assessments have and are continuing to be reviewed and they are accessible to all staff at all times. This should make certain that individual's needs can be met in the way people prefer with risks noted together with any restrictions to a person's daily life being actioned by formal processes which are in tune with the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS).

Two requirements about Regulation 18 were fully met as staff are now receiving appropriate training and this is documented on staff files and training matrix. This should make certain that people living in this home can be confident that they are receiving assistance and support from staff who have the knowledge and skills to meet their individual needs in a safe manner at all times.

What the care home does well:

We saw that care plans and risk assessments have now been reviewed and updated to make sure that individuals social, health, physical, emotional and psychological needs are met.

We were informed that care plans, risk assessments and health action plans are always accessible to staff at all times and are not removed from the premises. This should make sure that all staff have the information to guide them when assisting and supporting people with their individual needs in a safe manner.

The registered manager was able to inform us that where individuals needs have or are changing then people are referred to other external professionals as required. Also any changes in a person's needs are reflected onto their individual care plans so that staff have the correct up to date information to guide staff when they are assisting and supporting people in their everyday lives.

A staff training matrix is now in operation which is a good tool for coordinating, planning and arranging staff training. This should ensure that the registered manager can see at a glance where any staff training gaps are and any refresher course are not overlooked. This should ensure that people living in the home are supported by knowledgeable and skilled staff at all times.

Without exception all staff spoken with on the day we visited said that training opportunities have improved together with staff morale. This should make certain that people living at Rosedene are supported by a staff team that are receiving ongoing training to complete their roles and responsibilities so that individuals are confident that they are in safe hands at all times.

What they could do better:

Care Planning and Monitoring Health, Welfare and Safety

There is now room for further improvements with care plans to make sure that they are person centred. This means that they should be documenting a person's individual needs with the person and or their representative being involved in writing their individual care plans. This will ensure people are able to have 'their say' on how they wish their needs to be met, by whom and at what times that suit the individual. The registered manager acknowledged that care plans are going to be developed in this way so that we can be certain that people living at the home are not only involved in planning their care but also their own independence is valued.

We also confirmed to the registered manager that in some care plans that we looked at care needs to be taken with the terminology used. For example, in some care plans the use of 'his' is placed in a females plan and likewise to be careful when using 'her' in male plans as this does not reflect that care plans are completed on an individual basis as opposed to being generic.

Staff Training

It was positive that the registered manager is now ensuring that all staff training is placed as a priority. Further improvements would be to ensure that staff have training around the Mental Capacity Act and DOLS as these are important pieces of legislation that protects vulnerable people's rights. Also unlawful restraint and restrictions can be abusive, and people's rights need to be promoted or protected.

Management

From our findings we note that action has been taken in some respects that benefits people and the registered manager as expressed willingness to improve further to ensure actions to continue updating care plans and risk assessments are done in a timely way for the people living in the home. On our next key inspection in 2010 we will focus upon care

plans, risk assessments, health action plans and staff training to make sure all improvements are being sustained for the benefit of people who live at 'Rosedene'.

As a result of our visit and as already stated requirements 15 and 18 have now been met. Remaining requirements were issued in previous inspection reports. Action must be taken to meet requirements as they are made under the Care Standards Act 2000. Recommendations are seen as good practice and should be given serious consideration.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details set out on page 2.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	1	You should ensure that any written information available about the home, for service users, possible service users and professionals (such as the Statement of Purpose and the Service Users Guide), is accurate and is not misleading.
2	13	You should ensure that enough staff are available to encourage) and accompany if necessary) each person living in the home, when they wish to take part in any activity outside the home.
3	14	Everyone living in the home should be enabled to enjoy the leisure activities they choose, and staff should actively and carefully support and develop such opportunities. This was recommended in February 2009.
4	16	An assessment should be made (and recorded) of the benefits of people holding their own keys to the home, and every effort made to facilitate this while addressing other risks, in discussion with the people concerned and their representatives if appropriate.
5	22	You should ensure that any concerns are taken seriously and acted on, by updating your complaints policy and

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
		procedures and by recording any minor concerns, along with the outcomes for the person involved.

Reader Information

Document Purpose:	Inspection Report
Author:	Care Quality Commission
Audience:	General Public
Further copies from:	0870 240 7535 (telephone order line)

Our duty to regulate social care services is set out in the Care Standards Act 2000. Copies of the National Minimum Standards –Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or got from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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