Banstead, Carshalton And District Housing Society

Roseacre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Roseacre is a care home which provides accommodation and personal care for a maximum of 40 older people. The service has a specialist unit which accommodates up to ten people living with dementia. The service does not provide nursing care and the provider was in the process of removing the regulated activities associated with nursing care. There were 30 people using the service at the time of our inspection.

The inspection took place on 17 January 2017 and was unannounced.

The service had a registered manager in post. 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.

Roseacre was last inspected on 29 July 2014 when we had no concerns.

We made one recommendation as a result of this inspection. As such we asked the provider to consider adopting a more strategic oversight of falls so as to be more readily able to identify any themes or trends across the service.

Roseacre was a friendly and inclusive service that provided support to people in a 'Home from home environment.' Many people had lived at the service for a number of years and had built friendships and new lives within the service.

The service was well-led and people's needs were met by a team of staff who worked effectively together. Sufficient staffing levels were maintained. Where temporary staff were used to cover staff vacancies, these were regular to the service and therefore they too had a good knowledge about people's needs and preferences. The appropriate recruitment and ongoing monitoring and appraisal of staff had ensured that only suitable staff worked at the service.

Staff received training and support from the management team in order to deliver their roles and responsibilities in line with best practice. The leadership team had fostered an open culture and coached staff to deliver high standards of care.

The service had good systems in place to identify and manage risks to people and to maintain the safety of the service as a whole. People were further protected from the risk of abuse or avoidable harm, because staff understood their role in safeguarding them.

People had positive relationships with staff who took steps to ensure care was provided in a way that protected their privacy and dignity. People were encouraged and supported to both maintain and develop

their independence and spend their time doing things that were meaningful to them.

People were actively involved in making decisions about their care and these choices were effectively communicated and respected by staff. Staff ensured appropriate consent was gained from people and delivered care in the lest restrictive way.

Each person was appropriately assessed and had an individualised plan of care which outlined how their needs would be met. People were involved at each stage of planning their care to ensure staff provided support in a way that met their needs, preferences and expectations.

People were supported to maintain good health and there were systems in place to ensure people received their medicines as prescribed. People had choice and control over their meals and were effectively supported to maintain a healthy and balanced diet.

People and their representatives were able to share their feelings and staff ensured that when people raised issues that they were listened to and people's opinions were valued. Roseacre had an active residents' group who were routinely consulted about proposed changes and developments for the service.

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 were protected from the risk of abuse, avoidable harm or discrimination because staff understood their roles and responsibilities in protecting them.

Risks to people were appropriately identified and managed.

Staffing levels were sufficient to meet people's needs. Appropriate checks were undertaken to ensure only suitable staff were employed.

There were systems in place to ensure people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's needs. Training and support were provided to ensure care staff undertook their roles and responsibilities in line with best practice.

Gaining consent from people was something staff did automatically and staff understood the importance of providing care in the least restrictive way.

People had choice and control over their meals and were supported to maintain good hydration and a balanced diet.

Staff worked in partnership with other health care professionals to help keep people healthy and well.

Is the service caring?

Good

The service was caring.

The atmosphere at Roseacre was friendly and welcoming. People had good relationships with the staff that supported them.

Staff respected people's privacy and promoted their dignity at all times.

People were actively involved in making decisions about their care and staff understood the importance of respecting supporting them to live their lives as they wished.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their changing needs.

People had regular opportunities to engage in activities and outings that were meaningful to them.

People were confident about expressing their feelings. The management team ensured that if people raised issues that they were listened to and acted upon.

Is the service well-led?

Good

The service was well-led.

The culture within the service was open and positive and care was provided in a way which ensured the person was always at the centre.

People benefitted from leadership team who were committed to maintaining the quality and the safe running of the service.

There were systems in place to gather feedback from interested parties and involve people in the running of the service.

Roseacre

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 was 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 17 January 2017 and was unannounced. The inspection team consisted of two inspectors with experience of regulating services for older people.

Before the inspection, we reviewed records held by CQC which included notifications and feedback from our partner agencies. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern at the inspection. We asked the provider to complete a Provider Information Return (PIR) before our inspection. 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.

As part of our inspection we spoke individually with nine people who lived at the service and one relative who was visiting on the day of our visit. We interviewed eight members of staff and met with the registered manager and the chairman for the charity who provided the service. We also spoke with two external healthcare professional who regularly visited the service and agreed for their feedback to be included in this report. During the day we observed interactions between people and staff during the morning and afternoon across the service and joined people in the two dining rooms at lunchtime to gain a view of the dining experience.

We reviewed a variety of documents which included the care plans for six people, five staff files, medicines records and various other documentation relevant to the management of the home.

Good

Is the service safe?

Our findings

People told us that they felt safe living at Roseacre. People said that staff made them feel safe and that knowing there was always someone around for them placed them at ease. One person commented, "I feel safe as staff are always around if we need help. Like, the other day, a lady was coughing during lunch and staff responded so quickly." Similarly, another person told us, "Oh yes, I feel very safe here, I know that if anything goes wrong that action would be taken very quickly." The results of the most recent satisfaction survey for people identified that all respondents felt they were kept safe at the service.

People were protected from the risk of abuse. People told us that staff treated them with kindness and respect and had never experienced anything unpleasant during their time at the service. Staff were confident about their role in keeping people safe from avoidable harm and demonstrated that they knew what to do if they thought someone was at risk of abuse. One staff member told us, "I would speak with a staff member if I saw them mistreating a resident and I would definitely report it to the manager". Another member of staff told us, "I would whistle blow if I had to, but I know the manager would deal with it." Staff received regular refresher training in safeguarding and policies and procedures were available for staff to follow if they suspected abuse.

Risks to people had been identified and managed in a person centred way. The premises was purpose built and was continuously being upgraded and maintained. A recent inspection by the local fire service confirmed that appropriate systems were in place to both prevent and protect people in the event of a fire.

Environmental risks had been considered and mitigated. Whilst the records did not always accurately reflect the work undertaken by the management team, staff were confident about the systems in place to keep people safe. For example, details of accidents and incidents that had occurred were well documented and the registered manager provider described how they looked at each report and considered any necessary precautions to prevent re-occurrence or identify trends.

Staff had the skills and knowledge to manage emergency situations. The provider had an emergency plan which included how the service would safely continue in the event of an emergency situation. It contained clear and concise information and instructions concerning the management of emergencies such as fire, flood, gas leaks and adverse weather. There were contact details available for emergency accommodation and transport, in addition to the contact details of contractors and emergency services.

Staff adopted a proactive approach to risk assessment which enabled people to safely undertake activities which promoted their independence and reflected their interests. For example, one member of staff told us, "We help people if they need it but if they can do it for themselves, then we let them. It can be hard sometimes but we have to give people their independence". Care records documented the risks that had been assessed in respect of areas such as skin care, dehydration, choking and malnutrition. Where a risk had been identified there was a clear plan in place to manage it.

Staff had a good understanding of people's needs and knew exactly how to support them safely. For

example, we observed staff safely and confidently supporting people to mobilise with hoists.
Staff also confirmed that they had access to the necessary equipment to support people safely, both every day and in the event of an emergency.

Staffing levels were sufficient to meet people's assessed needs. People told us that there were "Enough staff about" and that if they used their call bells, then they were answered quickly. People had good relationships with the staff and it was evident that the staff were able to meet their needs. We observed that people received their care when they needed it and were not kept waiting for support.

Staff told us that staffing levels enabled people to be supported safely and effectively. Staff also confirmed that the staffing levels on the inspection day were typical for the service and the rotas confirmed the same. The registered manager informed us that they were in the process of recruiting new care staff and that interim vacancies were covered by bank or agency staff. The provider told us that they had used the same agency for 15 years and as such many of the agency staff supplied were well known to people and staff. We noticed that agency workers were well known to people. One agency worker told us, "I have been working here regularly for the last six months." Another staff member commented, "We do use agency staff but to be honest they're like permanent staff. They know the residents really well". It was evident that staff worked well together as a team to support people and each other effectively for the benefit of the people who used the service.

Staffing levels were kept under regular review and were responsive to people's changing needs. The registered manager explained that staffing levels were set flexibly to reflect the needs of people. She also explained, that she was about to increase the number of staff allocated each day to the specialist dementia unit in order to facilitate more personalised support. We agreed that this would be a positive change for the people living in that area of the home.

Appropriate checks were undertaken before staff began work. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who used care and support services. There were also copies of other relevant documentation, including employment history, written references and job descriptions in staff files to show that staff were suitable to work in the service.
Overall medicines were managed safely and there were good processes in place to ensure people received their medicines appropriately. People told us that they received their medicines when they needed them and if they were in pain then staff would administer prescribed pain relief.
Medicines were administered by senior staff who completed regular training in medicines management. Staff supervision records showed that the registered manager also frequently checked staff competence in this area. Medicines were administered in a person centred way and staff did not sign Medication Administration Record (MAR charts) until medicines had been taken by the person. There were no gaps in the MAR charts.
We noticed that the medicines trolley was left unattended by staff when unlocked on several occasions. Although the staff member did not leave the room, there were several instances where their attention was drawn away; on these occasions, medicines were not properly supervised. This was shared with the registered manager who said that they were currently making changes to the management of medicines as a whole and would ensure this was addressed immediately.
MAR charts did not contain PRN protocols, used for people taking medicines on an 'as needed' basis. These describe the reason for the medicines use, the maximum dose, minimum time between doses and possible side effects. However, this information was available on MAR charts. More general information was also available on Medication Profiles, kept with MAR charts. These outlined the nature and purpose of all medicines people at the home were taking. Staff were knowledgeable about the medicines they were giving.

MAR charts contained relevant information about the administration of certain drugs, for example in the management of anti-coagulant drugs, such as warfarin and in the administration of medicines for Parkinson's Disease.

All medicines were delivered and disposed of by an external provider. We noted the management of this was safe and effective. Medicines were labelled with directions for use and contained the date of receipt, the expiry date and the date of opening. Creams, dressings and lotions were labelled with the name of the person who used them, signed for when administered and safely stored. Other medications were safely stored in lockable cabinets. There was a lockable room for the storage of medicines. Medicines requiring refrigeration were stored in a fridge, which was not used for any other purpose. The temperature of the fridge and the room in which it was housed was monitored daily to ensure the safety of medicines.

The provider undertook regular audits to ensure the safe and effective management of medicines. These included checking medicines had been signed for when dispensed and that medicines were safely stored and disposed of.

Good

Is the service effective?

Our findings

People told us that they thought staff were appropriately trained and qualified for their roles. For example, one person said, "Staff are very good; they know exactly what they are doing." Another person reflected, "The staff are very good with the people with dementia. They are so patient with them." A relative also informed us, "I'm very happy with the care here, the staff are very good with people."

Staff had the skills and knowledge to meet people's needs. Staff talked confidently to us about people's needs and preferences. It was obvious that they had a good knowledge of people and understood their role in supporting them effectively. For example one person was very anxious and staff spent lots of time supporting them until they felt calm again.

Training and support were provided to ensure care staff undertook their roles and responsibilities in line with best practice. Staff completed training in areas such as first aid, moving and handling, infection control and fire safety. In addition to mandatory training, we also found that staff had the opportunity to undertake more specialised training in order to meet the needs of the people they cared for. For example, in topics such as the management of diabetes, nutrition and hydration and end of life care. Staff said that the training they had received enabled them to do their job well and that there was always support if they needed it.

New staff undertook a 12-week induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. Those staff who had been recently recruited confirmed that they had been given appropriate support when they started work at the service, including the opportunity to shadow more experienced staff. They told us that their induction had helped provide them with the necessary skills and knowledge to support people effectively. One new member of staff commented on their induction saying, "I did quite a bit of training and shadowing. I felt comfortable with it." Agency staff also received an induction to the service and said they were well supported by both the registered manager and the staff team.

Staff were well supported. Staff told us that felt supported by the registered manager and provider and were confident that they could raise any issues with them. Staff received regular supervision. A supervision is a 1-1 meeting between a staff member and their senior to discuss practice and training requirements. We saw the minutes for some of these meetings which identified that development and practice issues were continually discussed and appropriate action taken to improve performance. Talking about their supervison. One staff member told us, "Yes, it's very open and honest. I can say anything really".

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and

legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated a good understanding of the need to gain people's consent, people's right to take risks and the necessity to act in people's best interests when required. We observed that people were fully involved in their care and that staff always asked for their consent.

Seeking people's consent was something that was done at Roseacre as a matter of routine. The registered manager had made appropriate referrals to the local authority in respect of people they had assessed as potentially being deprived of their liberty. Whilst not all staff were aware of the status of people's applications, there was a culture in which care was provided in the least restrictive way. For example, staff working in the specialist dementia unit recognised that the door to the unit was kept secure, but told us, "If people want to leave the unit, then that's fine, we just make sure someone supports them." Similarly, another member of staff said. "People are safe here, that's our priority. But they can do things for themselves, even if it's just little things."

People had choice and control over their meals and were effectively supported to maintain a healthy and balanced diet. People confirmed that they were involved in making decisions about what meals were prepared and that alternatives were always available. One person told us, "The food here is good and you always get a choice. If you don't like something then you just tell them and they will get you something else." Another person said, "There's always plenty to eat and drink. With a choice of two or three things at lunchtime."

We saw that people were regularly offered drinks and snacks and that their choices about food were respected. Staff were knowledgeable about people's dietary needs and preferences and we saw these to be respected in practice. Where risks had been identified in respect of people's eating and drinking, these were appropriately monitored. The lunchtime meal was a social occasion and we saw that where people required support this was provided sensitively and at the person's own pace.

People were supported to maintain good health. The service had good links with other health care professionals to ensure people kept healthy and well. People told us that staff responded quickly if they felt unwell. For example, one person told us, "Whenever I have been unwell, they have always dealt with it quickly." Care records documented that people attended regular health checks with their doctors, dentists, opticians and chiropodists. During the inspection we met with one visiting professional. They were very positive about the quality of care provided at Roseacre and said that staff communicated effectively with them and always followed their advice.

Good

Is the service caring?

Our findings

People described staff as kind and caring and confirmed that they were treated with dignity and respect. One person told us, "I am very happy here, the staff are all very nice and I am well looked after." Similarly, another person commented, "The staff are kind towards me, I like a certain newspaper each day and they always bring it to me."

The atmosphere was homely and friendly. One visiting professional said this was always the case at Roseacre and added; "I like coming here. It's got a nice atmosphere, nice staff and a good feel."
We observed that people were relaxed with staff and that there was a lot of laughter shared. We noticed that one person chose not to join in with the activities and so member of staff went and sat down next to them and they read the newspaper together.

People also had positive relationships with each other and it was obvious that genuine friendships had been formed and that staff encouraged these by supporting people to sit with who they wanted to throughout the day. For example, one person who lived in the specialist dementia unit was clearly looking for someone and staff instantly noticed and took them to find them. The person responded by saying, "Thank you. I do like to be with my friend."

Support was provided in a discreet and caring way and staff respected people as their equals. One person was seen to be feeling anxious and staff spent time walking and talking with them until they felt calm. Another person needed to use the hoist to move from their wheelchair to a comfy chair and we saw that the two staff supporting them talked to throughout and constantly reassured them.

Staff had a good knowledge of people's previous lives and talked to us about the way they used this information to adapt the way they approached people, especially for those who were living with dementia. Care plans were individualised and provided detailed information about how people liked to be supported. A visiting professional informed us, "This is one of the better homes I visit. I know the staff will know about the residents. They are very caring."

People's privacy was always respected. We observed that staff respected people's private space and as such they routinely knocked on people's bedroom doors and sought permission before entering. The layout of the communal areas of the home enabled staff to support people effectively without crowding their space. Similarly we saw that where people preferred to spend time in their rooms, staff monitored these people in a thoughtful way that balanced safety and privacy considerations.

People were actively involved in making decisions about their care and staff understood the importance of respecting people's choices and allowing them to live their lives as they wished. We observed excellent interaction between people and staff who consistently took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff. Consequently people, where possible, felt empowered to express their needs and received appropriate care.

We saw people's bedrooms had been personalised to reflect their own interests and hobbies. People told us they had appreciated being able to bring items of their own furniture and make their rooms their own.

Good

Is the service responsive?

Our findings

People received good care that was responsive to their changing needs. People and their relatives told us that they were well looked after at Roseacre. One person told us, "I've lived here a long time and they look after me so well." Similarly, another person said, "I've been here more than ten years and I'm very happy." Another person talked about how they'd come to the service to recover from a period of ill health and how the service had supported them to "Get back on their feet again."

People's needs were assessed prior to admission and assessment information used as a starting point to their care. People and their representatives were involved in the assessment process and encouraged to discuss their needs wishes and expectations in respect of their support. Reports from other professionals involved in people's life were also gathered on admission to enable the care plans to be holistically devised.

Following admission, each person was provided with a personalised plan of care that included information about people's support needs. Care plans contained detailed information about people's care needs and the actions required in order to provide safe and effective care. For example, one person experienced periods of anxiety associated with their dementia and there was clear guidance for staff so they could support them effectively. We observed the care plan being followed during the inspection.

Staff responded to people's changing needs. For example, a relative told us that their family member had previously been losing weight, but that staff had responded immediately and taken steps to seek an urgent advice from a dietician and speech and language therapist. They went on to say that, "Mum now eats really well." The person's care records reflected this information and we could see from the person's weight monitoring that they had regained weight.

Where people had specialist needs these were well documented and the impact that this had on their other care needs was evident throughout the care plan. For example, one person was diabetic and the care plan contained guidelines and risk assessments in respect of this and the support they needed to manage this need effectively.

Care plans were regularly reviewed and updated with information. For example, during the inspection, a person returned from a dental visit and we observed a member of staff immediately updating their care records with the details from the appointment and what advice had been given about their dental care. Similarly, we saw that when people experienced falls, their mobility care plan and risk assessments were reviewed to ensure staff were took appropriate action to prevent reoccurrence.

People had opportunities to engage in activities and outings that were meaningful to them. People talked to us about the types of activities that were available and how they were free to participate in as much or as little as they wanted. For example, one person told us, "We have entertainers come in, film shows, quizzes, church services, there's lots going on."

During the inspection we observed an external singer performing in the main communal lounge. We noticed

that people throughout the service were asked if they wanted to join the session. Many did and the level of engagement and participation was excellent. It was a lively and uplifting activity which people enjoyed and derived a lot pleasure from being involved.

The service had access to a minibus and as such people had opportunities to go on outings to places of interests. The registered manager also told us that the minibus enabled people to have lifts to other places they wanted to go to, such as their own church or place or worship.

People were confident about expressing their feelings and staff ensured that when people raised issues that they were listened to. There was a complaints policy and procedure which outlined how people should raise concerns if they were unhappy. People told us that whilst they had not had cause to complain, they would feel confident to do so if needed. The management team worked hard to keep engagement with people and relatives open so that wherever possible any issues could be dealt with quickly. A comments book was kept in the reception area of the home where we noticed people provided feedback about the things they liked or didn't like. There was a record of two minor complaints which evidenced that any formal complaints were treated seriously and resolved to people's satisfaction.

Good

Is the service well-led?

Our findings

People were positive about the management of the home and said that they felt able to talk to them about any issues they had. People consistently described the service as being, "Well run" and a place where they were happy to live.

Staff also reported that they felt that the home was managed well and that they felt valued and respected by the management team. For example, one staff member told us, "The manager is great and very fair." Another member of staff commented, "It's very open here. I know I can say what's on my mind."

There were good systems in place to ensure that staff received ongoing supervision and appraisal. Staff were involved in the decisions about the service and their feedback was regularly sought. There were daily handovers and staff meetings to facilitate the effective communication of information across the service. We read in staff meeting minutes that practice issues were discussed and expectations for care standards explained. The registered manager was agood role model and during the inspection we observed that the registered manager coached staff to deliver high quality support.

The registered manager and had a good understanding of their legal responsibilities as a registered person. For example sending in notifications to the CQC and making safeguarding referrals where necessary. Records relating to the management of the home were well maintained and confidential information was stored securely.

There were a number of systems in place for auditing and monitoring the service provided. For example the manager had completed audits in respect of areas such as medicines management, infection control and care planning. Whilst it was clear that the management team reviewed every incident and accident report themselves, there was no formal process for auditing falls as a whole.

It is recommended that the registered person adopt a more strategic oversight of falls so as to be more readily able to identify any themes or trends.

People, relatives and staff were continuously encouraged to express their ideas and thoughts. The registered manager and provider were visible in the service and always seeking people's feedback. For example, a suggestions box and comments book were located in the reception area. Both were regularly checked by the management team and issues and ideas acted upon. For example, where people had made comments about meals, these were taken to the chef who then discussed them with people either individually or collectively depending on the context.

Roseacre had an active residents' group who were regularly consulted about people's experiences and views on life in the service and how to improve it. Minutes from these meetings showed that the service had made changes to menus, activities and the decoration of communal areas based on feedback shared in these meetings.

The most recent satisfaction questionnaire sent to people highlighted a high degree of satisfaction across the service. All those who responded expressed that they felt they were safe and that staff treated them with kindness. Results from the service's satisfaction surveys had been taken to the residents' group in order to create a meaningful action plan. For example, some surveys had identified that people would like to change the space outside the back for the service. The residents' meeting was used as a forum to discuss how this could be done and had chosen raised flower beds and a new greenhouse.