

Rosemere Care Home Ltd

Grimston House

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

About the service:

Grimston House is a care home that provides accommodation and personal care for up to 21 adults in one adapted property. There were 17 people living at the service at the time of the inspection. People using the service were older people with varying needs.

People's experience of using this service and what we found

People told us they felt safe and received a good service, their comments included, "I am very happy living here, I have recommended the home," and, "I feel I am looked after very well."

Managers and the staff understood their responsibility about safeguarding people from abuse, staff had been appropriately trained and knew how to recognise and raise safeguarding concerns. Peoples medicines were managed safely. People said they received their medicines when they needed them. There were policies and procedures in place for the safe administration of medicines, staff followed these policies and had been trained to administer medicines safely.

Staff knew how to keep people safe from risks. Risk assessments were up to date and staff had clear written guidance on what to do to keep risks to a minimum. Any incidents and accidents were recorded and steps were taken to prevent any re-occurrence. Staff understood how to prevent infection and wore protective equipment when necessary.

There were enough staff on duty to meet people's needs. A robust staff recruitment procedure and relevant checks ensured suitable staff were employed. Staff were trained and received regular supervision and appraisal.

People's needs were assessed before they started using the service. People were supported to express their views and make decisions about their care. People's care plans provided guidance for staff to ensure care and support was delivered as people wanted it and was responsive to their needs.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with dignity and respect. Staff helped to maintain people's independence by encouraging them to care for themselves where possible. People were supported to do things they wanted to do.

People said they enjoyed the food and could have snacks and drinks when they wanted to. Staff supported people to maintain a balanced diet and monitor their nutritional health.

When people were unwell or needed extra support, they were referred to health care professionals and other external agencies. People's end of life wishes were recorded and people were supported at the end of their lives to be comfortable and pain free.

People knew how to complain or make comments and suggestions. People were asked their view about the service at meetings and by completing surveys, suggestions had been acted upon.

The service continued to be well led. Effective quality audits continued to be in place and continuous improvement and learning were embedded in the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

Good – (published on 26 October 2016).

Why we inspected

This was a planned inspection based on the previous rating. The service remained 'Good' overall.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Grimston House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Grimston House 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on pre-planned annual leave. The deputy manager was present throughout our inspection.

Notice of inspection

This inspection was unannounced. Inspection activity started on 17 June 2019 and ended on 20 June 2019. We visited the service on 17 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection on 23 September 2016. This included details about incidents the provider must notify us about, such as abuse or when a person dies. We sought feedback from the local Healthwatch for information about the service. We were notified that they had no feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider completed a Provider Information Return (PIR). We used the information the provider sent us in the

provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We contacted healthcare professionals for feedback. We received comments from one person. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with eight people using the service, four visiting relatives, two healthcare assistants, one senior healthcare assistant the deputy manager. We observed interactions between people and staff in the communal areas. 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. We also looked at the environment, including the communal areas, bathrooms and people's bedrooms.

We reviewed a range of records based on the history of the service. This included four people's care records and medicines records. We also looked at three staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as meetings with people and surveys they completed to share their views.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received maintenance and training data we had requested us in a timely manner.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as 'Good'. At this inspection, this key question remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were stored safely and in line with legal requirements. Medicines were audited, and stocks tallied with administration records.
- People received their medicines when they needed them and as prescribed by their doctors. One person told us, "I always get my pills when I am supposed to, the staff are very good with them." Another person commented they did not take many medicines, but occasionally asked for painkillers if they ached.
- Medicines required 'as and when' (PRN) were administered safely, staff followed guidance given by GPs and the providers procedures. Staff recorded how much medicine they gave people, the time they received it the reason it was given.
- Where people needed creams for their skin, there was guidance in place to show how and where the cream needed to be applied and staff recorded that they had applied it.
- Staff who gave medicines were trained and their competencies in administering and managing medicine were regularly checked.
- Some people managed their own medicines and risk assessments and checks were in place to help people to do this safely.

Assessing risk, safety monitoring and management

- Risk assessments continued to be detailed and guided staff what to do to minimise each identified risk and keep people safe. Individual risk assessments included risks related to falls, nutrition and hydration, health, activities and mobility.
- The registered and deputy managers assessed risks to individual people and individualised risks assessments identified areas of risk and what action to take to keep these to a minimum. Where people had specific health care needs, for example in relation to diabetes, catheter or stoma care, specific risk assessments were in place. Staff were aware of the risk assessments and knew the support people needed.
- Care plans explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately.
- If people's skin was at risk of becoming sore or damaged, staff used pressure reducing equipment, such as, air mattresses, air cushions and creams as well as closely monitoring the condition of people's skin.
- Environmental risks and potential hazards in the premises were assessed. Gas, electricity and fire systems were tested. People had individual emergency evacuation plans. Regular fire drills were practiced and staff knew how to evacuate people safely from the building.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from harm and the risk of abuse. People told us that they felt safe. One

person commented, "There is nothing that worries me, I am happy and feel safe here." Another person told us, "If I have ever needed help or support, I press my button and a member of staff will come. I find that reassuring." A visitor told us, "When I visit, mum has always been well looked after, I have no qualms or concerns about her safety here."

- Staff knew about their responsibility to safeguard people and knew about different types of abuse. They had received training in safeguarding people and could tell us what signs to look out for. Staff were confident the management team would listen and act on any concerns they raised. Staff told us that they had not needed to raise any concerns about people's safety.
- The deputy manager and staff were aware of local authority safeguarding protocols.

Staffing and recruitment

- People said there were enough staff to give support them and provide the care they needed. People said that staff came quickly if they used the call bell, even at night. Visitors told us they did not have to wait for long to be let in and staff were always visible around the home. One visitor told us, "Staffing is not an issue, in my view in the time I have been coming here, there are no issues".
- Staffing present corresponded with the planned staff rota. During the inspection, staff had time to spend with people and people told us they did not have to wait for care and support.
- Staff were recruited safely, and pre-employment checks completed. Gaps in employment were checked as well as references and proof of ID. Disclosure and Barring service (DBS) checks had been completed. This helped prevent unsuitable staff from working with people who could be vulnerable.

Preventing and controlling infection

- All areas of the service were clean and odour free. People and their relatives told us that the service was always clean and odour free. One person said, "It always smells fresh."
- Staff followed hygiene procedures, there were sufficient stocks of personal protective equipment, such as disposable gloves and aprons, which staff used. Food Safety training was provided for catering staff.
- Bins were covered, and clinical waste was separated and disposed of safely. Cleaning staff followed a cleaning programme that included emergency and routine deep cleaning of higher risks areas.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the registered and deputy manager with a view to preventing similar incidents happening again. Positive and proactive action was discussed with staff in staff meetings and one to one supervision meetings, such as, ensuring people had walking aids to hand when they needed them.
- The registered manager was pro-active and used the opportunity to learn when things go wrong. Appropriate actions were taken following incidents, such as seeking medical advice, updating risk assessments and care plans and providing any necessary equipment.
- When concerns had been identified, these were also discussed at handovers and staff meetings to improve the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection, this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider continued to undertake a thorough initial assessment with people before they moved into the service. This included asking people about their religion, specialised diets and other life choices. Records showed initial assessments considered any provisions that may be needed to ensure people's protected characteristics under the Equality Act 2010 were respected.
- People and their relatives were fully involved in the assessment process to make sure the registered manager had all the information they needed. People and relatives were involved in regular reviews of their support.
- One person said, "The always explain what they are doing and if it's OK, I would say the I am definitely included in decisions about my care."
- People received care and support in line with their care plans and other national guidance, for example, in relation to monitoring their skin condition, nutrition and hydration.
- People's medical conditions were detailed in care plans. This included how it affected people's ability to carry out certain tasks. There was information for staff about what signs to look for and what to do if they observed any deterioration in people's physical or mental health.

Supporting people to live healthier lives, access healthcare services and support

- People continued to be supported to maintain good health. Care plans gave clear guidance for staff about if people had specific healthcare needs that may need attention from healthcare professionals such as a GP, district nurse or mental health team.
- People's care plans set out for staff how specific healthcare needs should be met.
- Staff ensured people attended scheduled appointments and check-ups, such as visits to their GP or consultants overseeing their specialist health needs. For example, a medicine review had taken place after staff noticed a difference in person. Another person had received advice from a dietician.
- Staff kept accurate records about people's healthcare appointments, the outcomes and any action that was needed to support people effectively.
- Staff continued to contact other services that might be able to support them with meeting people's health needs. This included the local GP, district nurses, dieticians and speech and language therapists.

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed the food provided, one person commented, "I enjoy the choice of food we have, if you have a favourite meal you can ask for it to be added to the menu." Another person told us, "The food is not always to my taste, sometimes I eat at a local restaurant." A visitor told us, "Mum enjoys the food, she eats more here than she ever did at home."

- Where needed, staff kept records about what people ate and drank. This was used as a basis for referrals to healthcare professionals if there were concerns about a person's food or fluid intake.
- There was a daily menu and staff also asked people what they wanted to eat and what the choices were. Where people needed support to eat or used adapted plates and cutlery, this was provided.
- People were happy with the times their meals were provided and told us they could have drinks and snacks throughout the day if they wanted them.
- Staff ensured any special health or dietary requirements were met, such as providing softened foods or thickened drinks as recommended by healthcare professionals.
- Some people enjoyed cooking and preparing food and were supported to do this.

Staff support: induction, training, skills and experience

- Staff received the training and updates they needed, training was up to date and a schedule of refresher training was in place. Training was effective, which enabled staff to carry out their roles properly.
- Staff told us the training they received was a good quality and useful. Training was provided in face to face settings and online. Staff told us they had received training provided by community nurses about good skin management practice to avoid pressure areas and skin tears. They had also received training about end of life care, deprivation of liberty, mental health and pain and symptom management.
- New staff completed the Care Certificate, which is a set of standards staff should adhere to in their working practice. In addition, they had time to read people's care plans and work with experienced staff until they were confident and signed off as competent. Experienced staff were supported to undertake diplomas at various levels.
- Staff had supervision meetings with managers as well as an annual appraisal of their work performance. This provided opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this.

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised with professionals when assessing people's needs, their needs were reviewed regularly, so staff could provide information to health and social care professionals when needed.
- There was a close working relationship with the local GPs, occupational therapists, community nurses and the mental health team. People confirmed they had access to healthcare professionals when they needed to.

Adapting service, design, decoration to meet people's needs

- The service was designed and decorated to meet people's needs. A passenger lift and stair lifts provided stair free access around the building.
- The service was spacious and well decorated. Some people told us they had chosen the colours and made suggestions about the décor and room layouts.
- People had free access to the garden, conservatory and all areas of the service. There were hand rails and ramps to help people do this.
- People's rooms were clean, recently decorated and personalised to suit their tastes and needs.

Ensuring consent to care and treatment in line with law and guidance

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 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training and demonstrated a good understanding of the MCA and DoLS. They were aware any restrictions in place for people should be the least restrictive option. Staff were aware of the need for decisions to be made in a person's best interest if they were unable to make those decisions for themselves. We saw examples of where this had happened.
- The deputy manager was able to explain clearly when a restriction had been placed on a person to make sure they remained safe. At the time of the inspection DoLS applications had been sent to the local authority and one had been authorised. There were some conditions attached to the authorisation, staff were aware of them and supported the person meet them.
- Staff supported people to make decisions about their care and how to spend their time. We observed that staff respected the decisions that people made.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: At the last inspection this key question was rated as Good. At this inspection, this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff treated them well, were kind and caring when they spoke with them and supported them. People's comments included, "All the staff are kind and friendly," and, "You can chat with the staff about anything, it's nice if you want to talk or get something off your chest." A visitor told us, "The staff have endless patience, nothing seems too much trouble."
- People and visitors told us they would not hesitate to recommend Grimston House.
- The deputy manager and staff were aware of the need to ensure people's diversity was respected and catered for. Staff told us how they would ensure this was considered when they assessed people for the service, and how they considered a person's individual needs and protected characteristics, for example disability, race or gender.
- Staff were positive and encouraging when they interacted with people. Staff spoke kindly with people and laughed and joked with people throughout the day. People were relaxed and happy in their interactions with staff.
- Care records contained information about people's background and preferences, and staff were knowledgeable about these. Staff were able to tell us about people, their support needs, likes and dislikes throughout the day, without needing to refer to their care plans.
- Staff helped people to keep in touch with their family and friends and organised social events in the garden and also in the home. There were many visitors throughout the day.

Supporting people to express their views and be involved in making decisions about their care

- People's preferences and choices were clearly documented in their care records. For example, how people preferred to be supported with their daily personal care, preferred name and whether they preferred male or female staff.
- People decided how they wanted to be supported. The registered or deputy manager assessed each person's ability to do things for themselves or the levels of support they needed.
- People told us they were involved in making decisions about their day to day care. One person had recently moved to the service and they told us that they and their family were asked about how they liked to be supported. They told us, "I am happy living here, the help I get is just what we have asked for. I like to do some bits and pieces myself, I can do that without staff taking over."
- Information about advocacy services was available. Advocates, if needed, help people to access information or services and be involved in decisions about their lives and promote people's rights. Staff were able to give examples of occasions when people had used advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was actively respected. Staff were sensitive and discreet when offering support to people, for example, when reminding them if they may need to use the toilet.
- People told us their dignity was protected and gave examples of staff covering them with towels, only leaving the area exposed which was being washed. One person told us, "I thought it would be like going into a hospital and your dignity was left at the door, but it's really not like that."
- Staff were attentive and observant of people's needs, they ensured people's walking aids were to hand when people mobilised. When one person was walking around the home, two members of staff asked separately if the person was alright or needed anything. The person was content just having a walk around.
- People were supported to remain as independent as possible. Care records described what people could do for themselves and what they required support with.
- People carried out tasks independently, such as eating, drinking and mobilising, but staff were nearby to help if it was needed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: At the last inspection this key question was rated as Good. At this inspection, this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were individual. They contained personal information about people, such as important people in their lives, where they had lived and worked, as well as their interests and hobbies. There was guidance for staff about what made people happy as well as things that might make them sad or anxious and how staff might recognise if a person was unhappy or anxious. This helped staff engage people in meaningful conversations and provide support when needed.
- People and family members or friends were involved in the development and review of care plans. This provided opportunity to gain information about people, particularly if a person had difficulty remembering or expressing their wishes.
- Daily care records kept by staff were clear and included personal care given, well-being and any activities people may have joined in.
- Religious and cultural needs were documented. Some people identified with a specific religion but did not need any support, such as attending a church or place of worship. A local priest visited some people in the service.
- People could join group or have one to one activity. Some people had made pizza, other people enjoyed gardening and were growing tomatoes, peppers and flowers, one person helped staff with the tea rounds, other people visited the library or enjoyed painting and their were many people's pictures displayed around the service. Where people were unable to or preferred not to join in group activities, staff sat with them and chatted. There was a plan of special events and activities advertised on the service's notice board, including external entertainers and visitors.
- Pets were welcome to visit the service. One person looked after the house cat, and budgies in an aviary in the lounge also provided a talking point for other people living in the service.

End of life care and support

- The service was not supporting anyone at the end of their life.
- Staff had spoken with people and their relatives about end of life plans and, where people had agreed, written plans were in place.
- Staff had recently received training about end of life care and were able to give examples of other healthcare professionals they may need to consult with, such as specialist nurses and hospice services.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- People's care plans were in clear print and some forms contained easy read or pictorial prompts.
- Staff were aware of people's communication needs and spoke with them patiently and using short sentence structures that people would best understand.
- The complaints policy in place was also available to people in different formats such as large print and available on the computer.

Improving care quality in response to complaints or concerns

- The provider had an established complaints policy. The complaints process was displayed and included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service, such as, social services and the local government ombudsman
- People and visitors were aware of how to complain if they needed to.
- The service had not received any complaints since we last inspected, however, there were thank you cards from people and relatives praising the staff for the care and support they had provided.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: At the last inspection this key question was rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There continued to be an effective and visible management team at the service. The registered manager was supported by a deputy manager who also acted as the health and safety coordinator. Key staff were given other delegated responsibilities. The service provider visited regularly and provided to the registered manager.
- Although the registered manager was not present during our inspection, people knew who they were and spoke positively about them. The deputy manager capably covered the registered manager's absence and we saw them supporting people and staff throughout our inspection.
- Staff members found the registered, deputy manager and provider supportive and approachable. One member of staff told us, "The service is well run, all the staff know what they are doing. I would recommend the home and have done." Another member of staff commented, "If there are any problems or I need to know anything, I just need to ask. It's good that the managers work along side us it's supportive." A visitor told us, "It's a great home, that's from the attitudes of staff, the openness of the manager to the size and layout of the home." Another visitor commented, "It's the best home we have looked at by far, we settled on it straight away. Nothing seems like too much trouble."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Communication was good, staff and people told us there were regular meetings. These included, staff and resident meetings. People told us they were asked if they wanted to be included in meetings, one person told us they felt fully included in a meeting they had been to and spoke freely. Another person told us, "Meetings aren't for me, but the staff or manager often asks if I'm alright and tells me if anything is going on like new activities or if there is anyone new coming to stay."
- The service provided a plan of upcoming events and news to keep people and relatives informed of what was happening.
- There were systems in place to gain feedback about the service including an annual questionnaire, a suggestions box and visitor survey. Responses received were positive and people were satisfied with the service provided. The questionnaire was in a heavy print format, which made it easy for people to read.
- Feedback we received about the service was positive, comments included, "I feel lucky to live here," and, "I think the home is just that, it is my home. I am happy and receive all the help I need."

- Visitors commented, "Communication is good, I sometimes receive telephone updates if mum isn't too well. I think the home is well run."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The provider understood the responsibilities of their registration.
- Registered bodies are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.
- There continued to be effective systems in place to monitor the quality of the service.
- The registered and deputy managers completed regular audits on all areas of the service. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when complete.
- The provider completed their own audits and all identified actions had been completed by the registered manager.

Continuous learning and improving care

- The management team kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers.

Working in partnership with others

- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.
- The management team worked with funding authorities and other health professionals such as the district nurses to ensure people received joined up care.