

Rosemount Trust

Rosemount Home

Inspection report

79 Medomsley Road
Consett
County Durham
DH8 5HN

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16 December 2019
17 December 2019

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13 February 2020

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

Rosemount is a residential care home providing personal care to 16 people aged 65 and over at the time of the inspection. Nursing care is not provided. The service can support up to 16 people.

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

People felt safe and secure living in the home. People and their relatives were very happy with the service and had good relationships with staff members.

There were enough staff to meet people's needs. Medicines were managed effectively. Staff followed infection prevention and control guidelines. The premises were well maintained, clean and tidy. There was a warm and welcoming atmosphere.

People were supported by kind and caring staff. People and relatives said the quality of care was excellent as people were treated with respect and valued as individuals. Relatives told us people received person-centred care which improved their wellbeing. Professionals gave us good feedback about the service.

The registered manager had nurtured a culture where people were placed first; this was evident in the way staff supported people. Staff had given up their free time to participate in a bag packing day at a local shop which raised over £1000 for the residents' fund. Staff spoke about people who used the service with great affection and respect, like they were family.

Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received personalised care that was responsive to their needs and preferences. Staff knew people's needs well. People and relatives knew how to raise concerns but nobody we spoke with had any. There were a wide range of activities for people to enjoy both inside the home and in the local community.

People and relatives felt the service was well managed. An effective quality assurance process was in place. People and relatives were regularly consulted about the quality of the service via meetings and surveys. Staff were involved in the ongoing development and improvement of the service through regular meetings.

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

Rating at last inspection

The last rating for this service was good (published 28 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

Rosemount Home

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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Rosemount 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.

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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and three relatives about their experience of the care

provided. We spoke with the registered manager and 10 staff members which included the deputy manager, senior supervisor, two senior care assistants, two care assistants, one member of kitchen staff, the housekeeper, the activities co-ordinator and the administrator.

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

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 has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- There was some confusion regarding the action staff should take in the event of a fire. We contacted County Durham and Darlington Fire and Rescue Service, who visited the home to advise on this. The fire service confirmed to us they were working with the home's management team to provide clarification. The registered manager took immediate action to ensure people would be safe and provided us with an up to date fire risk assessment after the inspection.
- Fire drills happened regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs, should they need to be evacuated from the building in an emergency.
- Most risk assessments relating to the environment were carried out and reviewed regularly. However, an up to date legionella risk assessment was not in place. When we spoke with the registered manager about this, they immediately arranged for an external contractor to rectify this. The registered manager provided us with an up to date legionella risk assessment after the inspection.
- People's care plans included risk assessments about individual care needs such as eating, drinking and walking. This information supported staff to care for people safely.
- Regular planned and preventative maintenance checks were up to date, such as electrical checks and gas safety.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt the service was safe and they were very happy with the care provided. One person said, "I'm safe. We are all well looked after here. It's not very often that I pull my cord but when I do they come straight away."
- Staff had completed safeguarding training. They said they felt confident in reporting any concerns to the registered manager.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe. Staffing levels were determined in line with people's needs. Staff were visible supporting people around the home and call bells were answered quickly.
- Improvements were needed to recruitment and selection records. Recruitment procedures were safe, but some records lacked detail regarding employment histories. One staff member's file contained gaps in employment history which had not been recorded, even though there was an appropriate explanation. When we spoke with the registered manager about this they agreed this should have been documented.

Using medicines safely

- Medicines administration records showed people received their medicines regularly. This was confirmed by the people we spoke with.
- Staff were trained in handling medicines and a process was in place to make sure each staff member's competency was assessed.
- Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Records relating to controlled drugs had been completed accurately.

Preventing and controlling infection

- The home was clean and there were no unpleasant smells.
- Staff had received training in infection control and had access to protective personal equipment such as disposable gloves and aprons, to reduce the risk of cross infection.

Learning lessons when things go wrong

- Reviews of incidents took place, although no trends had been identified. Actions were put in place to avoid incidents recurring.

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 has 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

- Comprehensive assessments of each person's needs were completed before a care placement was agreed or put in place, to ensure the service could meet people's needs. This was carried out in line with best practice guidance.
- Following the initial assessment, all risk assessments and individual support plans were developed with the person and their representative where appropriate. These were regularly reviewed and updated.

Staff support: induction, training, skills and experience

- Staff were trained and had the appropriate skills to care for people. They regularly completed training to keep their knowledge up to date. A relative told us, "Yes the staff are well trained. They're always doing some sort of training."
- Staff felt supported in their roles. They received regular supervisions and an annual appraisal.

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

- People were supported to have enough to eat and drink. Meals were nutritious, appetising and well presented. People enjoyed their meals and told us if there was anything they wanted they only had to ask.
- There were enough staff to support people to eat safely. The meal time experience was pleasant and relaxed.
- Where people were at risk of poor nutrition, plans were in place to monitor their needs closely and professionals were involved where required. Where people required their food to be prepared differently, for example, because of problems with swallowing, this was catered for. Staff had a good understanding of people's nutritional needs.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People were supported with their oral health needs and access to dentists.
- People were supported to attend medical appointments. Advice from health professionals was added to care records and followed appropriately.
- Staff understood people's healthcare needs and acted quickly when they recognised changes in people's health.

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

- The premises were designed to offer people choices about where they spent their time.

- People's bedrooms were personalised. Communal lounges and dining areas were comfortable and had a homely feel.
- There were visual and tactile items on display to engage people living with dementia and to help people to find their way around the home.

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.

- The provider was working within the principles of the MCA. People's capacity to make specific decisions were assessed; best interest decisions were made on their behalf if they lacked capacity.
- The registered manager monitored people's DoLS applications to ensure no one was unlawfully restricted.
- Staff sought consent before supporting people and encouraged people to make daily choices and decisions.

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has deteriorated to good. 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; respecting and promoting people's privacy, dignity and independence

- People told us they were well cared for by kind and caring staff. One person said, "The level of care, respect and dignity here is outstanding. The staff are very kind. If you are feeling a bit down they try to sort out what is making you unhappy, or what is wrong and cuddle you and give you comfort." Another person told us, "The quality of the care is outstanding. Everything here is outstanding."
- Relatives told us staff treated people respectfully and people were well cared for by motivated and empathetic staff. A relative commented, "It's outstanding in all areas as the staff cater for individual needs." Another relative said, "The home is outstanding as the staff give people worth. It is loving and caring. You couldn't ask for more." A third relative said, "My [family member] has been a resident at Rosemount for almost two years and during that time they have thrived both mentally and physically. I am a frequent visitor and have never witnessed anything other than exemplary care."
- Professionals gave us good feedback about the service. One health professional told us, "It's a very friendly, welcoming, homely environment which is probably why everyone seems so happy. Rosemount is a genuinely caring place to stay. I really wish I could say that about every care home I visit." Another professional said, "I have attended residents in Rosemount for the last five years and have no hesitation in stating the care provided by all staff is exceptional. If my relatives needed care I would be happy for them to reside in Rosemount."
- We spoke with a volunteer who visited the home several times a week to support with activities. Their relative had lived at the home and passed away over a year ago. They commented, "I can't stress or say how much they cared for [family member]. If the care hadn't been so good I wouldn't be a volunteer would I? They met [family member's] needs and went beyond the call of duty. They found ways of bringing them out of themselves as they were very challenging with virtually no communication. They met their needs on a personal and individual basis."
- The registered manager had nurtured a culture where people were placed first; this was emphasised at team meetings, in supervisions and handover meetings and was evident in the way staff supported people. Staff spoke about people who used the service with great affection and respect, like they were family. Staff said they would be more than happy for their relatives to live at the service.
- Staff had recently participated in a bag packing day at a local shop and raised over £1000 for the residents' fund. People and relatives told us they thought it was fantastic staff had given their time to do this, so people could enjoy more outings and entertainers in the home.

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

- People were involved in decisions about their care where capabilities allowed. Care plans were reviewed and updated on a regular basis to ensure people's care needs and preferences were up to date.
- People's communication needs were clearly identified in care records and staff knew people's needs in this area well.

Respecting equality and diversity

- The home was managed by a Christian charity but staff were clear people of all or no faith were welcome to use the service.
- There was a real sense of an inclusive environment for people and staff, so it felt like a family home and not just a care home. People, relatives and staff commented it was like 'one big family.'
- Staff had undertaken training in equality and diversity and were aware of the importance of respecting people's individual needs and protected characteristics.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has 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

- People were encouraged to make choices about their day to day care. People could choose when they got up, when they went to bed and how they spent their day. Staff supported people to follow their preferred routines for daily living.
- Care plans were person centred, up to date and reviewed regularly. People's care needs were clearly set out and included guidance for staff about how to support people with their specific needs, such as mobility, personal care and medicines.
- People's care plans had information about their previous occupations, interests and lifestyle choices. This helped staff to understand what was important to each person and plan their care and support accordingly.
- Staff were responsive to people's needs. One person told us, "I was so ill and at death's door but the staff built up my strength giving me ice cream and soup. They slowly pulled me round and they saved me."

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.

- Care records outlined people's communication needs. Where necessary, information was available in different formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to stay in touch with friends and family and visitors were always welcome. One relative said, "The staff are always pleased to see you, they know you by name and make a cup of tea or coffee for you."
- We spoke with the activities co-ordinator who was very enthusiastic about their role. People and relatives told us how they did an excellent job of arranging a wide range of activities and encouraged people to participate.
- Staff supported people to take part in activities such as art and crafts, movie afternoons, virtual cycling, chair exercises and pamper sessions. People and relatives were very happy with the activities and social stimulation provided.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns, but nobody we spoke with had any. One person said,

"We've got no complaints because no faults can be found here." People and relatives were confident any concerns raised would be resolved quickly.

- The provider had a complaints procedure in place, although none had been received.

End of life care and support

- Staff were appropriately trained in end of life care.
- Care records contained people's wishes in relation to end of life care and included details about their spiritual needs and funeral plans. They also recorded if people had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and whether emergency health care plans were in place.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives spoke positively about the registered manager. Comments included, "They sort out any problems; they're very good" and "They're always around so you can approach them about anything."
- The registered manager promoted openness and transparency. People's feedback was sought regularly and acted upon.
- Staff felt supported by the registered manager and deputy manager. People and staff had confidence in the management team.
- There was a positive atmosphere in the home. Staff worked well together and were passionate about ensuring people received good care and support.
- Staff meetings were held regularly. Staff told us they had plenty of opportunities to provide feedback about the service.
- The service was an integral part of the local community with close links to several churches and schools.

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

- The registered manager understood their responsibilities regarding the duty of candour. They were responsive to concerns identified and quick to put things right.

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

- The registered manager and staff understood their roles and responsibilities.
- The provider and the registered manager monitored the quality of the service to make sure they delivered a high standard of care. This included the completion of regular audits which covered key aspects of the service.

Continuous learning and improving care

- When an incident occurred, this was investigated thoroughly and lessons were learnt where appropriate.
- The registered manager responded quickly to our feedback about fire safety and legionella risk management and took immediate action.

Working in partnership with others

- People benefitted from the partnership working with other professionals, such as social workers and commissioners.
- Relatives said staff worked in partnership with them to ensure family members were well cared for.