Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Keychange Charity Rose Lawn Care Home

All Saints Road, Sidmouth, EX10 8EX

Tel: 01395513876

Date of Inspection: 19 February 2013

Date of Publication: April 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Staffing	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Keychange Charity
Registered Manager	Mrs. Jayne Cann
Overview of the service	Keychange Charity Rose Lawn Care Home is registered to provide accommodation for 29 people who require personal care. The home is situated in Sidmouth, Devon.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Keychange Charity Rose Lawn Care Home had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Staffing
- Supporting workers
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 19 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We inspected Rose Lawn to follow up compliance actions made at our last inspection in May 2012. We had received an action plan from the service about how they intended to ensure that they were compliant with the essential standards and regulations. There were 28 people living at the service at the time of the inspection and one vacancy. We spoke with six people living there, the registered manager, Head of Care, four relatives and two care workers. We also toured the home and spent time observing life in the communal areas. We looked at key documents such as staff meeting minutes, care plans and risk assessments.

Care and support was delivered in a kind and respectful way. People told us that they were able to do what they wanted to do. Staff offered drinks to service users and relatives throughout the day were attentive to people's needs. There had been restructuring of staff roles and documentation which meant that staff had time to assist people in an unhurried way and ensure that they knew how to meet people's needs. We saw that people were involved in making decisions about their care.

Everyone we spoke with made positive comments about the running of the home and opportunities made available to them. The home regularly monitored the quality of the service. People's comments included "The staff are so kind and prompt to help; they are always so good and supportive" and from a visitor "I'm so impressed, every time we visit it is so wonderful."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who used the service understood the care and treatment choices available to them. We spoke with six people living at Rose Lawn and four relatives to find out if they were satisfied with the care and services they received. All spoke very positively about the registered manager and staff. Comments included "The staff are so kind and prompt to help, they are always so good and supportive" and "I'm so impressed, every time we visit it is so wonderful."

They told us the registered manager and staff regularly spoke with them to make sure they were comfortable, in good health, and had everything they needed. For example, during the inspection the conservatory was made in to a private dining area to allow one person living at the home to have lunch with relatives who had travelled some distance to visit.

People expressed their views and were involved in making decisions about their care and treatment. We looked at four care plans and saw evidence of how people had been consulted and involved in drawing up their own care plan if they were able. There was information about the choices and preferences people had made regarding their daily routines and care needs. For example, "X finds it difficult to put their clothes on their bottom half but can manage the rest". One care plan detailed how a decision about using a pressure mat to minimise falls had been discussed with the person concerned and this person also confirmed this to us.

We saw from the staff meeting minutes staff had been praised for completing people's life histories in peoples care plans that showed that staff had involved people and their families in this process. Staff had obtained detailed information that promoted discussion and personalised care for people. Staff had been praised at staff meetings about the quality of information obtained about people's life histories. This information was used effectively in people's care plans to ensure people's choices and wishes were listened to and acted upon.

We spent time in the communal areas at Rose Lawn and saw that staff had time to sit with people for a chat or talk to relatives. Care plans then included details of family/friends visits

and discussions. One relative told us that it was "such a relief to find a good home". People were treated with care and respect by staff, such as informing people about what they were going to do and knocking on doors before entering and people were not being rushed. Everyone living at the home had been assisted to get up at a time that they chose and no-one told us that they had had to wait for assistance. The home had a call bell monitoring system and we saw that this was audited or shown to people to reassure them that staff had not been too long in responding

Care plans now included details of individual's preferred activities and whether they were engaging in them to support their wellbeing. For example, one care plan detailed that someone had ordered a specific newspaper and they liked it to be in their room in time for breakfast, which we saw happening.

We looked at how the kitchen staff knew what people living at the home liked to eat. There was a list of people's dietary needs and a notice board where information such as "ask what X wants for breakfast daily as they like different things" and "X likes their breakfast as early as possible". Further information included who did not like pasta or curry etc. This ensured that people were able to choose what they wanted to eat and was confirmed by people we spoke to.

We looked at pre-assessments for people before they moved into the home. These were now detailed about the person's needs. The registered manager told us that they also took in to account how a new admission would affect people already living at the home and the skill mix of staff. This ensured that the service could be sure that they could meet people's needs before they moved in. For example, we were told about a situation where a new admission had regretfully been turned down following a pre-assessment because of their high dependency needs. Repeat assessments were also done when someone returned from a stay in hospital to ensure that their needs were able to be met fully before they arrived.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We spoke with six people living in the home, four relatives and we looked at four care plan files. People told us they were completely satisfied with all aspects of the care they received. Comments included "I can't praise them anymore than I do, it's lovely, A1. They look after me lovely". One person told us that "the girls are wonderful, I don't have to worry about anything, they get the GP and sort me out."

The service had completely reviewed their care records system since our last inspection. All staff we spoke to told us that they had had training in the new system and that named staff had been allocated the responsibility for ensuring that named care plans were completed and up to date. The senior staff meeting minutes showed that this had been a priority and allocation of tasks now included time for completing care records and discussion about the quality of care records was included in staff meeting agendas. One senior staff member had taken on the role of support for staff using the new system and they said that "it was much better, I'm glad my input helped". We also saw that shift patterns had been changed to enable a more effective verbal handover so that staff could be sure that they knew what to do to meet people's needs.

We spoke with staff who told us they thought the care plans provided them with the information they needed to support people. When we spoke with staff they knew how to meet these people's needs. We saw that each care plan we looked at was completed, easy to understand and very detailed. Topics included; memory, communication, emotional needs, personal care and health monitoring such as weight, nutrition and skin care. For example, one plan detailed needs identified in the pre-assessment that had been transferred to the care plan. This showed how that need would be met, topics like memory loss, pain and foot care. There was clear information about health care needs such as diabetes. One plan showed how staff could be sure that it was safe to give the prescribed insulin dependent on the person's blood result. All care plans were reviewed monthly by staff in a meaningful and person centred way, for example X is less frustrated due to…" This meant that changes in need were identified and acted upon.

For people who had needs that could be challenging for staff and others we saw clear behaviour plans which recognised and monitored any triggers so that staff could minimise this behaviour. Actions recorded were in line with information obtained from the person's

life history and was used to diffuse the persons aggressive behaviour. This ensured that people's safety and wellbeing was maintained.

One care plan was very detailed about how to minimise behaviour that could be challenging to staff and another care plan had a detailed night plan but the quality of information was not always consistent. The registered manager said that they had started to review all the care plans to ensure that they had clear details as to what staff needed to do. Staff said there were good information sharing systems in the home. They said that detailed handovers between each shift ensured they were always given up to date information about any changes in people's care needs.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. For example, risk assessments had been carried out on areas of potential risk to people. These risk assessments included prevention of pressure sores, prevention of falls, and the risk of choking. These were audited and changed as necessary. For example, one care plan read "X is able to move more independently now that the furniture has been re-arranged".

The home had sought specialist advice where necessary. For example the speech and language team had been consulted for one person for advice to prevent choking, and information on prevention methods were seen in the person's care plan. Staff who felt confident were being trained by the district nurse on how to administer insulin to allow consistency of care. People were weighed regularly and this showed the home was monitoring people's nutritional needs and potential signs of health problems. Staff knew what their roles were, for example, one staff member was overseeing all catheter care. The registered manager said that the home were lucky to have a regular district nurse visit, these records were well kept and included in the care plans as well as details of any hospital visits. The staff also send a copy of the care plan details with anyone who has to be admitted to hospital to ensure that information about people's needs is shared.

We saw people had been asked about their wishes relating to resuscitation and treatment at the end of their lives. We found appropriate documentation had been completed in consultation with all relevant people and professionals, such as people's advocates and GPs.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were enough qualified, skilled and experienced staff to meet people's needs. We looked at the staff rota for the last four weeks and spoke to the registered manager and staff about staffing levels. Staff told us that they were now confident that there were enough staff to meet people's needs at Rose Lawn. We saw that there had been a change in staff shift patterns and roles to ensure that there was time to meet people's needs especially at peak periods such as mealtimes and assisting people to get up. We were told that in the mornings the home were about to trial having one care worker each morning start at 7am to start breakfasts. This was to ensure people had their breakfasts on time and when they wanted them. The registered manager also told us that they now started shifts at an earlier time. The morning shift now started at 7.45am to allow time for handover. In the mornings there were five care workers and a senior care worker on duty as well as the manager and Head of Care. In the afternoon there were five care workers and the Head of Care and manager (the latter two until late afternoon. There was now an additional "twilight" shift for one care worker from 6pm until 10pm four days a week and they were planning to provide this for a further three days each week. This meant there would be extra support for people late evening each day so they could go to bed when they wished. There was one staff member on long term sick leave but otherwise the home had a full complement of staff.

This meant that over the two floors there were enough staff to meet people's needs. People had been encouraged to use their own en-suites with additional support, if they agreed, to free up the assisted bath and one person had taken up this offer. People we spoke to did not have any issues with the staffing levels or care given, especially relating to assisted baths, which had been a problem during the last inspection.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development and told us that they now felt well supported to meet people's needs and obtain appropriate training so that they were competent to meet those needs. We saw the registered manager praise staff when they had carried out their duties well. We saw evidence to show that when new staff were appointed they received training and support during their induction period to provide them with the basic skills they required for the job. Induction records were signed by the member of staff and their manager to confirm the training topics covered. People we spoke with praised the skills and attitude of the staff. They told us the staff were well trained.

We saw evidence to show that staff received formal supervision and appraisals, at least twice a year, and also received informal supervision and support on a frequent basis. Supervision sessions on a one to one basis with each staff member were being carried out two monthly. A new plan and format for recording the supervision and appraisal process for staff had been introduced. These meetings were well documented and meaningful, however, the provider may wish to note that staff told us that they did not feel completely confident in how to complete supervision as they had not had specific training.

We were shown evidence of training that had been provided to staff since the start of their employment and was kept up to date. The training covered all required health and safety topics and also topics relevant to the health and personal care needs of people living in the home. For example, falls prevention, dementia, continence care and diabetes. One staff member was doing an open university course on social science and staff were able to access national vocational qualifications in care. This showed that the staff team had or were training to have the skills they needed to ensure people's needs were fully met. We also saw a plan of training courses booked for the coming year which showed that staff were supported to continue developing their skills and knowledge to meet people's needs.

We saw that regular staff meetings were now in place and looked at those minutes. The meetings were well attended and covered a wide range of topics such as expected standards and expectations for care, staff roles, use of mobiles and any particular concerns that had been identified. There were also separate senior staff meetings and a new senior staff team had been put in place with a clear job description. One staff member said how great it was to work at the home and that it was much better than other homes

they had worked in. All staff spoken to said that "it was much better at the home" and that they felt well supported. The registered manager said that the home was working much better as a team and that they also felt better supported and praised the staff.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

The home now had effective systems to regularly assess and monitor the quality of service that people received. For example, there was a clear pre-assessment process to ensure that the staff could meet people's needs before they were admitted, including after a hospital admission. We saw that communication was effective between the manager and staff. Staff we spoke to knew what their roles were and how to meet particular people's needs when asked. This was supported by the new care plan system which had been put in to place that was effective and involved the whole staff team.

We looked at the accident book and saw that appropriate and immediate action was taken at the time of the accident. There was a regular audit to ensure that accidents/falls were minimised and we saw that action plans were drawn up to ensure that people remained as safe as possible. We saw these actions being carried out.

Staff were able to show knowledge about Care Quality Commission (CQC) essential standards and the home had made a folder of relevant information and included discussions about standards in to staff meeting agendas. This enabled staff to know what standards they should be meeting.

The home now had a clear system to ensure that they had the right amount of staff to meet people's assessed needs in the form of a dependency tool that was meaningful. We discussed examples of how this had been used with the manager in a way that directly affected care and the outcomes for people in a positive way.

People living at the home and their relatives told us that they felt involved in the general running of the home. We saw regular entries in care plans that detailed when staff had updated relatives, family visits and discussions about life histories. Staff told us that they now took the care plans in to people's rooms and had a one to one chat. There were also resident's meetings which was good practice and allowed people using the service to air their views. People living at the home and their relatives that we spoke to told us that they had no worries at all about being able to raise issues with the registered manager or any staff member and felt confident that their views would be listened to and acted upon.

There was a comprehensive fire safety system and a fire risk assessment done by an

external company had shown low risk in this area.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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