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

This inspection took place on the 23 September 2016 and was unannounced.

Grimston House is a residential home providing accommodation and personal care for up to 21 older people, some of whom are living with dementia. At the time of our inspection there were 18 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe and protected from avoidable risk of harm. They had care plans and risk assessments in place which were person-centred and detailed enough to allow staff to support them effectively. People had their on-going healthcare needs met by the service. There was enough to eat and drink and people enjoyed the choice of food available. People were supported to share their views and experiences through residents' meetings and surveys. People were asked for their consent prior to receiving care, and the service adhered to the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

Staff received a full induction and on-going training that enabled them to carry out their duties effectively. They were supported through supervision, appraisals and observations, and had opportunities to contribute to the development of the service through team meetings. Staff demonstrated a kind, caring and committed attitude to supporting people. They treated people with dignity and respect and understood their needs and wishes. Staff recruited to the service had adequate knowledge, skills and experience to carry out their duties safely. There were enough staff deployed to meet people's needs.

The management and culture of the service was positive, and improvements had been made through robust quality monitoring systems. People, their relatives and the staff team were asked to contribute to the overall development of the service through meetings and surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood how to safeguard people and there were effective processes in place for them to follow.

There were enough suitably trained and qualified staff available to meet people's needs.

People's medicines were administrated correctly by trained staff.

Is the service effective?

Good

The service was effective.

Staff received training to help them to develop within their roles.

People gave consent to their care and staff understood their responsibilities under the Mental Capacity Act 2005.

People had enough to eat and drink and had their healthcare needs assessed and met by the staff.

Is the service caring?

Good

The service was caring.

Staff demonstrated a caring and friendly attitude towards people.

People were treated with dignity and respect and had their privacy observed.

Is the service responsive?

Good

The service was responsive.

People had care plans in place which were personalised and evidenced involvement from people and their relatives.

There was an activity programme in place for people to engage in their hobbies and interests inside and outside of the home.

There was a robust system in place for handling and resolving complaints.

Is the service well-led?

Good

The service was well-led.

People and staff were positive about the management of the service.

There was a robust quality monitoring system in place for identifying improvements that needed to be made.

Surveys and questionnaires were sent out to people, staff and relatives to encourage them to contribute to the development of the service.

Grimston House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 23 September 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with four people who used the service and one of their relatives to gain their feedback. We spoke with three members of care staff, the registered provider and registered manager.

We observed the interactions between members of staff and people who used the service and reviewed the care records and risk assessments for three people who used the service. We observed medicines rounds and looked at six staff recruitment and training records. We looked at complaints and compliments received by the service. We also reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person said, "It's a safe place to live." Another person told us, "It's certainly safe enough, yes."

Staff received training to help them to understand how to safeguard people from possible risk of harm. One member of staff was able to describe the process in detail. They said, "I would firstly look at the situation and see if I have the authority to do anything immediately myself. If somebody is at risk then first thing I would do is call my manager. If I need to go higher than her, then there is the local safeguarding team, the CQC or the police. Most important is that the person is protected and not put at further risk." During the inspection we noted that safeguarding information was clearly visible around the service with contact details for the relevant agencies where required. The staff we spoke with were able to describe the ways in which they kept people safe while delivering care.

Each section of people's care plans was accompanied by a risk assessment which detailed whether there was a risk to the person or others and how this was being managed. For example we noted that for people who had specific mobility needs and required support with moving and transferring, there were detailed instructions which provided staff with the information they needed to move the person safely. During the inspection we observed people being supported to move using a hoist and saw that staff were following the instructions detailed in people's care plans. If people were at risk of falling, then a prevention plan had been put into place which listed the ways in which the environment could be modified to make walking safer. Details of any additional equipment in use was included so that staff could provide consistent support following instructions from physiotherapists or the local falls team. The risk assessments in place were subject to regular review to assess whether they were still relevant to people's needs. Having robust risk assessments in place meant that staff were able to implement consistent control measures to keep people using the service safe.

The registered manager carried out checks around the home and had comprehensive risk assessments in place to assess and mitigate any risks posed by the environment. Regular fire and gas safety checks were carried out, and equipment was frequently checked to ensure that it remained in working order. There were robust emergency contingency plans in place in case of any serious events that might have affected the running of the service.

People told us there were enough staff on duty. One person said, "Yes, you only have to ask and they'll appear. I call my bell and usually one comes fairly quickly." Another person said, "There's enough staff for me." A relative told us, "Yes, enough staff here. You can't always see them but you know they are there." During our inspection we spent time in communal areas of the home and found that staff were attentive to people's needs and able to offer support quickly and efficiently when required. The service deployed three staff members during the morning and evening shifts, and two staff that worked at night. The registered manager told us they did not use any agency staff to cover shifts as absences could be covered within the existing staff team. This meant that people received care from staff who knew and understood their needs. We highlighted the lack of a formal on-call system in case of emergencies. The registered manager told us

that either she or the team leader would be available in case of emergency.

People received their medicines safely. We spoke to one person who told us that they self-administered their medicines and described the support they had from the service in managing this aspect of their independence. For people who did require more support, a list of medicines they took and the reason for their prescription was included in their care plans. During the inspection we observed one of the medicines rounds being carried out by the team leader of the service. We saw that people were receiving their medicines correctly, and that these were accounted for accurately on their MAR (medicine administration record) charts. Regular stock checks were carried out to check that the correct amount of medicines was kept in the service, and these were kept in secure and lockable trolleys.

Good

Is the service effective?

Our findings

During the inspection we noted that some areas of the home were in need of modernisation and redecoration. Some of the décor had become worn and tired over time, and was not always in keeping with best practice in dementia care. Some people with dementia have difficulty orientating when faced with complex patterns on walls or carpets, and the decoration in some areas of the home was not always dementia-friendly in this respect. We spoke with the registered manager and registered provider about this, who both acknowledged that some areas of the home still needed attention and were able to tell us about the progress and plans they had to address this. For example we saw that some people's rooms had been recently redecorated and that plans were in place to gradually update the rest of the service to this standard.

People we spoke with told us that staff were trained to carry out their duties effectively. One person said, "I don't know what exactly they do, some of it goes over my head to be honest, but they do know their stuff. They have their training to do, I know that."

Staff completed a comprehensive induction program when they first joined the service. This included an introduction to each person, a chance to read through care plans and review the provider's policies. Each member of staff had a comprehensive health and safety induction to follow which detailed the steps they needed to take to show good practice in this area. We looked at the training that staff completed and found that it was appropriate to equip them to provide effective care and support to people. The staff we spoke with were positive about the training they had completed. One member of staff said, "The training is really good. Not just the normal training but the other qualifications we can take too. I've done levels 2 and 3 NVQ and I'm starting a level 5." Staff had completed training in courses the provider considered essential, such as manual handling, medicines, safeguarding, fire safety and infection control. In addition some staff had completed more specialised courses which equipped them to better understand people's more specific needs. For example we saw that there had been courses completed in dementia awareness, end of life planning and person-centred care. The registered manager had held a training course designed to give staff an idea of what it was like to live with visual impairments.

Staff received training to understand the Mental Capacity Act. One member of staff said, "I've had MCA and DoLS training and I think the most important thing is to assume the person has capacity. Even if they make bad decisions it doesn't mean we can restrict them or make decisions on their behalf without having a best interest decision and involving other professionals."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).We checked through the authorisations

that were in place for people who had restrictions placed on them to keep them safe. We saw that these were in place on the basis of capacity assessments, best interest decisions and involvement from the relevant professionals. Further applications had been made to the local authority where required and the service were awaiting authorisation for these. Each of the DoLS in place were appropriate for people's welfare and safety.

People told us they consented to receiving care and support from the service. One person said, "I'm happy to be here, this is my home now. But I know that if I changed my mind or didn't want them to do something then they would listen and respect that." Staff were able to describe the principles behind consent and how this was sought prior to providing care. One member of staff said, "People give consent in different ways so you have to know the person to understand whether they're happy for you to go ahead. Some people will tell you verbally, and for others, it's body language or cues. We know from caring for them and reading their care plans."

People's healthcare conditions were listed in their care plans, and the registered manager was able to tell us about the ways in which the complex health needs of some people were being managed. We spoke with one person during the inspection who was able to describe a healthcare condition that affected their mobility and skin condition. We spoke with the registered manager about this who was able to describe the measures being taken to manage the condition and the involvement from external healthcare professionals in the process. When we looked through the healthcare records in their care plan, we noted that the condition had been identified, risk assessed and control measures were put into place to help staff to understand the condition and the interventions required to improve the person's health.

People had enough to eat and drink and were mostly positive about the food. One person said, "There's enough here and I can always ask if I want something." Another person told us they had not always enjoyed what was on the menu, but were able to ask for alternatives. They said, "I have an issue with the food sometimes and the way it's served. But when I've asked them for something else they will provide it, within reason. Usually it's good enough." During the inspection we noticed people being offered drinks and snacks throughout the day and being supported to eat and drink during lunchtime. People's preferences, dietary needs and allergies were listed in their care plans.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind, caring and understood their needs. One person said, "The staff here are really nice. There aren't any bad apples, just nice people who want to help." Another person said, "I like the staff." A relative told us, "I can go away and not worry about whether [person] is alright because I know they'll take such good care of [them]."

As part of the care planning process people had been asked to provide details about their life history, family, things they liked and their personal preferences. For one person we saw that they had been asked about each member of their family, how they had met important people in their lives and what this meant for their care and support. Places they had lived and jobs they had done in the past were also explored in depth. Taking the time to talk to them to gather this level of detail about their lives meant that staff were provided with enough information to understand important aspects of the person's personality and history. In one person's plan we saw that the television programs they enjoyed had been listed, along with prompts for staff to remind them when these programs were on.

The staff we spoke with were able to tell us about each of the people who used the service and how they had developed relationships with them over time. One member of staff said, "It means a lot to me to make sure their needs are fulfilled and that we've done a good job for them." The registered manager told us that consistency was important and that they did not use agency staff because they felt it was crucial that people received care from staff who understood their needs and had a meaningful, caring relationship with them. During the inspection we observed the interactions between people and staff and saw that these were kind, respectful and appropriately based on the needs and wishes of the person. We noted that staff used people's preferred names and terms of affection when addressing them. On several occasions, we saw staff laughing and joking with people and encouraging them to engage in conversations and activities.

People were treated with dignity and respect. One person said, "They treat me well. They treat all of us well, actually." During the inspection we observed staff approaching people in a manner that was kind, considerate and respectful. When one person needed support to use the toilet, the staff patiently waited for them to be ready and used gentle forms of encouragement to help them. We noted that people's care plans included information about how they preferred to spend their time and the importance of making sure that their privacy was observed. When we asked staff about the ways in which they observed people's right to dignity and privacy they were able to tell us how they facilitated this. One member of staff said, "I'll always make sure I knock on the door, respect their personal space and give people time to do things independently if they can. We don't rush people or expect everybody here to be the same." We noted during the inspection that some people were spending much of their time in their rooms, but the staff told us that this was their stated preference and was included in their care plan. To minimise the risk of isolation, people were gently encouraged to come to communal areas of the home for food and activities.

Good

Is the service responsive?

Our findings

People and their relatives knew they had a care plan and were involved in its creation and review. One person said, "I've got a care plan, yes. I'm not too bothered with all that but I know they'll do their paperwork each day." A relative told us they were involved and asked for input into the person's care. They said, "They'll inform me of any changes, ask me if I'm happy and the paperwork is there if I want to read it."

People's care plans were detailed, up to date and reflective of their needs at the time of our inspection. We looked through the care plans for three people and checked to see how these were being implemented into practice. For example we saw that one person required things to be positioned in their room a certain way due to restricted mobility and personal preference. When we visited the person in their room, we found that these instructions were being followed correctly. Prior to people's care plans being created, the service carried out a thorough assessment of their needs. A care plan was then formed which looked holistically at each aspect of the person's life, including spirituality, relationships, personal care, mobility, nutrition and activities. Each part of the care plan was centred towards an outcome agreed with the person. For example we saw that one person who was at risk of isolation had objectives centred around involving them in social activities taking place in and out of the home. People's routines were listed in detail to help staff to follow a consistent approach when delivering each aspect of their care. Having robust, detailed care plans that were reflective of people's needs meant that staff were able to deliver person-centred care and support, and develop a stronger understanding of people's needs. If people's needs had changed over time, then care plans were regularly reviewed to reflect any alternative care and support they required as a result.

People had some activities available and they were encouraged to take part in their hobbies and interests within the home. The registered manager also explained that people were encouraged as much as possible to engage in activities outside of the home as well. For example we saw that one person regularly attended social groups in the community, while another enjoyed trips out with their family. There had been events and outings held over the course of the year with more planned for the future. We saw a timetable of activities which took place in the home weekly and these included quizzes, sing-a-longs, puzzles and crafts. During the afternoon we noted that some people were playing bingo with staff. While we did observe some periods during the day where there did not appear to be much structured activity in the service, the staff were continuously engaging with people and asking if there was anything they wished to do.

The provider had a complaints policy in place which was robust and clearly detailed the methods that people could use to complain. People told us they would feel comfortable raising a complaint if necessary. One person said, "I'd speak to the manager if there was anything wrong. But I've not had to make a complaint before." The registered manager told us no formal complaints had been received since our last inspection. We discussed whether there was a system in place for recording more minor concerns or 'grumbles' which may have been resolved without the need for a formal complaints process to be followed. The registered manager agreed that this would support the evidencing of outcomes in relation to people's concerns and would implement such a system going forward to support the complaints process. When we asked people if they felt their concerns were listened to, they each responded positively and told us the service were responsive to any issues they may have had.

Good

Is the service well-led?

Our findings

All of the people, relatives and staff we spoke with were positive about the registered manager and felt that she was approachable, open and honest. One person said, "She's here all the time and she comes to see me and tell me things that are important to know." A relative told us, "If there's ever any issue with [person] she'll call and let me know. I've always found her to be open and honest."

The registered manager had been at the service for a number of years and was able to tell us about each of the people living there in detail. She described the successes and challenges that the service had faced and was proud to tell us about how the service had provided care and support to people in a way that had enabled them to move back into the community after a period of respite care. She said, "This is a home for life for some people, but for others it's important that we try and do what we can to let them go back home again." She was visible throughout the service and told us she frequently worked as part of the staff team to provide care and support to people. She was positive about the support she received from the registered provider, whom was also present and visible in the service on a daily basis.

The staff we spoke with understood the visions and values of the provider and were positive about the support they received. One member of staff said, "The manager is good." Another member of staff told us, "I'd feel comfortable going to her with anything; she's always got her door open." Staff were able to contribute towards the running of the service through regular team meetings. We noted that meetings for care staff were held on a regular basis. In addition to these, there were also minutes for meetings for kitchen staff, senior staff and people using the service. We looked through the minutes for all of these meetings since March 2016 and saw that a wide range of issues had been discussed, including staffing, people's care, paperwork and improvements that were being made. Holding regular meetings gave people the opportunity to express their views and have their opinions listened to and acted upon.

We noted that the office environment was a little chaotic and would benefit from a more robust filing system. This is partly down to the small size of the registered manager's office. The registered manager was able to tell us about the action being taken to resolve this. For example a new electronic system was being introduced which would allow staff to reduce the amount of paperwork they were completing on each shift, and also result in a more secure and robust data management system. This showed that the management team had identified these issues prior to the inspection and were taking steps to resolve them.

The registered manager carried out a series of audits across the service to identity improvements that needed to be made. These audits covered medicines, health and safety, records and staff management. We saw that where issues had been found, remedial actions were listed and promptly acted upon. The service had recently had a visit from a consultant who had inspected the service against the key lines of enquiry defined by the Care Quality Commission. The report had highlighted a number of issues which the service were in the process of resolving. The registered manager had reviewed the report and had begun to make the identified changes. For example we saw that there had not always been robust medicine auditing procedures in place, but this had been addressed at the time of our inspection.

Questionnaires were given to people and their relatives to ask for their feedback and suggestions for improvements across the service. We saw that the results of these had been collated and that the feedback provided by people was overwhelmingly positive in all aspects of the care and support provided by the service.