Anchor Trust

Rose Court

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

Rose Court is a residential care home for 48 people with dementia and physical difficulties. The service is located over four floors and people with the most complex needs live on the second and third floors of the home.

At the last inspection on the 2 June 2015 the service was rated Good.

This inspection took place on 15 and 28 September 2017. At this inspection we found the service remained Good and the registered provider continued to meet all of the fundamental standards.

There was not a registered manager in post. Since the last inspection, the registered manager of the service had left the service. The Care Quality Commission was informed of this change. The registered provider has identified a new home manager, who will transfer from one of the registered provider's other locations and register with CQC. 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.

Staff understood how to protect people from harm and abuse. The registered provider had an embedded safeguarding process in place that supported actions staff took to protect people at risk.

Risks to people's health and wellbeing were identified. A plan of action was developed, implemented and followed by staff to reduce risks occurring and to keep people safe.

The management of medicines for people continued to be safe. Staff administered medicines to people as prescribed. People's medicines were ordered, stored, administered and disposed of in a safe way.

There continued to be enough safely recruited staff employed. Staff rotas showed enough staff were deployed during the day and night to meet people's needs.

Staff continued to receive regular training, supervision, and appraisals. This provided staff with opportunities to become familiar with expectations of working at the service and with people, and to identify and improve their skills and knowledge in their roles.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff supported people in line with the Mental Capacity Act 2005, and carried out mental capacity assessments and applied for Deprivation of Liberty Safeguards authorisations as appropriate.

Staff continued to meet people's nutritional needs because they provided enough food and drink for them.

People on specialist diets were supported with these as required.

Staff continued to provide support to people in a caring and compassionate way. Staff respected people in a way that protected their privacy and dignity.

People were supported by heath care professionals when required. When people's healthcare needs changed staff sought support and advice from health care professionals to ensure they continued to meet people's needs.

People's needs were assessed to ensure these could be met at the service. Care and support was appropriately planned for people. People had a care plan in place that provided staff with guidance to help them meet people's needs.

People and their relatives continued to be encouraged to make a complaint about the service where they were dissatisfied. The registered provider had a complaint process that people understood. People and their relatives were supported to make comments about the quality of care received.

The registered provider had an effective system in place to monitor, review and improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Rose Court

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 checked 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 15 and 28 September 2017 and was unannounced. The inspection team included one inspector and two experts 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. Their areas of expertise are in services for older adults.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that is completed by the provider to give some key information about the service, including what the service does well and what improvements are required. We also viewed the information we held about the service, including statutory notifications received. A notification is information about important events which the service is required to send us by law.

We used the Short Observational Framework for Inspection (SOFI) to observe the support provided for people at the service. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 13 people, five relatives, one team leader, the deputy manager, the chef, two activity coordinators, nine care workers and two managers that were employed by the registered provider.

We looked at 10 care records, 15 medicine administration records, five staff records, the staff rota and other records related to the management and delivery of care at the service.

After the inspection, we contacted health and social care professionals who supported people using the service. We received feedback from three health and social care professionals.

Good

Is the service safe?

Our findings

We found that people continued to be kept safe from harm by staff caring for them. People and relatives we spoke with told us that the service was safe. People shared their comments about the safety of the service. One person told us, "It's lovely. I feel safe here." Another person said they felt safe living at the service and said, "Quite settled here. Oh goodness yes." A relative said, "Yes. Oh yeah [my family member] is safe. [My family member] had no falls, accidents or bruising. We come in at all different times."

People continued to be protected by staff from harm. Staff we spoke with understood what abuse was. Staff described the registered provider's policy and procedures for managing a safeguarding allegation of abuse. Staff knew what actions to take to protect people from harm. Staff contacted the local authority to inform them of an allegation of abuse to ensure this was investigated appropriately.

Risks to people's health and wellbeing continued to be assessed and managed by staff. Any risks identified were recorded with a specific risk management plan implemented to reduce that risk. For example, we saw when people were at risk of falls, staff implemented an alarm system that would identify if a person was out of bed. Staff would check the person to see if they were safe when the alarm went off and to establish whether a person had a fall and take appropriate action. We saw another example where people at risk of wandering had additional technological support in place. This was a personal alarm device worn by people at risk from wandering. The personal alarm would emit a sound if any person wearing the alarm went through doors of the service. Staff protected people from known risks by implementing the guidance from their individual risk management plans.

There was enough staff on duty to meet people's needs. We reviewed the four week duty rota for the service. We found that the registered provider had deployed enough staff to meet people's needs. We did receive mixed views regarding the staffing levels at night. One relative said about the numbers of staff, "It's okay, but there's only one staff per floor at night and one floater and [my family member] doesn't sleep so is up at night. Staff are happy for [my family member] to sit with them in the lounge." One person added, "It's alright." Another person told us, "Staff at night are okay." On two occasions in four weeks there were less than the usual numbers of staff on duty at night. This was due to short notice staff absence. At these times the staff member in charge moved staff to other floors where there were less staff to support their colleagues. Team leaders provided support on these occasions due to staff absence and cover was not found at short notice. We discussed the concerns about staffing levels at night. The manager told us that they used a dependency tool which took into account people's care needs. The dependency tool determined the numbers of staff required to meet people's care and support needs during the day and night. The duty rota showed that the required numbers of staff were available. When people required one to one support this was covered by an additional member of staff. Staff we spoke with and records showed that there was no increase in incidents or accidents at night due to the numbers of staff on duty.

People had access to their medicines as prescribed. Staff supported people with their medicines appropriately. We saw staff completed medicine rounds and safely administered medicines to people. Medicine administration charts we reviewed were accurate and completed with no gaps in them. This

demonstrated that people had their medicines as recommended by the prescriber. There were processes in place for the safe administration, storage, disposal and ordering of medicine for people to ensure they had enough medicines supplies available to them to maintain their health.

Staff followed the registered providers embedded infection control procedures. We saw staff wear personal protective equipment when carrying out caring tasks. Staff had access to gloves and aprons for their use. There was a cleaning schedule in place at the service. On the first day of inspection we noted an odour of urine on the first floor. We discussed this concern with the deputy manager who took action to resolve this. On the second day of inspection the carpets in the service had been professionally cleaned and the odour gone. This meant people lived in a hygienic environment that reduced the risk from infection because staff used appropriate equipment to reduce this risk.

Good

Is the service effective?

Our findings

Staff continued to be supported with comprehensive training, supervision and an appraisal. Staff completed mandatory training in safeguarding, infection control and medicines management. Staff continued to receive refresher training to ensure their knowledge and skills were up to date to enable them to support people effectively. One person told us, "Staff are very well trained." All staff we spoke with told us that they had access to class room based and online learning. One member of staff said, "The training is really good and has helped me understand the people I care for. I completed training in dementia care which has helped me understand people with dementia better." Staff training records were up to date and where staff training required updating there was a training programme in place.

Staff had regular supervision with their manager. We saw records that showed staff had the opportunity to discuss concerns about their role. Supervision records showed staff discussed concerns about their role and additional training needs and these were recorded. Staff continued to have an annual appraisal. Staff were able to review their progress, experience, skills and any concerns they had and with the support of their line manager able to develop personal goals and objectives. Line managers provided staff with the resources to achieve their goals. This included access to specialised training for a member of staff who wanted to progress their career within the registered provider's services.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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.

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 were being met. We found that staff understood what the MCA was and how to support people accordingly. DoLS authorisations were filed in people's records and staff followed the guidance to ensure people were cared for appropriately.

People gave staff their consent to care and support. One person said, "Staff ask me what I need and when I tell them what I need they explain things to me before doing anything." During the inspection we saw staff seeking consent prior to care and support being delivered. We observed staff ask people if they wanted help with having their meal and one person said yes before the member of staff supported them.

People had enough food and drink to meet their needs and preferences. People we spoke with told us that they enjoyed meals provided to them. One person said, "We always have a choice. Take breakfast we can

have cereal, toast or something fancy if you want it." A second person said "I really like the food". A third person told us "You get a nice cooked dinner and you can choose what you want. They always have something I like." There was a menu provided for people to choose their meals. We spoke with the chef who told us "People can choose from the menu, but if they want something else to eat not planned for that day they can have something else." They added "People can have Caribbean and vegetarian meals if they want." Staff were observed being supportive, kind and helpful when assisting people with their meals. Staff engaged with people during mealtimes.

People continued to have access to health care to maintain their health. Staff sought advice from health care services for people when their health needs changed. Records showed that staff had contacted the mental health team when staff noticed changes in behaviours that challenged people and others. Staff also referred people to the GP, district nursing teams and dietitian when they assessed that people could benefit from the additional support to maintain and improve their health.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were kind, caring and supportive. One person said, "The staff are very good, they're marvellous. Sometimes they're busy." Another person said, "Oh yes….They're brilliant. Staff are very caring."

People were supported by staff who knew them well. Staff engaged well with people and we observed that people and staff knew each other well. For example one member of staff was able to tell us about the people they cared for. This included talking to us about people's life histories before coming to live at the service. Staff described people's likes and dislikes. We looked at people's care records which contained people's life histories that matched what staff told us. People's independence was promoted and people were supported to make care decisions. One person said, "I wash myself and I get help when I need to." Another person said, "I can do everything for myself." People told us staff respected their privacy and promoted their dignity. One person said, "Yeah, it's quite private here and I'm happy."

People made decisions regarding their care and support needs. People were encouraged to take part in assessment and care planning meetings. People were able to contribute to their assessment which ensured these contained their views. Relatives of people that had limited or no capacity were also encouraged to participate in care planning meetings to ensure that the person's needs were reflected in the delivery of care. Care records we reviewed were signed by people or their relative (where appropriate) in agreement to the care plan.

People were encouraged to continue relationships with relatives and friends that mattered to them. People were encouraged to have visitors at the service. People told us there were no restrictions on visits to the service. One relative said "We can visit anytime that we choose." A person told us, "No restrictions on visiting." Another relative told us, "I come every day, sometimes just for a few minutes (if I'm working that day) and some days there are lots of us, especially if it's a birthday."

People at the end of their life had appropriate care and support provided by staff to meet their needs and respect their wishes. People had the opportunity to discuss and record their end of life care plans. The care plans provided detailed guidance for staff to support people's wishes for the dying phase of their lives. Clear records were available that demonstrated how people wanted the end of their lives to be. Staff had access to this information when needed.

Good

Is the service responsive?

Our findings

People continued to live in a service that was responsive to their needs. Staff delivered care and support to people that reflected their needs. One person said, "Yes, I spoke with the manager, but my relative deals with all the paperwork."

Assessments were completed with people. Their relatives were invited to participate and contribute to the assessment when required and appropriate. Assessment outcomes contained information such as people's personal preferences, health care requirements and medical care needs. The information enabled staff to establish whether a person's needs could be met at the service. All care records we looked at showed people had an assessment of their needs. In additional to this staff completed other assessments such as risk assessments, nutritional needs, wound care and pressure ulcer care. These provided staff with sufficient information to develop an appropriate person centred plan of care that met people's needs. People also had reassessments of their care and support needs on a regular basis especially when their needs changed.

People were supported by staff who had guidance to provide appropriate and safe care. One person told us, "Staff know how I like things and that is ok with me." Care plans detailed people's specific needs and the support required from staff to meet those needs. One member of staff told us, "I check the care plan all the time, things can change and I need to be sure I am doing the right thing for people."

The registered provider had activities in place that met people's preferences. One told us, "Crayoning keeps us going…it's so nice because it keeps me motivated." People at the service participated in a variety of activities, some people went bike riding, others participated in baking sessions, and other people were involved in bingo, gentle exercise, reminiscence groups and singing. People influenced the activities provided for them. We saw an example where people requested to have a sensory room within the service so they could use this as they chose. This proposal for the sensory room was agreed by the registered provider. People chose the furniture and decoration of their room. At the time of the inspection some action had been taken to organise and develop the room for people.

People were encouraged to take part in activities they chose that met their interests. One person told us, "You can go your own way. They don't force you. I just do what I want. They're not on to you all the time which is good." Another person said, "I like to wander about the place, I go everywhere. I also like the quiet of my room." An activity coordinator told us, "Some people don't like to join in planned group activities. We also do one to one support for some people because this is what they want. Some people just enjoy a chat and a laugh and we do this for people because this is their choice."

The registered provider had a complaints policy and process in place. People we spoke with knew how to make a complaint about the care and support they received. People demonstrated they were confident in reporting concerns and complaints. One person told us if they had a complaint they would, "Talk to the supervisor." Another person said, "We'd just talk about anything we weren't happy with." We looked at the complaints file and found the service had managed any complaints or concerns in line with the registered provider's processes. People we spoke with were satisfied with the care and support received.

Good

Is the service well-led?

Our findings

There was no registered manager at the service. 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.

Since the last inspection, the management structure of the service had changed. The previous manager had left the service and had deregistered their registration as manager with the Care Quality Commission (CQC). The deputy manager provided support to care staff and managed the service on a daily basis. The registered provider had offered regular support to the deputy manager. Three managers employed by the registered provider offered regular support to the service giving guidance, advice and support to staff. The registered provider confirmed that a new manager had been identified to manage Rose Court. They also told us they would register as the registered manager with CQC once they were in post.

People, staff and relatives we spoke with were complimentary about how the service was managed. One person said, "The manager is really kind and helpful, this is a really good place." People told us the home was well-led. People also thought that the deputy manager was managing the service well. One person told us "The manager [deputy manager] is really good." One member of staff said "The deputy manager was respected by all staff. She listens and we are supported by her." A relative told us "Staff work hard at Rose Court, and are a happy team."

Staff knew how to fulfil their role within the service. Staff told us they enjoyed working at Rose Court. One member of staff said, "I enjoy my job here." Another member of staff told us, "There is a good team here, we all try to work together. A third member of staff said, "There is no manager here, but we are ok, the deputy manager is very good."

The registered provider involved staff in aspects of the day to day management of the service. Staff attended regular team meetings. Staff were able to discuss any issues that that they had at the meetings and any concerns were shared with all staff so they were aware of any issues or follow up actions that needed to be completed by staff. Records of the meetings were kept and staff read these if they were not present at the meeting. This ensured all staff were kept informed.

There were effective quality assurance systems in place to monitor and review the quality of care. Quality audits were completed in relation to the quality of care, meals, social activities and medicines management. When concerns were found senior staff at the service developed a plan of action. This was shared with one of the registered provider's management team that was supporting the service. The senior manager monitored the progress of any planned action. For example, a plan was in place to ensure all staff training was updated.

Staff monitored aspects of people's care to ensure it was of good quality. Staff monitored and reviewed people's weight and risk of falls. The audits tracked and reviewed information related to people who had

lost weight or were at risk of falls. Staff used this data to refer people to specialist services such as the dietitian and the falls clinic. The falls clinic provides assessments, support and advice to people who are at risk from a fall. A falls care plan was developed to help reduce the risk of falls for them.

People continued to have their care and support safely coordinated between services. Staff knew which departments to contact in the community mental health teams, the local authority health and social care teams. We saw where staff contacted those teams for a referral or advice this was offered by the external health and social care team. This showed that health and social care professionals supported people to maintain and improve their heath because specialist teams responded to concerns raised by staff promptly. People's care records and staff communication records were updated when people had support from professionals. Visiting health and social care professionals recorded their interventions with people which ensured that staff had up to date information about people's needs and the support they required.