

Jewish Care

Rosetrees

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Rosetrees is a care home registered to provide accommodation, personal care and support for up to 53 older people. At the time of our inspection, there were 49 people, some of whom were living with dementia. Accommodation was provided in a purpose-built home across three floors, with communal areas on each floor.

People's experience of using this service:

People and their relatives told us they and their loved ones felt safe living at the service. Comments included, "I feel very secure here", "Staff are always available to help" and "Yes, this is a safe place and we are pleased with the care."

People continued to be safeguarded from the risks of abuse and staff knew what action to take if they suspected abuse. Risks associated with people's care were identified and managed to keep people safe. Medicines continued to be managed and administered safely.

Staff continued to receive training and support to ensure they had the skills and knowledge to carry out their role effectively. People had access to healthcare professionals when needed. People spoke positively about the meals provided; all meals were prepared on site and met people's dietary requirements. People were 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.

People and their relatives praised staff for their caring attitude and kind approach. People's equality, diversity and individuality was respected. Staff interactions with people demonstrated caring and positive relationships with people and their family.

People's needs were regularly reviewed and updated with their involvement and their relative where required. Effective systems were in place for staff to share information about people, so they could respond to people's changing needs in a timely and coordinated manner. People had opportunities to take part in activities within the service and the wider community.

There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement. People felt that the management team were approachable and that if they had concerns they would be listened to.

Rating at last inspection: Good (Report published in October 2016).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 ●

Rosetrees

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector, a specialist advisor 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.

Service and service type:

Rosetrees is a care home. The service is operated and run by Jewish Care, a voluntary organisation. At the time of our inspection, 49 people were living at the service.

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:

Inspection site visit activity took place on 10 April 2019 and was unannounced.

What we did:

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 18 people and seven visiting relatives. We also spoke with two volunteers and one healthcare professional to gain their feedback on the service.

We spoke with the registered manager, the care manager, the learning development trainer and assessor, the living well facilitator, one housekeeping supervisor and five care staff.

We looked at the care plans and records related to the care of nine people. We looked at three staff records, which included their recruitment, induction and on-going supervision. We looked at the staff training matrix, the minutes of staff and resident's meetings and records related to the quality monitoring of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service and we observed they were relaxed in the presence of staff. People's family members also said they felt their loved ones were safe at the service. One relative said, "Yes this is quite a safe place. [Person] is pleased with the staff. They are very kind to her."
- The registered manager demonstrated an understanding of their safeguarding role and responsibilities.
- There were clear safeguarding policies for staff to follow. Staff demonstrated an understanding of what might constitute as abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as, to the local authority and to the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management; Using medicines safely

- Staff were aware of people's individual risks and plans were in place to minimise these while maintaining people's independence.
- Staff members we spoke with were able to describe the risks to particular individuals and how to manage those risks.
- The premises were adequately maintained through a maintenance programme to maintain safety.
- There was a safe procedure for managing people's medicines and people continued to receive their medicines as prescribed.
- Where people received their medicines covertly, this was clearly documented in their care plans and was done in the least restrictive ways. Best interest's meetings had taken place, involving the person's relatives, GP and pharmacist. All appropriate documentation was in place.
- Staff competency to administer medicines was checked by the registered manager and care manager. This helped to ensure staff were competent and to identify where further support and training was required.

Staffing and recruitment

- Recruitment of staff continued to be safe and robust. We saw that pre-employment checks had been completed before staff could commence work. There were sufficient numbers of staff to support people to stay safe.
- Staffing arrangements remained flexible to suit the needs of people living at the service.
- Staff absences were covered by regular staff to promote continuity of care and to ensure people's needs could be met by staff who understood them.

Preventing and controlling infection

- People were protected by staff following good practice to prevent and control potential infection.
- Staff had access to personal protective equipment, such as gloves and aprons, to reduce cross contamination.

- The service was clean and odour free.

Learning lessons when things go wrong

- Where accidents or incidents took place, they were reported, recorded and fully investigated. Where appropriate, medical assistance was sought, body maps completed and any injuries sustained were recorded.

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

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

- People had an initial assessment completed to make sure their needs could be met before coming to live at the service. This included meeting with people and their relatives to discuss people's needs and providing them with the opportunity of visiting the service before making any decisions about moving in.
- People and relatives confirmed they were fully involved in planning their care. One person said, "My son visits me, he knows about my care plan."
- The initial assessment included collating information about people's life history, communication, sexuality, religious belief, health needs, mental health needs, social and physical needs, personal safety and end of life.
- Where people received additional support from external health or social care professionals, this was recorded within their care records.
- Staff kept up to date records of support they provided and communicated changes in people's needs to ensure continuity of care.

Staff support: induction, training, skills and experience

- In our last inspection in October 2016, we identified gaps in staff supervision and appraisals. During this inspection, we saw records of regular supervision and appraisals. Staff members we spoke with also confirmed they were supported through regular supervision and appraisals.
- People were positive about the skills and knowledge of the staff supporting them. One person told us, "They [staff members] are very good at what they do."
- Newly recruited staff were given an induction and staff told us this was useful and relevant to their job role.
- The induction programme was in line with the Care Certificate. The Care Certificate sets out the learning competencies and standards expected of care workers new to care.
- Staff continued to receive regular training. One staff member told us, "We have regular refresher training to keep us updated."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- We received mixed feedback on the meals provided to people. One person said, "Most of the time the food is cold." Another person told us, "The food isn't good." Other comments from people and relatives were positive. For example, "I love the food, always find nice food here", "Food is very good", "They look after me very well. Food is very good, always have alternatives", "I can always ask for something not on the menus and they will do their best to please me and "[Person] likes the food and she is putting on weight. Her eating habits are improving."

- We discussed the feedback we received with the registered manager who confirmed they were working with people and their relatives with the aim of improving meal time experience for everyone.
- We observed food was well presented on the day of our inspection. Hot and cold drinks and snacks were available to people throughout the day.
- Staff were able to tell us about people's dietary needs and how they followed the guidance in place.
- People's dietary requirements were recorded in their care plans. For example, one care plan stated, '[Person] is Jewish but does not follow the religion. Does not follow kosher diet. [Person] eats both kosher and non-kosher food.'
- People's healthcare needs were recorded in their care plans. Referrals to external healthcare services were also recorded and followed up by staff as required. One relative told us, "[Person] has been supported to go to the dentist."
- Records showed that people received input from dieticians, GPs, occupational therapists, speech and language therapists and district nurses. Recommendations made by the healthcare professionals were incorporated into people's care plans for staff to follow as necessary.

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

- In our last inspection in October 2016, we made a recommendation about accessing specialist advice in creating a dementia friendly environment. During this inspection, we found the registered manager and provider had made improvements to the overall environment to make it more dementia friendly. Clear signage was visible. This helped with orientation for people to walk around safely.
- The registered manager informed us that they are continuously looking at different ways of how they can improve the environment to suit the needs of all people living at the service.
- People's rooms were decorated according to their personal choices and preferences. Rooms were personalised with people's personal effects and family photos.
- The service was set out across three floors, which were accessible by lifts. Each floor was equipped with its own dining and lounge area. People were free to choose where they wanted to spend their time and could move across the different floors without restrictions.
- There was accessible garden space available with many seating areas.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found staff had attended appropriate training and were able to explain how they applied the MCA in practice.
- Where people had DoLS authorisations in place CQC had been notified. There was a system in place to ensure where applicable DoLS applications were completed in a timely manner.
- People's care plans showed evidence of mental capacity and best interest decisions where applicable.
- People's rights to make their own decisions were protected. Staff were aware of the need to gain consent from people before they delivered support. Where consent was not possible due to a lack of capacity, best

interest decisions had been made with people's family, GP, pharmacist, staff and other healthcare professionals involved.

- Throughout the inspection we observed staff listening and waiting for people to give their consent before supporting them. Staff offered people choices about what they wanted to do, where they wanted to spend time, and what they wanted to eat and drink.

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they received good care from a kind and caring staff team. Comments from people and their relatives included, "The staff are fabulous, everyone is nice to me", "The staff are very friendly and also very courteous to everyone" and "Staff are very kind, helpful for everything."
- We saw staff providing kind and compassionate support to people throughout the day of the inspection. A staff member told us, "I treat people with kindness, just how I would treat my family."
- The staff team knew people well and had an excellent rapport with them. People were seen to be treated equally and all were offered the same opportunities. For example, joining in activities and conversations.
- We observed staff were relaxed and not rushed. They spent time chatting to people. They responded patiently to people calling out to them.
- Staff recognised people's individual needs in regard to race, religion, sexual orientation and gender. There were weekly religious practices people could attend. Friday night Shabbat services were held each week and all Jewish festivals were celebrated.
- A relative told us, "They celebrate our festivals such as Rosh Hashanah, Hanukkah, Purim and Passover in the home."
- People were supported to maintain relationships with friends and family. One person told us, "My sister and son visit me."

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

- Staff were aware of people's communication needs and the support they required to feel comfortable.
- We saw staff getting to people's level when talking to them so the person could hear them better.
- We observed staff having conversations with people and they used simple language to encourage people to interact. One staff member said, "We always have time to stop and have a chat with people."
- There were regular meetings for people living in the service and their relatives. Where people had raised any concerns or issues in these meetings, we saw evidence of actions taken by the registered manager. For example, when people said they were not happy with the food, the registered manager and the chef organised a forum where people could discuss their likes and dislikes and changes they would like to see on the menu.
- The registered manager and staff were aware of the need to support people to access advocacy services when required and advocacy information was available to people. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and would ask for their consent before carrying out

any tasks. Comments included, "They speak to her like their mum and they always respect her privacy" and "Staff members have a lot of patience, nothing seems too much trouble to them."

- During our inspection, we observed staff members speaking kindly and sensitively with people, for example, while they were helping people with their meals.
- We saw staff members knocking on people's doors and waiting for an answer before going in.
- Staff we spoke with told us how they protected people's privacy. For example, by keeping information on people confidential, not discussing people's care in open areas where they could be overheard and closing doors and curtains when attending to people's personal care.
- We observed staff encouraging people to do things by themselves, for example, people who could and wanted to mobilise independently, staff encouraged them to do so and were on standby in case they needed assistance.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People we spoke with said they felt that staff knew their care and support needs well.
- Staff we spoke with were aware of the needs and support requirements of the people they supported. One staff member told us, "We are regularly updated on changes in people's care needs, we discuss these in the team and make sure all are aware." Another staff member said, "I know people well and I respect their beliefs."
- Care plans were managed electronically. Care plans were personalised and contained information about people's care needs and preferences. People's care plans covered areas related to communication, personal hygiene, maintaining a safe environment, mobility, social and activities, medication, hydration, nutrition and sensory needs.
- Information on people's life history was recorded. For example, 'Where I was born, parents details, siblings, childhood memories, husband/wife details, best memories about my family, my first job, best memories of my working life, things I particularly like and things I dislike'.
- The living well facilitator and staff members were seen to be positively encouraging people to join in activities, although choices were always respected if people preferred not to participate.
- A range of activities were available for people. Activities schedules were clearly displayed around the service.
- Comments from people and relatives included, "My mum likes to sit in the lounge. She takes an interest in art and colouring", "I love to sit in the back garden in summer" and "There are lots of programs for our entertainment such as music concerts, film shows, and quiz."
- One person living at the service wrote a book and the service organised a book launch event. This was well attended by relatives, friends, volunteers and people from the local community. The service also organised an art exhibition of the work done by people living at the service.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place which included timescales for responding to any complaints received and details of who people could contact if they were not satisfied with the response from the service.
- There was one complaint received in the last 12 months. We saw this was dealt with according to the provider's policy.
- The service also recorded compliments received. For example, 'I want to thank you so much for all that you and Jewish care did for [person] over the last year. She was never more cared for than in the last 12 months when she was at Rosetrees...and we all have wonderful memories of her there' and 'Thank you to [registered manager] and to everyone at Rosetrees for your outstanding support and compassion.'

End of life care and support

- People's end of life care and wishes were discussed and recorded. Where people did not want to discuss this aspect of their care yet, this was also respected.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives spoke highly of the service and the way it was run. Comments included, "It is a happy place", "I know the managers, I can always approach them" and "I can recommend Rosetrees as a good place to live."
- A health professional said, "This is the best home I have; carers are really good and really responsive to what they have been taught."
- The service had a positive and open culture that encouraged people using the service, relatives and staff to influence the development of the service.
- People, relatives and friends had the opportunity to give their views on the quality of the service provided.

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

- The registered manager understood their responsibilities in providing effective care service to people and fulfilling the requirements of their CQC registration.
- The registered manager had submitted notifications to the CQC.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. We found the rating from the last inspection was displayed on the service's website and on site as required.
- The management team had regular meetings where they supported each other, shared information and discussed plans to improve the service.
- The service continued to implement quality assurance practices and these were embedded in daily practice.
- Audits were carried out by the registered manager and care manager. These included health and safety, care plans, medicines, infection control and staff records. Quarterly audits were carried out by a member of the senior management team. We saw that the service took action where this was required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- Feedback was sought from people, relatives and visitors. There was a suggestion box in the main entrance area, which was clearly visible and easily accessible.
- People's, relatives and staff views, ideas and suggestions were sought through regular meetings. One staff member told us, "There are regular staff meetings. We are all free to speak up and make suggestions."
- Staff members we spoke with were all complimentary of the support they received from the management

team. Comments included, "The managers are always ready to help", "We get good support from the managers", and "It is a very good place to work."

- There were regular volunteers who came to the service. They mainly supported people in activities.
- The service maintained links with the local school. One person told us children visited the service on a regular basis and they really liked this.
- The registered manager worked in partnership with other organisations to make sure they were following current practice and providing a quality and safe service for people. These included social services, district and hospice nurses, GP's and other healthcare professionals.
- A district nurse told us she visits the service on a regular basis and offers support and training to the staff. They told us they the staff team was quick to learn and improve.