

Arc Community Care Ltd

# Rosehaven Residential Care Home

## Inspection report

200-202  
Whitegate Drive  
Blackpool  
FY3 9HJ

Tel: 01253764394

Date of inspection visit:  
13 June 2022  
22 June 2022

Date of publication:  
06 July 2022

## 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

Rosehaven Residential Care Home is a residential care home providing personal care to 19 people at the time of the inspection. The service can support up to 24 people in one adapted building.

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

People were cared for in a safe, clean and homely environment by staff who were caring and knew people's need and wishes. Medicines were managed safely. People told us they felt safe and they were supported by staff who helped them quickly if they needed this. Checks were completed to help ensure prospective staff were suitable to work with vulnerable people and staff had completed training to support their skills and knowledge. Risk assessments were carried out to help minimise the risk of avoidable harm and staff knew the help and support people needed.

People's nutritional needs were assessed and there was a menu available for people to choose meals from. People were supported to access expert medical advice if this was needed. Care records contained person centred information to guide staff on the care and support people had agreed to. We noted some care records would have benefitted from further information about people's needs. We have made a recommendation about person centred record keeping.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives told us staff were caring and we saw staff were gentle and respectful when supporting people. Staff knew people's individual preferences and routines and respected these.

People were supported to maintain and develop relationships with people who were important to them. There was an events programme for people to take part in and people were supported to develop friendships and take part in activities of their choice.

People were consulted and asked their views on the service provided. People told us they were happy at the home and were confident any comments or complaints they made would be listened to. Staff told us they felt supported by the registered manager and management team and they were able to approach them if they needed support and guidance.

Checks and audits were carried out to identify what had gone well, or if improvements were required. Action was taken to improve the service if this was required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

This service was registered with us on 27 June 2019 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 ●

# Rosehaven Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

Rosehaven Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rosehaven Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The first day of the inspection was unannounced, the second day was announced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service about their experience of the care provided, in addition we spoke with three relatives. We spoke with eight members of staff including director of the service, the registered manager, deputy manager, two care workers, the chef, housekeeping staff and the gardener. We looked at five people's care records, a sample of medicines and records, two staff personnel files and maintenance records. We also walked around the home to check it was a safe place to live.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and knew the action to take if they felt people were at risk of harm and abuse. Staff told us they would raise concerns to the registered manager and senior management team and could also raise concerns with the local safeguarding team if they felt this was appropriate.
- People told us they felt safe. People told us, "I always feel safe." And, "My safety isn't in question."

Assessing risk, safety monitoring and management

- The provider ensured appropriate risk assessments were carried out to help maintain people's safety. For example, risk assessments in nutrition, skin integrity, falls and the use of equipment were completed and reviewed. Guidance for staff to follow was available with the risk assessments.
- Information on the help people needed to leave the home in the event of an emergency was available to guide staff so people could be safely evacuated if this was needed.

Staffing and recruitment

- We reviewed three recruitment records and found criminal record checks with the Disclosure and Barring Service were carried out and appropriate references were sought. If gaps in employment were identified, reasons for this were explored with prospective employees. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and staff told us there were enough staff to meet people's needs. One person told us, "I don't have to wait, I ring my bell and they come. A second person commented, "I need quite a bit of help now and I get it when I need it." Staff raised no concerns with staffing arrangements and said they had enough time to support people.

Using medicines safely

- Staff administered medicines to people when they needed them.
- Arrangements were in place to ensure medicines that required refrigeration were stored safely.
- Temperature monitoring of the fridge and the secure area where medicines were stored took place to ensure medicines were kept within the manufacturers temperate range.
- The provider ensured staff received training and their competency to administer medicines was assessed.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. We noted areas in the home where additional signage and foot operated bins would have been beneficial. These were ordered

prior to the inspection concluding.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Arrangements were in place to enable people to have visitors. Risk assessments were carried out and testing for Covid-19 took place in line with current government guidance.

Learning lessons when things go wrong

- Reviews of incidents and accidents had taken place and action was taken to minimise the risk of reoccurrence. For example, equipment to support safety was introduced if this was required.
- Staff had referred people to health professionals if analysis of risk indicated specialist advice was required.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Risk assessments and care plans contained details of how people should be supported. In some care records we saw further information would have been beneficial. We discussed this with the registered manager who reviewed the records and took action.

We recommend the provider seeks and implements best practice guidance in the recording of person centred information.

- Information was available to share with other agencies and records of health professionals' involvement were up to date and accessible.
- People told us they considered the care to be good and relatives we spoke with also said the care was good. A relative shared how their loved ones physical health had improved since they started to live at the home. They said, "[My family member] is now better since going into the home, physically [family member] is much, much better."

Staff support: induction, training, skills and experience

- The provider ensured staff undertook sufficient training to help them deliver person-centred and effective care. Staff completed an induction and shadowing before working unsupervised.
- Staff told us they received training to enable them to maintain their skills and competence. They also said they had supervisions and appraisals where they were able to discuss any concerns, training needs or seek clarity on anything they wished.

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

- Staff supported people to choose what they wanted to eat, and this was provided for them.
- People told us they were happy with the food and they could ask for an alternative if they wanted. One person commented about the food. They said, "It suits me well."
- People were assessed for the risk of malnutrition and the outcome was recorded within care records.
- Staff offered people regular drinks and snacks throughout the day. Hot and cold drinks, biscuits and snacks were available between meals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA. Assessments of people's mental capacity were undertaken for specific decisions and records of these were kept.
- Staff had completed training on the MCA and DoLS. They understood their responsibilities in relation to these and how it affected the people they supported.
- People told us staff asked for their consent before they supported them. One person told us staff allowed them time to make decisions and said, "They always say, it's up to you."
- There was a system in place to ensure if changes were made to people's restrictions, this information was shared with other relevant agencies.

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

- The provider was in the process of redecorating some areas of the home. There was a decoration and maintenance plan in place to help ensure the home was well maintained.
  - The home was bright and well-lit, people could personalise their rooms with their own belongings if they wished to do so.
  - There was a garden where people could choose to spend time if this was their wish. This was being further developed to include sensory plants for people to enjoy.

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

- Staff referred people to specialist professionals for support and guidance. If people had specific nutritional needs these were known by staff and accommodated.
- A relative shared that staff were observant and quickly sought medical advice if their family member needed this.
- In the case of an emergency, person centred records were in place which were provided to health professionals to support decision making.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff supported people with dignity and respect and had a caring approach. Staff initiated appropriate contact and conversation with people and were gentle in their manner.
- People told us staff were caring and they valued them. One person said of staff, "I laugh with them, they're lovely." A relative commented, "I think my [family member] is genuinely loved, the staff are really caring."
- Staff said they supported people's rights to live individual lives and people told us they were supported to follow their own preferred routines.
- A relative shared how the registered manager and management team had worked to ensure their loved one had their choice and rights upheld. They said, "[Registered manager] goes above and beyond."
- Care records recorded people's preferences and wishes and staff knew these and delivered care to meet these.

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

- People were supported to decide their care needs and when appropriate, relatives were engaged in the care planning process.
- Staff asked people their opinions and views. One person said they had regular chats with staff and they were able to share their opinions.
- The registered manager supported people to engage with the local advocacy services if people needed help to express their views or make decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Staff knocked on doors before they entered people's private rooms and we noted conversations were discreet when people's needs, and wishes were being discussed.
- People told us they felt respected and were treated with dignity. One person described the support they received and said, "I'm comfortable with the staff."
- Records were stored securely to protect personal and private information.
- People were supported to maintain their independence. For example, people were given choices and encouraged to make their own decisions.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's individual needs were assessed and people told us they were able to influence their care. One person commented, "My care is really good. I'm involved and looked after."
- Care records demonstrated assessments were carried out and care plans were developed.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met people's communication needs. These were considered and documented to ensure staff could meet people's individual needs and preferences. People were supported to use their aids if they had sensory loss and staff interacted with people in a way that met their individual needs.

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

- Staff supported people to engage in meaningful activities. There was an events programme at the home and people told us they enjoyed the activities and they were encouraged to attend.
- Staff supported people to maintain and develop relationships that were important to them. We saw people could spend time together if they wanted to and arrangements were in place to enable people to have visitors.

Improving care quality in response to complaints or concerns

- The provider had a process to ensure complaints were dealt with properly.
- People we spoke with told us they were happy with the service provided and they would speak to the management team if they had any concerns. One person commented, "I've no complaints here."

End of life care and support

- The service supported people to have a dignified and pain-free death. At the time of the inspection there was no one was receiving this area of care. However, plans were developed to document people's individual wishes and spiritual needs.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led.

Leaders and the culture they created promoted high-quality, person-centred care. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

Continuous learning and improving care

- The registered manager and management team carried out audits and checks at the service. These identified areas of improvement and action was taken to rectify these.
- The provider and registered manager were introducing a further audit to help enable trends and themes to be identified.
- Outcomes of audits and checks were shared with staff. The registered manager analysed information and the outcome of this was documented and available to staff. Staff told us discussions took place on the outcomes and if changes were required, these were made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager worked openly and transparently, and supported people and staff to raise compliments, concerns and their views with them.
- People told us they felt confident in the management team at the home and they were able to share their views with them. Two relatives commented that the registered manager was, "approachable and transparent" and "open".
- Staff spoke with pride of the culture at the home. They said there was teamwork and the registered manager was supportive, approachable and open.

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

- The service engaged with people and others acting on their behalf to enable them to influence the service provided. Documentation showed people and relatives were involved in decision making about the care provided. Relatives praised the registered manager for the way they were contacted and involved in their family members care.
- Documentation showed staff and the management team worked with a range of other health professionals to help ensure people received person centred support that met their needs.
- Meetings were held with staff and people who lived at the home to share information and seek feedback. In addition, surveys were provided to people to enable them to comment on the service provided. The registered manager explained these were reviewed and action was taken in response, if required.

