

Mrs R I Odeh

# Rosemary Residential Care Home

## Inspection report

2-4 Guinea Lane  
Fishponds  
Bristol  
BS16 2HB

Tel: 01179584190

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05 May 2021

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Rosemary Residential Care Home provides accommodation and care for up to ten people with mental health needs. There were ten people living at the home when we visited.

People's experience of using this service:

Care plans had been developed since our last inspection to provide more information about people and their care needs. They were now really person centred. For example, the preferred ways each person chose to be supported in all areas of their life was very clearly set out. Also how to support people with their mental health needs, for example when people felt paranoid, was really well explained.

Staff told us the registered manager was supportive and kind. We saw staff engage with the manager in a friendly and relaxed way during our visit.

People had the right health care support from professionals to meet their mental health and physical care needs. When people were physical or mentally unwell, staff had responded swiftly and worked with health professionals to address their health care needs. Staff followed guidance from mental health professionals to ensure they knew how to support people's mental health needs.

The way the quality of the service was monitored had improved since our last inspection. There were now helpful checks and audits were completed to determine the quality of the care.

The last rating for this service was Requires Improvement (published 06 March 2019).

Why we inspected:

We carried out an unannounced comprehensive inspection of this service on 23 January 2019. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve around Person Centred Care and Good Governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report covers our findings in relation to the Key Questions, Responsive and Well-led which contain those requirements. We also looked at the key question Safe on this inspection.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to Good . This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosemary Residential Home on our website at [www.cqc.org.uk](http://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?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

# Rosemary 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. 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.

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 team consisted of one inspector

Service and service type:

The service is registered to provide accommodation and personal care to adults with long term complex mental health needs. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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:

This inspection was unannounced and took place on 05 May 2021.

Rating at last inspection : The service was rated as Requires Improvement at our last inspection in January 2019,( report published March 2019).

## Why we inspected

This was a planned inspection based on the previous rating.

## What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from other professionals who work with the service.

We assessed the 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 used all this information to plan our inspection.

During the inspection we spoke with two people, four relatives by telephone and four members of staff.

We inspected a variety of records. These included two people's care records and medicine records. We looked at two staff files in relation to staff recruitment. We also checked records relating to the management of the home and policies and procedures developed by the provider.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service continued to safeguard people from harm and abuse. The staff showed a commendable awareness of how to support people whose mental health needs may make them wary and suspicious of others. Staff understood how important it was to support people to feel safe.
- People told us, "Yes, I do feel safe." People said this was because of how well all the staff treated them. One person said, "No one is bossy."
- The team had been on regular training about how to protect people from abuse and knew who to contact if they had any concerns in the provider's organisation and via external agencies.
- The staff felt confident the manager would take seriously any concerns they raised with them.
- When it had been needed the manager had referred concerns to external agencies such as the local authority and CQC.

Using medicines safely

- Records showed, and staff told us people were given their prescribed medicines safely and at the right time. They also said staff offered them pain relief when they needed it.
- Staff had been regularly trained and updated to be able to manage medicines safely. The staff had their skills assessed and were knowledgeable about people's medicines.
- Audits were regularly carried out and these showed medicines were being managed in accordance with good practice.

Preventing and controlling infection

- 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 using PPE effectively and safely.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance

Learning lessons when things go wrong

- Accidents and incidents were recorded to learn from each event.
- When needed, people were referred to appropriate healthcare professionals for advice and support when there had been changes or deterioration in their mental health and/or physical health care needs.

Staffing and recruitment:

- People continued to be well supported by enough staff to meet their needs. The staff told us when needed staff numbers were increased. For example, if a person needed extra support in the home or to go on visits or medical appointments.
- The support staff responded promptly and were attentive to people on the day of our visit. We saw how staff were readily available for them. Staff responded to people's requests for support during the day very calmly.
- Staff had been recruited safely to ensure they were safe and suitable to work with people. Records showed that checks were completed to ensure only suitable new staff were employed.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had failed to ensure each person received appropriate person-centred care and treatment that was based on an assessment of their needs and preferences. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

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

- We saw people had detailed and informative individualised care plans in place.
- The service was very responsive to people's needs. People were central to the care planning process which was person centred in all ways. For example, a great deal of emotional support was being given to two people who were attending medical appointments. The staff had worked very hard to build up trust and went with the people to their respective appointments.
- The service's philosophy of care was to support people to feel at home and build independence. We saw people carry on their lifestyle as they wished, knowing that they had the care and support of staff. For example, one person chose to spend many hours away from the home in the community. To support independence, they had a safety app on their phone. They had agreed to this and this meant staff knew where they were.
- We saw staff support people in ways that showed they had choice and control in their daily lives. For example, people got up at different times during the day, were supported to eat and drink snacks and meals at times of their choosing and were able to go into the community when they wanted to.

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.

- People's communication needs were assessed, and actions taken when needed during the assessment of their needs. This was part of the ongoing care planning process so that information was given in line with their needs. For example, when needed picture format and simple choices were used. If needed, for a person for whom English was not their first language a translator was made available.

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

- We saw how staff supported people to develop and maintain relationships according to their wishes. For example, staff said they often supported people to go to the shops or to see people who were important to



them or go out for meals. This was to help people gain confidence and self-esteem.

- Care records showed how people were supported to go to town on the bus, pubs and see friends and family.

Improving care quality in response to complaints or concerns

- People and their relatives were supported to make complaints and raise concerns about the service.
- Two people told us when we asked that staff were approachable. This showed people felt staff were kind and would act to address issues or concerns raised.
- The provider had a policy and procedure in place for dealing with any concerns or complaints. This was clearly displayed and available to people, their relatives and other visitors. The complaints file showed there had been no formal complaints in the last 12 months. Previous complaints had been thoroughly investigated in line with the service's own policy and actions taken. They had clearly recorded the outcome and gave feedback to the person.

End of life care and support

- The service was not providing End of Life Care. However we saw that contingency plans were in place to support people at the service if they became seriously ill.
- The manager told us where ever possible the aim would be to support people on their end of life care 'journey' at the home.

# 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.

At the last inspection this key question was rated as Requires Improvement . At this inspection this key question has improved Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure each there were effective systems in place around Good Governance. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

### Continuous learning and improving care

- The service was effectively monitored by regular meetings to review accidents, incidents and medicines. This provided an opportunity to analyse and act when needed. It also meant learning and further action were put in place. For example a new computerised care planning system was being put in place to give a real time oversight of support being provided to people.
- Staff told us that they had the resources to do their jobs well and provide a high and commendable level of care.
- People and their relatives were asked for their views about the service, including the safety and quality of the support provided, environmental improvements, activities and menus. They were kept informed about developments.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility: Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The feedback we received was positive. Staff, people and health professionals had confidence in the manager and how they ran the home. One relative told us when talking about their family member at the home, "He's happy there and I am convinced he could not be in better hands. The manager is a man you can talk to about anything, honest trustworthy, my brother respects him. As a care home I don't think you could ask for any better. Another relative said , "The communication I have with them is what you want for someone in care, they are hands on, you ask them to do something and they get it done, they go the extra length." They also said about the manager "I can approach him with any issues or problems, even if I needed to visit dad he would go that extra mile to come out with him. Anything I need I can just talk to him. Management and carers all of them they are just great." Another relative said "The manager is nice, approachable and like I said it's a nice care home."
- Staff understood the provider's values. These were about treating people in a way that made them feel they were in their own home as well as encouraging independence. Throughout the inspection we saw examples of these values being put into practice by the staff. For example staff spoke very respectfully to people , and offered them choices during the day such as what drink or meal they may like or what they

wanted to do that day

- People, professionals and staff we spoke with very highly praised the leadership of the manager. They particularly praised their knowledge, support to people, staff and development of the home.

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

- The registered manager conveyed how they aimed to deliver a high-quality service and this view was shared by the staff. The manager led by example and had established clear and positive values at the service. For example, staff told us the manager was very kind to the team and to people at the home.
- Feedback from people and staff was positive. Staff comments included "If you have a suggestion, the manager always listens to it, and he always thanks us " and, " When I had a bereavement the manager was very supportive, he checked in with me regularly."
- Staff told us and we also saw there was a very stable and consistent staff team who were skilled and committed. The team understood their own specific roles and had been supported to be able to step into other roles if needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager had positive links with external agencies to help ensure successful partnership working. This also helped people in their mental health recovery for example, through strong links with local mental health services.
- Staff were very committed to the service and motivated. They were well supported by the manager who we saw knew each person very well. We also saw people approach the manager in a very relaxed way during our visit. This helped convey how people felt engaged with the manager.