

Runwood Homes Limited

Rosedale Court

Inspection report

6 Homestead Close
Rayleigh
Essex
SS6 8FE

Tel: 01268773180

Date of inspection visit:
19 May 2021
21 May 2021
24 May 2021

Date of publication:
12 August 2021

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

Rosedale Court is a care home providing personal and nursing care to 79 people aged 65 and over at the time of the inspection. The service can support up to 81 people. The care home has separate wings specialising in nursing, dementia and residential care.

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

People and their relatives told us they felt safe at the service. People had risk assessments in place to manage their safety and reduce the risk of harm occurring. People's medicines were administered safely by trained, competent staff. There were enough staff to meet people's needs. Staff were recruited safely to ensure they were suitable to work with people.

Staff were well trained and received regular support to ensure they were providing effective care. People had enough to eat and drink and the service catered for people with special diets and swallowing difficulties. The service investigated accidents and incidents and lessons learned were shared with staff.

People were treated with kindness, dignity and respect. Relatives told us their family members were happy at the service and well cared for. People were involved in their care planning and how they would like to be supported.

The provider was passionate about supporting people's wellbeing through a range of activities and social interaction with the local community. People received care that was person centred. Staff knew how to support people to achieve good outcomes for them. People received appropriate care at the end of their lives. People knew how to make a complaint if they needed to.

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 their relatives spoke highly of the registered manager and the staff and felt the service was well managed. Staff found the registered manager supportive and approachable. The service worked closely with the provider and other professionals to ensure the service was providing safe, quality care.

Rating at last inspection

The last rating for this service was Good (15 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring 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.

Rosedale Court

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 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 was carried out by one inspector and one assistant inspector and an Expert 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

Rosedale Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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.

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 prior to this inspection. This is information we require providers to send us to give some key information about the

service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and 11 relatives about their experience of the care provided. We spoke with 10 members of staff including the regional manager, registered manager, care workers, activity co-ordinators and kitchen staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a health and social care professional who supported the service.

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

- People were protected from the risk of harm and abuse. One person said, "I feel safe and well looked after." A relative said, "Yes they are safe, definitely yes. Before lockdown they monitored [relative] by having alarm pads for when [relative] gets out of bed and staff make sure [relative] has their walker. I can guarantee that."
- Staff knew how to identify and respond to abuse and who to report safeguarding concerns to. Staff had received safeguarding training and understood about the whistleblowing policy. A staff member said, "I would report any concerns to the care team leader or the manager."
- Records showed the registered manager had raised safeguarding alerts with the relevant local authorities when needed.

Assessing risk, safety monitoring and management

- People had risk assessments in place relating to their needs such as mobility, medicines and nutrition. Where people had been identified as being at risk of injury or harm, for example developing pressure sores, there was guidance for staff to follow.
- People's risks were reviewed regularly and when their needs changed. One staff member said, "If there are any changes, we are told by the care team leaders."
- Regular maintenance tests, checks and servicing of equipment was carried out. There were procedures in place for emergencies such as fire drills and people had personal evacuation plans, which detailed how they should be evacuated safely.

Staffing and recruitment

- There were enough staff to support people to stay safe and meet their needs. The registered manager told us staffing levels were calculated on people's needs. Records showed staffing hours exceeded the levels calculated.
- We observed there were always staff available in lounges and the dining room to support people. Staff were seen checking on people in their rooms.
- A relative said "There's always somebody popping in and out to make sure [relative's] okay. They seem to be very well staffed."
- People had been asked to give feedback about call bells as part of the services quality monitoring, no one had raised any concerns.
- Staff recruitment was safe, and all the necessary checks had been completed including Disclosure and Barring Service [DBS] certificates and references.

Using medicines safely

- People's medicines were stored, administered and disposed of safely by staff who were trained and competent.
- People's medicine records contained detailed information for staff such as instructions on when and how to give 'as required' medicines, people's preferences and allergies.
- Staff and the registered manager carried out regular audits of medicines and actioned any findings.

Preventing and controlling infection

- Relatives told us they were now able to visit their family members again. One relative said, "We weren't allowed to visit, only in the last six weeks. We have a test in the garden and if it's negative, we can go in, then our temperature is taken and we fill in a form, then we can see them."
- 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

- There were systems in place to learn from incidents and accidents. For example, a hospital had raised a concern regarding an admission, the registered manager had investigated the concern and provided feedback at staff meetings.
- The registered manager had investigated incidents and accidents fully and had responded to complaints to reduce risk and make improvements.
- People's care plans and risk assessments were updated following any accidents or incidents to reduce the risk of reoccurrence.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's needs, and choices were assessed when they joined the service in line with best practice guidance. This included their physical health needs as well as cultural, emotional and psychological needs. People and their relatives had been asked about their life histories so staff could get to know them and understand their social and healthcare needs.
- Care plans detailed people's needs, choices and preferences and were reviewed on a monthly basis and updated if there were any changes to the person's needs.
- Staff knew people well and knew how to support them. One relative said, "They know [relative] really well. Normally [relative] doesn't like having personal care and they know how to treat her."

Staff support: induction, training, skills and experience

- Staff received an induction suitable for their role.
- Staff told us they received the training they needed. One staff member said, "I recently completed the Montessori for dementia training. I learnt about engaging people with a task they would have done such as folding washing or cleaning." This training supports people to do as much for themselves as possible with meaningful routines and activities.
- Staff were encouraged to undertake further training and were completing the Care Certificate, a set of standards specific to their role in health and social care, and National Vocational Qualifications [NVQ's] in health and social care. Staff had also been encouraged to sign up for recognised qualifications in health and social care.
- Staff told us, and records confirmed they received regular supervisions and support. One staff member said, "Supervision happens all the time."

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

- People and relatives told us there was enough to eat and drink. One person said, "The food is okay for me. I like puddings and the breakfast. A relative said, "In the year [relative] has been there, they have put on weight."
- The kitchen staff knew what people's special diets were and kept records in the kitchen. One staff member said, "I talk to people and find out what they like to eat, especially for those with special diets. There is also a plan in the kitchen to follow."
- People were offered a choice of food. A relative said, "They give choices of meals. They put them on a tray so she can choose."
- Staff knew how to support people to eat. We observed staff engaging and encouraging people to eat in a gentle way.

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

- People had been supported to access health services when needed. People had been referred to the Tissue Viability Nurse Speech and Language therapists the dementia crisis team and their GP. A relative told us, "When [relative] has physical health needs, staff will always contact us and a few times they have called out the doctor and got back to us."
- Records showed staff contacted healthcare professionals for advice when needed. For example, one person had fallen, staff called paramedics for advice and followed up with the GP. One relative said, "I think [relative] has thrived in the service. If they were anywhere else, I don't think they would have survived."
- People were supported to access visiting healthcare professionals such as a chiropodist and to have ear and eye tests.

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

- People had their own rooms with en-suite bathrooms. The main bathrooms contained adapted baths and space for a hoist so people with mobility issues could have a bath safely.
- People's rooms had been personalised and contained items that meant something to the person such as a bedspread printed with a photo of their family.
- Signs had been placed on the walls for people to remind them of their room number and where it was .
- A shelf with empty cleaning products and cleaning cloths had been placed in a corridor for a person who loved to clean so they could carry on this activity.

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.

- Staff had received training in MCA and DoLS. Staff knew how to support people who lacked capacity to make decisions. A staff member said, "We try as much as possible to help people make their own decisions."
- Where people lacked capacity to make decisions, their care plans contained capacity assessments and best interest decisions. Where a person had a Lasting Power of Attorney in place, they had been included in decision making processes. A relative said, "[Relative] has dementia and is bedbound and can't communicate. Staff speak to me regarding everything to do with [relative]."
- Records confirmed DoLS applications had been submitted to the relevant local authority for people identified as being deprived of their liberty.

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.

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 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 and their relatives were happy with the care provided. We saw staff supporting people in a kind and caring manner. One person said, "The staff have a full-on job here, they can't do anymore. You cannot complain, they are so caring and help people."
- Relatives were complementary about the staff and service. One relative said, "Oh yes, staff are lovely, smashing. [Relative] needs 24-hour care and they [staff] look after them well."
- People's care plans contained relevant information and staff knew people well. A relative said, "They have really got to know [family member] and their needs and staff recognise what they want, like going to the toilet. Staff recognise if [family member] doesn't feel well to call out the doctor."

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

- People's care plans confirmed they and their relatives had been included in planning their care. One relative said, "Yes we were involved in the care plan when [family member] first went into the service and with the reviews." Another relative said, "We have been contacted whenever they have a review. If there are any changes, they let me know."
- We observed staff offering people choices about how they spent their day. People told us they were able to choose their clothes and if they wanted a bath or shower.
- There were regular meetings where people could give their views about staffing, meals, activities and any concerns. Issues raised were addressed and an action plan created.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence. For example, once a month people could volunteer to be a 'day manager' and spend the day in the manager's office answering calls and dealing with queries.
- Relatives said their family members were treated with dignity and respect. One relative said, "Whenever I have seen photos and on facetime, my [relative] always looks immaculate. Regarding privacy [relative] actively enjoys sitting with other people but can sit in their room if they choose."
- People's care plans detailed how to support people and what they could do. One person's care plan stated the person could manage most of their personal care but would need some gentle support and encouragement.

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 good. At this inspection this key question has remained 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; 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

- Care plans were person centred and contained information about people's life histories, preferences and needs and detailed how staff should support people.
- The service was actively involved in the community and regularly held fund raising events for charities. There was a strong focus on people's wellbeing. One staff member said, "The registered manager is more switched on now to wellbeing, communication and the impact the service needs to have for positive outcomes for people.
- Due to COVID-19 the service had not been able to run their usual programme of activities but were starting to reintroduce these. One staff member said, "Before lockdown we were going out into the community, working with schools and had children coming in for Christmas. We love the families and they love us. It's been really hard during COVID-19 as we didn't get to see anyone."
- Staff had created a picture display in one of the entrance areas to showcase all the activities people had taken part in to support wellbeing.
- One person had a passion for music. The provider was gifted a musical instrument for the person to play and have since purchased other instruments. The person was now leading a music club at the service.
- Another person had a pen-pal who they had been in regular contact with throughout the COVID-19 restrictions. There were plans for them to meet up.
- People were supported to take part in activities they enjoyed and found stimulating. One person living with advanced dementia loved to clean. The provider had a dedicated area for the person with empty cleaning bottles and cloths so they could do some cleaning when they felt they wanted to.
- During the inspection we saw people engaged in a number of activities including chair exercises, singing and dancing, electronic games and socialising with staff and other people living at the service. People who were nursed in bed had sensory lights and music and dedicated activities staff spent time with them on a one to one basis.
- Relatives were complimentary about the activities and communication at the service. One relative said, "The activities are really good and the coordinators are very good with [family member]. [Family member] recognises the staff and does all the activities. [Family member] loved the Pie and Mash evenings before the pandemic. They used to go to church as they enjoyed the singing and the get together and taking part in it. There's lots of entertainment, pets visiting and quizzes. [Family member] has advanced dementia, staff cater for all different levels of dementia so they can join in."

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.

- Care plans clearly documented people's communication needs.
- A relative said, "[Family member] is fluent in French and Italian, staff speak to her in these languages."

Improving care quality in response to complaints or concerns

- There was a complaints system in place and people knew how to make a complaint.
- One relative said, "The manager has always got an open door and will always talk to you if you needed to talk.
- Records showed concerns and complaints had been fully investigated and responded to appropriately.

End of life care and support

- People's wishes and choices had been discussed and recorded in their care plans. Where people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions in place, these had been included in the care plans.
- Where people had been at the end of their lives during the COVID-19 restrictions, the provider had ensured relatives could visit safely to be with their family members.
- The service had introduced the 'Yellow Ribbon Approach'. A basket containing important items was placed in their room. When a person has passed away, the yellow ribbon is placed on the door so staff and people could pay their respects. A staff member said, "We always sit with the person until their family get here."

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture at the service and staff worked hard to achieve good outcomes for people.
- The registered manager was passionate about promoting the values of the service and providing excellent care. They said, "My aspiration is to run an outstanding service and involve the whole community in the service, I see it as a big project where everyone is on board."
- Relatives spoke positively about the registered manager. A relative said, "I've only spoken to [registered manager] once on the phone. They are very nice and very helpful." Another told us, "[Registered manager] is nice. They are very friendly when you go in."
- Staff told us they felt supported by the registered manager and there was a positive culture at the service. Comments included, "[Registered manager] is very approachable, the door is always open. Any problems, we go straight to them.". And, "Teamwork is good, it's a good place to work. People are looked after properly; they are treated like your own mother."
- Relatives told us the service had a positive impact on their loved one. One relative said, "[Family member] was given 24 hours to live and was moved to Rosedale Court. They were not eating, drinking or taking their medicines. The turnaround has been amazing. I could not fault them, the nurses' phone me all the time letting me know everything."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 completed a range of audits to ensure the quality and safety of the service.
- Further quality assurance was completed by the provider including monthly compliance checks and health and safety inspections.
- The registered manager had good oversight of the service and engaged with staff through daily flash meetings and handovers. One staff member said, "[Registered manager] knows everything and will involve the GP and dementia team."
- The registered manager was open and honest about incidents and accidents and these were fully investigated. The outcomes were shared with families and safeguarding services.
- The registered manager had submitted notifications to CQC when required, including when DoLS applications had been approved where people had been deprived of their liberty.

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

characteristics

- The provider regularly sent out questionnaires to people and their relatives to gather feedback. Both had been completed recently and showed people were happy with the service. Any concerns had been followed up and an action plan completed.
- Relatives told us their family members were listened to. One relative said, "Yes they [staff] do listen, definitely. When I'm there and I feel like [family member] needs certain things they [staff] provide it.
- Staff were supported through regular staff meetings and supervisions where they were able to raise concerns, share feedback and suggest improvements to the service. The registered manager shared lessons learned and provided updated information to staff on a daily basis.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged staff to complete further training such as specialist dementia training to improve the care given to people.
- The service had signed up to PROSPER [Promoting Safer Provision of Care for Elderly Residents] with the local authority and had been awarded care home of the month for improving the lives of people with dementia.
- The provider worked closely with other professionals. One professional said, "[Registered manager] has put in place some very positive improvements. They have been in regular touch over the last year and sought advice when needed."