

Silver Healthcare Limited

# Rosebank Care Home

## 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

Rosebank Care Home is a residential care home providing personal and nursing care to 20 people living with dementia at the time of the inspection. The service can support up to 26 people. Rosebank Care Home is a large detached two-storey house set in its own grounds.

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

During this inspection we found improvements in regard to medication however additional improvements were needed and so we have made recommendations in regards to medication. We also made additional recommendations in regards to care documentation and mealtimes.

Care plans and risk assessments were in place that reflected the needs of people, however we identified that some information held in care plans was not always reflected in other not always reflected in other documentation. We discussed this at the time of our inspection with the registered manager who assured us this would be actioned accordingly

We observed care being delivered in the home and saw that this was done in a caring and patient manner. We saw that people were comfortable in the presence of staff and positive relationships had developed between people receiving support, relatives and care staff. Visitors told us staff were kind and treated their relatives with dignity and respect.

Staff were recruited safely and received regular training, received supervisions, attended staff meetings and had regular competency checks. Staff we spoke to said that they felt well supported. The registered manager had implemented a number of new processes following discussions with staff.

The activities co-ordinator had recently left, however the registered manager assured us that the staff were continuing with the activities and was in the process of recruiting another activities co-ordinator.

Complaints, accidents and incidents were managed appropriately and referrals were made to other professionals in a timely manner when people living in the home were in need.

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.

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 and update - The last rating for this service was requires improvement (published 03 November 2016). There was also an inspection on 21 November 2017 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This is a planned re-inspection because of the issue highlighted above.

#### 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?

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 ●

# Rosebank 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Rosebank Care Home 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at the Healthwatch website. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three relatives about their experience of the care provided. We spoke with three members of staff and the registered manager. 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 two people's care records and multiple medication 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 two professionals who regularly visit 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had made improvements to the way medicines were managed. However, further improvements were needed in the home.

### Using medicines safely

- The majority of medicines were managed safely. However, we identified aspects of the management of the administration of medication needed improvement to ensure people were receiving as and when required medication correctly.
- There were some examples where 'as and when needed medication' did not match what was documented on people's medication administration records, and reasons for giving or not giving the medication were not always recorded. This had been identified by the registered manager in an audit, however not yet actioned. We identified that there was no risk to people living in the home and we considered these issues as part of record-keeping and governance

We recommend the provider consider current guidance on safe handling and administration of prescribed medication and take action to update their practice accordingly.

- Staff who administered medication received training and had their competencies regularly checked.
- Appropriate measures were in place for controlled medicines and these were regularly audited.

### Assessing risk, safety monitoring and management

- Risks were identified, assessed and recorded in people's care plans. They included what action staff needed to take to keep people safe. If relevant, risks were assessed and managed in consultation with health professionals. However, we found that some changes of risk assessments were not always reflected in the reviews that had taken place. We identified that there was no risk to people living in the home and we considered these issues as part of record-keeping and governance.

We recommend the provider review their current practice when reviewing risk assessments and update their practice accordingly.

- The registered manager had implemented 'choking' boxes that were in areas around the home. The registered manager had accessed training for staff to be able to deal with a choking incident effectively.
- Each person had a Personal Emergency Evacuation Plan (PEEP) in place. This informed staff of the safest

way to evacuate a person from the building in an emergency.

- Regular health and safety checks of the environment were completed. Service agreements and certificates were all in date.

#### Staffing and recruitment

- Staff were safely recruited by the service. Checks such as criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. This helped to ensure that only people who were suitable to work with vulnerable adults were employed by the home.
- During the inspection we saw that there appeared to be an appropriate number of staff on duty
- The registered manager had followed the company's disciplinary procedures appropriately and in accordance with policies.

#### Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with had no concerns about the service, were aware of safeguarding responsibilities and had confidence in the registered manager to address concerns.
- The registered manager was aware of their responsibilities to protect people from the risk of abuse and had shared any concerns with local safeguarding teams for further investigation.
- Relatives we spoke with all said they felt their loved ones were safe and we observed people were very comfortable in the presence of the staff.

#### Preventing and controlling infection

- The environment was visibly clean and there was a clear system in place for the maintenance of cleanliness and hygiene in private and communal spaces. One relative told us that the home never smelled and always looked clean.
- The kitchen had recently been awarded a score of 5 by the Food Standards Agency. This is the highest score that can be awarded.
- Staff had completed appropriate training and were aware of the need to control the potential spread of infection.

#### Learning lessons when things go wrong

- We saw that the management team regularly reviewed information when things did not work well or there were shortfalls in the service. There were systems in place to monitor and review accidents and incidents, medicines and other processes in the home.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection we recommended the registered manager rechecked all the Deprivation of Liberty authorisations and their progress and to keep a record of who has a DoLS in place and when it is due for a resubmission. Improvements had been made.

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.

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- We observed staff obtain consent for people's care and support.
- Where necessary, mental capacity assessments had been completed and the best interest decision making process was followed and documented.

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

- People's needs and choices about their care were clearly reflected in their care plans. Relatives told us that they were fully involved in people's care.
- Policies promoted equality and diversity. People were treated fairly, and characteristics protected by law, such as sexuality and religion were considered.

Staff support: induction, training, skills and experience

- Staff were given an induction in accordance with recognised standards for care staff. Staff were also given regular additional training to improve their skills and knowledge. Additional training was planned such as oral care.
- Staff received an appropriate level of support for their role through regular supervision and appraisal.

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

- We observed how people enjoyed their food but the experience of dining was not very person centred. For example people didn't have their own napkins until the end of the meal and we did not see condiments offered to people.
- People had the option to eat their meals where they chose. However we saw that tables were being set whilst people were already sat at the table.

We recommend the provider consider current guidance on effectively supporting people to eat and take action to update their practice accordingly.

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. Where needed, people were supported with specific diets associated with their individual needs.

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

- People had access to healthcare services when they needed it. People were referred for healthcare assessments promptly if required. One health professional told us "Any concerns, they act on straight away."
- When other health and social care professionals were involved in people's care, any advice given was incorporated within their plans of care.

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

- There was dementia friendly décor in place with people's bedroom door decorated like their own front door.
- The registered manager had plans in place to install a bar area for the benefit of the people living in the home.
- Specialist aids and equipment were in place as required to provide essential care and support needed when bathing.

# 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

- The equality and diversity of people was respected. This included people's preferred gender and religion. This was clearly documented and the staff were fully aware of people's preferences and needs. One relative told us "They really know [person]."
- During the inspection we observed warm and caring interactions between staff and people using the service. The staff we spoke to were able to discuss in detail the needs and preferences of the people living in the home. We were told "They [staff] are so very patient and caring" and "They're very good here, I can trust in that." One visiting professional said "The people are the first thing they think about."
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).

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

- Care plans held information on the person's level of understanding and how to promote the decision making process and empower the person to understand information.
- We observed staff asking people their wishes during the day and respecting their choices.
- Relatives we spoke with told us how they were continually involved in the care of their loved ones.
- We saw evidence held by the home when a relative had power of attorney. This gives a person authority to act for another person in specified or all legal or financial matters

Respecting and promoting people's privacy, dignity and independence

- We observed staff respect each person's privacy and dignity throughout the inspection. One relative told us "Oh yes, they [staff] definitely respect [person]."
- We saw how the home had strategies in place to try and keep peoples independence for example using specialist equipment so people could eat independently.

# 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 the same. 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

- Staff had the correct approach and guidance on how to support people so they received person centred, response and safe care.
- People's individual needs had been assessed and care plans developed to meet those needs.
- The registered manager and staff knew the people they supported well, including their dietary needs and preferences. We were able to discuss people's needs in depth with staff.

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 was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs. Examples included if a person needed hearing support of glasses.
- People's support plans also included guidance on how to appropriately communicate with a person. For instance a person who was hard of hearing, had poor eyesight or used of non-verbal cues to help communication.

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 documented people's socialising preferences.
- Relatives we spoke to told us of how the registered manager and care staff encourage relationships. Staff supported relatives to be involved in their loved ones care. We were told "I have a bit of tea and help and they support with the care. I help with tucking her into bed." We were also told "They're really good to me too. We have a good laugh, I can talk to them."
- The registered manager was in the process of recruiting an activities co-ordinator as the activities co-ordinator had recently left. However, the registered manager informed us that the staff were continuing with the programme. We were told that people were encouraged to join in but never forced.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure available to people.
- Visitors told us they knew how to make a complaint should they need to, and we were told that if they had had to raise a concern this had been dealt with appropriately and to the families satisfaction. An example

was a move of bedrooms. We were told "They listened to me and it happened."

- Nobody we spoke with at the time of inspection had any complaints. One relative said "We are quite satisfied" and another told us "They're very good if I make enquires."

#### End of life care and support

- At the time of the inspection, nobody at the service was receiving end of life care. However, people's care plans documented peoples wishes if they wanted to discuss it.
- The registered manager told us how they would support people wishes and we were provided with the providers end of life policy.

## 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.

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

- The registered manager was supporting the providers other homes and we discussed the impact this was having on the governance and oversight of Rosebank Care Home. We discussed that this meant that they were legally responsible for how the service is run and for the quality and safety of the care provided.
- The registered manager and provider completed regular safety and quality audits to measure performance and generate improvements.
- When actions were identified through the audit system, they had been addressed to improve the service and reduce the likelihood of the same issue arising again.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives and staff we spoke with told us how the registered manager was approachable. One relative told us "I feel really confident in the manager." Another relative said "I've had a lot of help from [registered manager]."
- We observed the person-centred culture of the service in the way the registered manager, and staff spoke about their work and the people they worked with.
- Relatives we spoke with told us how the staff and registered manager were constantly communicating with them and that they felt they could approach them with anything they wanted or needed.
- Staff told us they were well supported and listened to. One staff member told us "If we do report anything its gets acted on."

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

- Policies and procedures were in place, including safeguarding, infection control, recruitment and disciplinary processes.
- The registered managers had shared information with the CQC as required.
- The registered manager and the staff we spoke with were clear with regards of what was expected of them within the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- When actions were identified through the audit system, they had been addressed to improve the service and reduce the likelihood of the same issue arising again.
- The registered manger had implemented a number of new processes to ensure the quality of the service. Examples included new fluid balance monitoring documents and a new way of monitoring people's infection to identify patterns so actions can be taken in a timely way.

#### Working in partnership with others

- The registered manager and staff worked with external professionals to ensure outcomes were achieved for people.
- Professionals we spoke with all told us that the communication with staff and management was good and that there were no issues.