

## Rosedale House Residential Care Home Limited

# Rosedale House

### Inspection report

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#### Ratings

### Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

#### Overall summary

We carried out this inspection on 26 May 2015 and this was an unannounced inspection. During a previous inspection of this service in January 2014 we had identified concerns that people were not consistently involved in how their care was planned and provided or that care and treatment was not always planned to ensure people's safety. We further found there were no effective systems to monitor the quality of care provided. During this inspection we found the provider had made the appropriate improvements.

Rosedale House provides personal care for a maximum of 23 people. At the time of the inspection there were 22 people living in the home.

A registered manager was in post at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

# Summary of findings

Medicines were not always stored appropriately and in accordance with legal requirements.

The home was clean, however we identified areas where cross infection risks to people could be reduced. We have made a recommendation to the provider about following nationally published guidance to reduce cross infection risks.

People felt safe and staff could respond to suspected or actual abuse. Staff understood the concept of whistleblowing and were aware of external agencies they could report to.

People and their relatives told us the service met their needs quickly. Staff said there were sufficient numbers of staff on duty to enable them to perform their roles effectively and meet people's needs.

Staffing levels set by the registered manager had been consistently achieved and staff numbers were increased when required. Safe recruitment procedures were completed when new staff were employed.

People spoke positively of the staff at the home and were happy with the standard of care they received. Staff felt they had the knowledge and skills to carry out their role. Staff received regular training. Appraisals and supervisions were completed to discuss performance.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. DoLS applications had been submitted where a need had been identified.

People were provided with sufficient food and drink and positive feedback was received on the standard of food provided. People received support if required and accurate records were maintained when food and fluid intake was being monitored.

Arrangements were made for people to see their GP and other healthcare professionals when required.

Staff had good relationships with people and we observed caring interactions throughout our inspection. People and their relatives spoke highly of the staff at the home.

Where possible, people were involved in making decisions about their care and treatment. Where people did not have the capacity to consent, the provider had acted in accordance with legal requirements.

People's privacy and dignity was respected by staff. People received personalised care and staff knew the needs of the people they were caring for. The provider had a complaints procedure and people felt confident they could complain should the need arise.

Activities were arranged for people within the service and the activities co-ordinator ensured the activities were tailored and designed to stimulate people living with dementia.

People knew who to contact in the service and the registered manager was respected by staff and the people at the home. Staff felt they were able to approach the management of the service with ideas or concerns.

The provider had systems to monitor the quality of service provision and staff incentive schemes had been developed to encourage a high standard of care provision.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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 not safe. Not all medicines were stored correctly and in accordance with legal requirements

The service was clean but not all cross infection risks were reduced.

People felt safe and spoke positively about their experience at the service.

Staff could identify and respond to safeguarding concerns.

There were sufficient staff to meet people's needs and recruitment procedures were safe.

**Requires Improvement**



### Is the service effective?

The service was effective. Deprivation of Liberty Safeguards applications had been made.

Staff received training and were supported through supervision and appraisal.

People's nutrition and hydration needs were met.

People had access to a GP and other healthcare professionals when required.

**Good**



### Is the service caring?

The service was caring. People were treated with respect by staff.

There were good relationships between people, their relatives and the staff team.

Staff understood people's needs and offered people choices.

People's privacy was respected and people's visitors were welcomed.

**Good**



### Is the service responsive?

The service was not fully responsive. People received care which met their needs when they needed it.

Staff understood people's needs and were responsive to people in the service.

Activities appropriate for people living with dementia were provided.

The provider had a complaints procedure and people or their relatives felt able to complain.

**Good**



### Is the service well-led?

The service was well-led. People knew the management structure of the service.

Staff felt supported and there were methods to communicate with staff.

**Good**



## Summary of findings

There were systems in place to monitor people's welfare and the quality of care provision.

There registered manager was supported by the provider.

# Rosedale House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector. During a previous inspection of this service in January 2014 we had identified concerns that people were not consistently involved in how their care was planned or provided or that care and treatment was not always planned to ensure people's safety. We further found there were not effective systems to monitor the quality of care provided. During this inspection we found the provider had made the appropriate improvements.

Before the inspection we reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Some people in the home were living with dementia and were not able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home such as undertaking observations. This included observations of staff and how they interacted with people and we looked at five people's care and support records.

We spoke with five people who used the service, one visitor and four members of staff. This included the registered manager and care staff. We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

# Is the service safe?

## Our findings

Medicines were managed safely however not all medicines were stored in accordance with legal requirements. The service had systems in place to order, administer and dispose of people's medicines and people told us their medicines were given to them when they needed them. People's medicine administration records were completed accurately and confirmed people received their medicines.

Medicines that required cold storage were stored correctly and appropriate records were maintained for refrigerators. A medicine prescribed to one person within the service was controlled and needed to be stored securely and in accordance with the requirements of the Misuse of Drugs (Safe Custody) Regulations 1973. We reviewed the current storage arrangements of this medicine and found they did not meet the requirements of this regulation.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt safe and spoke highly of the staff who provided their care. Positive comments were received from people and their relatives when asked about the staff at the service. One person told us, "They're lovely." A person's relative commented, "They [staff] really do look after her so well."

The service was clean and there were no unpleasant odours. There were dedicated housekeeping staff that cleaned all areas of the service throughout the day. There were hourly cleaning records were in place for shared facilities in the service such as toilets and bathrooms. People told us their rooms were cleaned regularly and felt the cleanliness in the service was a good standard. One person's relative felt the service was clean and raised no concerns.

Although the service was clean, we found areas that did not fully protect people and staff against the risk of cross infection. For example, within the shared toilet facilities there were paper towel dispensers for people to use. However, within the staff toilet facilities on the ground floor, there were two shared hand towels and no paper towel dispenser. This meant that all staff using the toilet facilities shared the same towels increasing the risk of cross infection. Additionally, within some of the toilet and bathroom facilities shared by people, the bins were not

pedal operated to reduce the need of people using their hands to open the bin which increased the risk of cross infection. Within one toilet, we found that one bin did not have any lid, again increasing the risk of cross infection.

**We recommend the provider follows the guidance contained within the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance issued by the Department of Health.**

The home had completed an assessment of people's risks and had recorded guidance on how to manage identified risks. For example, within people's records there were assessments for people's risk of falls, skin breakdown and mobility. Where a risk of skin breakdown was identified, guidance showed the areas of concern on the person's body and a body map record had been created to identify any risk areas. There was also national guidance within the person's records on the risks, identification and management to support staff with pressure area care.

When risks with people's mobility were identified, guidance on how to support the person whilst promoting their freedom and independence was recorded. Where people had reduced mobility and required an aid to move around the home, staff guidance was to observe the person mobilising and to offer assistance should there be any concern or the person appeared to be in difficulty. This meant that where possible and safe to do so, people had the freedom to move around the home independently without staff assistance.

There was a system to monitor the incidents, falls and accidents within the service. The registered manager or a senior member of staff undertook these reviews and maintained a falls diary within people's care records to establish if any trends or patterns. The service were just about to commence a new method in the recording of falls by becoming part of the local authority falls prevention project. This project would also assist in identifying patterns of trends in falls and the provider would use designated documents aligned to the falls project to record any falls.

Equipment used within the service was regularly serviced and maintained to ensure it was safe for people to use. Equipment such as mobility slings and hoisting equipment

## Is the service safe?

were checked and serviced. The passenger lift was serviced regularly and there was a record that showed water temperature checks were completed in all areas of the service to ensure safe temperature levels were achieved.

Staff knew how to identify and respond to suspected abuse. Staff received training in safeguarding adults to ensure their awareness of the different types of abuse and the signs that may indicate that someone was being abused. Staff told us they would inform the registered manager or senior staff immediately if they had any concerns about people's welfare. Staff demonstrated they also knew how to report matters externally to agencies such as the local safeguarding team or the Commission. Staff understood the concept of whistleblowing and there were policies available to staff to support them in reporting concerns externally.

People told us they received the care they needed when they wanted it. We observed staff responding to people's

needs promptly during our inspections and call bells were answered quickly by staff. One person told us that on occasions they had to wait as staff were assisting others but told us the staff did their best. Staff told us they felt there was sufficient staff on duty to meet people's needs. There were set staffing numbers to meet people's needs and the registered manager told us the provider would provide additional staff on request should it be required.

Safe recruitment procedures were completed for new staff. An application form was completed and proof of identity and address was supplied. Employment and character references were obtained together with an enhanced Disclosure and Barring Service (DBS) check. The DBS ensures that people barred from working with certain groups such as vulnerable adults are identified. The provider also ensured that supporting documentation of a person's entitlement to work in the United Kingdom had been obtained when required.

# Is the service effective?

## Our findings

People and their relatives gave a positive summary of the level of care and support provided by the staff at the service. No concerns were raised about the ability of the staff. One person we spoke with told us, "I'm happy here, I have no complaints." One person's relative we spoke with told of how their mother was eating better and said that their mother's health had improved since arriving at the service.

People were supported to access healthcare services when required. When reviewing people's records it was highlighted where the service had contacted a person GP or other relevant healthcare professional when a concern had been identified with a person's health. For example, a person's GP was contacted when a person was unwell or if there was a concern the person had an infection. On the day of our inspection a member of the community nursing team attended the service to provide scheduled support to a person who required it.

Most people spoke positively about the food in the home. The service used an external supplier to deliver the food to the service which was then prepared in the service prior to being served. There were two choices of main meal and dessert offered to people daily and people were observed being asked for their preferred meal at lunchtime. We spoke with the kitchen assistant who told us that in the event people did not like any of the choices available, alternatives such as an omelette, sandwiches or jacket potato could be prepared for people. People we spoke with gave examples of how staff were receptive to meals requests, for example when they required additional items at breakfast or when the service had prepared them a meal provided by a relative.

People required minimal support from staff during the lunch period and there was nobody using the service that required any food of a modified consistency. The service weighed people monthly to monitor if people were at risk of malnutrition and where concerns were identified the person's GP was consulted. One person currently had their daily food and drink amounts recorded to monitor their intake and the records for this were completed accurately. People had access to cold drinks throughout the day as

jugs of cold drinks were within shared areas and people's rooms. Hot drinks and snacks were regularly offered to people and there was fresh fruit available in shared areas of the home.

Staff received training to help deliver effective care to people. Staff felt they received sufficient training to complete their roles and felt confident in performing their roles. The provider used an external training provider who provided training materials to the service and then independently reviewed the staff training booklets to ensure they met the standard of competency required. Training subjects included First aid, falls prevention, safeguarding, food hygiene and medicines. Additional training to meet the needs of people using the service such as dementia, challenging behaviour and mental health matters was also completed.

Staff were able to obtain national qualifications as part of their professional development. Records showed that staff had completed a National Vocational Qualification (NVQ) or diploma in Health and Social Care whilst employed at the service. Staff told us that additional training was available to them and gave examples of how they had achieved a level two NVQ and were now in the process of commencing a level three course to enhance their knowledge in their role.

Staff received performance supervision and an annual appraisal to support them in their role. Staff confirmed they received supervision and one commented it "Helps them in their job." Supervision records showed that staff member's performance was discussed together with their training and any problems they were experiencing. An annual appraisal then discussed the staff member's annual performance and additional areas such as their dependability, initiative, the knowledge they have about their role and their values as an employee.

The provider had an induction process for new staff employed at the service. This was completed during the initial period of the staff member's employment. It included an introduction of the building and security measures together with training in essential subjects. This training included safeguarding, infection control, food hygiene, moving and handling and medicines. We spoke with one staff member who had completed the induction who told us it provided them with the training and knowledge they needed.



## Is the service effective?

The provider had recently implemented the new Care Certificate as their induction process. This was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. At the time of our inspection the registered had not employed any new staff since the introduction of the care certificate.

The registered manager understood their legal obligations in relation to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. We spoke with the registered manager who was aware they had the responsibility for making DoLS applications. They demonstrated awareness of a court ruling in March 2014 that defined when an application should be made to deprive a person of their liberty. The registered manager

told us they had submitted a DoLS application for all of the people using the service as they felt all met the legal criteria for the DoLS framework. They were awaiting the application results from the local authority.

Where people did not have the capacity to consent the provider had acted in accordance with legal requirements. Within people's care records there were documents that showed best interest decisions had been held for people who did not have the capacity to consent to the care and support they received. Best interest decision meetings had been held to discuss what was in the person's best interest in relation to the support plan they had in place and the administration medicines they were prescribed. We saw that meetings included staff from the service, family members or representatives of people and where required the person's GP. It was highlighted to the registered manager that a best interest decision for receiving medical treatment should be treatment specific and completed at the time the decision needed to be made.

# Is the service caring?

## Our findings

Staff at the service were caring. All of the feedback we received about the staff at the service and the level of care they provided was positive. One person told us, “You’re never alone when you’re in here. There’s always something to laugh about.” One person’s relative said, “Nothing is too much trouble for them here.”

We reviewed the compliments book at the home which contained cards and communications sent to the service. There were a selection of compliments within the folder from people’s relatives and friends who gave praise to the service and the staff employed there. One recent compliment received read, “Mum is in the right place, a really good care home. Rosedale all we can do is offer our praise and appreciation to you and your staff.” Another said, “She [service user] has improved so much since being at Rosedale.”

Staff were friendly and caring towards people when they communicated with them. Staff interactions with people were observed throughout our inspection in different areas of the home. Staff communicated with people appropriately, for example when people were seated in the lounge area staff would lower themselves to make eye contact with the person they were speaking with. We observed that when people spoke with staff in the dining area, when needed the staff member took the time to sit at the table with people and talk with them at the table.

Staff spoke with people in a manner to suit their needs, for example when people had hearing difficulties the staff member spoke louder to ensure the person heard them. Most of the conversations between people and staff were quiet and personalised and people communicated easily with staff. It was observed during the morning that a person in the lounge was being offered a drink. The staff member was raising their voice to ensure the person heard, however the loudness of the television resulted in the staff member essentially shouting meaning all of the people in the main lounge, quiet lounge area and dining area could hear. There was a risk that if the staff member was speaking with this person about a personal or private subject all people in the surrounding area would be able to hear.

People’s room were personalised and people were happy with the content and standard of their rooms. People’s rooms contained personal items such as pictures and photographs brought in from their home to allow them to be cared for in a more personalised environment. One person’s relative told us how the service had allowed them to modify a person’s room to ensure they had the required items within the room to help the person settle to their new environment.

People’s privacy was respected and people were treated in a dignified manner. Staff were observed knocking on people’s bedroom doors throughout the inspection and people’s doors were closed for privacy. When people were being assisted with personal care, doors were closed to ensure the person’s privacy was maintained. In communal areas, observations were made where staff lowered their voices when they were asking people if they needed the toilet to ensure this question was asked as discreetly as possible.

People could be visited by their friends and relatives at any time of day. The registered manager told us the service welcomed visitors any anytime and nobody was required to call ahead. This was reflected in the information leaflet in the entrance foyer which read, “And of course, your friends and family are welcome to visit at any time.” During our inspection people’s relatives and visitors came to the home throughout the day to spend time with people. Relatives were welcomed into the home by the staff and they were observed having drinks during their visit. One person’s relative told how they frequently visited at different times of the day which was never an issue to the staff and management of the home.

People made choices throughout the inspection and were involved in decisions about their care. People were offered choices of hot or cold drinks throughout the day or if they wished to have any snacks and were offered a choice of meals during the lunch period. People were approached by staff in the lounge area and asked if there was anything they needed or if they were happy where they were or wished to go somewhere or do something else. This demonstrated that staff promoted choice and independence within the service.

# Is the service responsive?

## Our findings

People and their relatives felt the service delivered personalised care and that staff were responsive to their needs. One person we spoke with told us, “If there’s something you need, they’ll [staff] go and get it for you.” One person’s relative gave an example of how the service had been responsive in assisting to ensure their mother was prepared for a family event outside of the home.

We observed examples of how staff responded to meet people’s needs. For example, we saw that where people’s care records showed they should always wear their glasses, the person had them. People that were required to be encouraged to be in certain positions to assist in treating an existing medical condition received the assistance they needed. During the day when people asked for staff to do something, for example get them a pillow to sit on, the staff responded to this. Where people were assessed as requiring specific mobility equipment this was available for people.

There were systems to ensure staff responded to people’s care needs. There was a staff handover book that was used to communicate important information about people. The book informed staff about any changes in people’s care needs, if they had been out with a relative or any specific things they had asked to do that day. A management communication book was also used to communicate additional matters. For example, this book communicated if people had blood tests booked, if anyone was unwell and had a suspected infection or any staffing or medicines issues. This ensured key information was communicated throughout the service.

Care reviews were completed and people and their relatives were involved in these reviews. People’s care records demonstrated that care reviews had been held and that people receiving the care and their relative or representative were involved where required. The person’s relative we spoke with told us the communication from the service was good and confirmed they had been involved in care reviews.

Activities were available for people to participate in daily. The home had dedicated activities staff who provided a range of activities. The registered manager and activities staff produced documentation following the inspection that outlined the activities people at the home had the opportunity to participate in. These activities included activities designed to stimulate and engage people who lived with dementia such as conversation cards and memory games.

Staff had an understanding of people’s care needs. Staff told us about people’s care needs and how they liked to spend their day. They explained people’s mobility needs and the level of support people required to keep them safe. Staff understood people’s preferences and had a good understanding about how people preferred to be cared for. This meant that staff were able to care for people in line with people’s preferences and be responsive to their needs.

Care records were inconsistent in the level of personalised information recorded about people. Within some people’s records there was a booklet entitled “My Life Story.” This was designed to capture information on people’s needs, preferences, likes, dislikes and interests. The recording and use of this information can be a useful tool when providing care to people with dementia. The information can be used to help deliver personalised care and can also assist in reducing distress when communicating with people. Whilst this document was present in some people’s records, it was not present in others. This was highlighted to the registered manager who told us the people’s families had not returned the booklets and that they would address this.

People and their relatives felt they would be able to raise concerns and complaints within the service. The home had a complaints procedure in the entrance foyer and within a service user guide available to people and their relatives. We reviewed the homes complaints log which showed one complaint had been received during 2015 and that an investigation and response had been completed in line with the provider’s policy and procedure.

# Is the service well-led?

## Our findings

People and their relatives knew who the registered manager was. The registered manager was visible to people and staff during the day and was observed continually communicating with people, staff and visiting relatives. People said they knew who to speak with in the service and were confident that if they raised any concerns they would be dealt with. One person we spoke with gave an example of when they had an issue with a member of staff and had reported it. They told us the matter was dealt with and resolved quickly. Staff said they felt the service was well led by the registered manager. They told us there was an open door policy at the service and that they felt comfortable and confident in approaching the manager with any issues.

The provider had systems to monitor the quality of service provided. Care provision observations were completed by the registered manager and senior staff to ensure that people received high quality care that met their needs. We saw that in addition to staff interactions with people, observations were made over meal times. We saw from the most recent observation completed during meal times that staff interactions, food presentation and ensuring meal periods were provided at a pace to suit people were observed. Areas highlighted to staff for improvement included offering assistance to cut meals for people, a better explanation of what people were eating and offering additional food if people had eaten everything on their plate.

The registered manager completed unannounced checks of care provision at different times of the day to monitor the service quality. We saw records that showed the registered manager had attended the service at night and in the early hours of the morning to ensure a consistently high standard of care was delivered at all times. The records showed that the completion of tasks set to the night staff was monitored and that cleaning schedules were followed. The checks ensured people were happy if they were still awake and people had access to drinks.

The provider completed announced and unannounced visits to the service to monitor care provision. These visits monitored if care provision was to an acceptable standard and could involve making observations over the lunch period. The visits monitored the staffing levels and ensured

people's needs were being met. The record also showed that the provider would spend time and speak with people and their relatives during these visits. No areas of concern were identified in recent visits.

There was a staff incentive scheme in operation to drive improvement and reward staff for providing a high standard of care. In April 2015 the provider had introduced an 'Employee of the Month' scheme to offer an incentive. They told us this encouraged staff to provide a high level of care and monitored individual staff performance in all areas of their roles. For example, their punctuality, the standard of the care they provided and the standard of the records they completed. There was a financial incentive for the monthly winner and the registered manager told us they felt the initiative was helping to maintain a high standard of care.

There were methods to communicate with staff about the service. The registered manager told us that although they occasionally held staff meetings, a lot of information was communicated to staff individually during supervision. They told us they felt this worked better within the service. It was explained that when information needed to be communicated quickly to all staff this was completed through an emergency meeting. A recent meeting had been held for day staff that communicated matters about people's care delivery, personal development and staffing. We saw an emergency meeting was also arranged for night staff in the near future.

The registered manager had an audit and development plan designed to monitor and develop different areas of the service. For example, the audit had identified the service's statement of purpose and service user guide required updating and this was currently being completed. New information leaflets were identified as a requirement to communicate the service to others together with a new website. The new website had been completed and was up and running. Other areas included more delegation of tasks by management to senior staff at the service which was currently being implemented.

The provider was a member of an organisational body that provided advice and support to social care providers. They told us they received advice and guidance from this body on the new Health and Social Care Act 2008 fundamental standards and also assistance and support with training.

## Is the service well-led?

The registered manager had subsequently completed a self-assessment in April 2015 against the new fundamental standards and the key lines of enquiry associated with them. This had identified the service could involve families more and had organised an event in May 2015 encouraging relatives and friends to attend the service. Despite sending out communication and putting up posters advertising the event, the attendance was very low. Additional improvements identified were to increase links with the local community which was currently being developed.

The registered manager told us they felt supported in their role by the provider and they frequently held meetings and discussed the service. They described the provider as “Very supportive” and said that resources were always made available to ensure the needs of people were met. Any maintenance issues identified to the provider were rectified quickly and the registered manager told us that additional training for their personal development would be made available if requested.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure certain medicines were stored in accordance with legal requirements. Regulation 12(2)(g)</p>