

Hamberley Care 1 Limited

# Rosewood House

## Inspection report

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London  
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28 November 2023  
07 December 2023

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30 January 2024

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Rosewood House is a residential nursing care home providing personal and nursing care to up to 90 people. The service provides support to people aged 65 and over, including people living with dementia. At the time of our inspection there were 72 people using the service.

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

The registered manager assessed and mitigated risks to people's health and safety. People had personalised risk assessments in place for different areas of risk, and clear care plans which contained advice for care workers in how to mitigate those risks. The provider followed good infection prevention and control practises and managed people's medicines safely.

The registered manager conducted a range of audits and lessons were learned when things went wrong. Notifications of significant events were sent to the CQC as required.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). The provider ensured there were enough staff on duty to support people and conducted appropriate pre-employment checks before hiring new staff.

Staff gave positive feedback about the service and people and their relatives were complimentary about the service overall.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (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 (16 May 2023).

At our last inspection we found breaches of the regulations in relation to safe care and treatment as risk assessments were not always clear and good governance, as the provider had not always picked up on concerns through their auditing systems. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection we found improvement had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced inspection of this service on 28 November and returned announced, on 7 December 2023. We undertook this focused inspection to check they had followed their action plan and to

confirm if they met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service is now good. This is based on the findings at this inspection.

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

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Rosewood House

## Detailed findings

### Background to this inspection

#### Inspection team

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

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

#### Inspection team

The inspection was carried out by 2 inspectors and a specialist advisor. The specialist advisor was a nurse with experience of older people's care. We were also assisted by 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

Rosewood House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced on the first day of our inspection, but we announced the second day.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any significant incidents that occurred at the service. 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.

We reviewed the previous inspection report and action plans submitted after the last inspection. We contacted the local authority commissioning team to obtain their feedback about the service. We used all of this information to plan our inspection.

### During the inspection

Inspection activity started on 28 November 2023 and ended on 13 December 2023. We visited the service location on 28 November and 7 December 2023. 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 spoke with the registered manager, a regional manager, the regional care and quality manager, the deputy manager, 5 nurses, 3 team leaders, and 2 care workers (known internally as "homemakers"). We also spoke with 10 people using the service and 6 of their relatives.

We reviewed a range of records, both on and off site. This included 14 people's care records, numerous medicines records and 3 staff files in relation to recruitment. We also reviewed records related to the management of the service, which included incident reports, quality assurance records and minutes of staff meetings. We spent time in the home to understand people's experience of care throughout the day in relation to infection prevention and control procedures and staff awareness of best practice. We also liaised professionals from the local authority via email.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

At our last inspection, we found the provider had failed to ensure appropriate risk assessments were in place to manage risks to people's care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider had made improvements in this area.

### Assessing risk, safety monitoring and management

- At our last inspection, we found the provider was not always assessing and mitigating risks to people's health and safety. At this inspection, we found the provider had made appropriate improvements in this area.
- The provider completed specific, personalised risk assessments for different areas of people's health and safety. These covered more general areas such as mobility, falls and people's skin integrity, as well as specific areas of risk to meet people's individual needs. For example, we saw one person who had been prescribed antibiotics had a clear risk assessment in place for this.
- At our previous inspection, we found records relating to people's wound care were not always fully completed. At this inspection we found people's skin integrity risk assessments clearly set out whether people were at risk of pressure sores as well as the level of risk. Their care plans then specified the risk management plan for managing these risks, which could include repositioning and the frequency this needed to happen. Where people were required to be repositioned, we found records demonstrated this was happening.
- At our previous inspection we found two examples of people who exhibited distressed behaviours, but their risk assessments contained limited practical advice for staff to follow. At this inspection we found people who exhibited distressed behaviours had specific risk assessments in place, with clear advice for staff in how to assist people. We also observed staff, respond to people with these behaviours, quickly and kindly, in one case taking a person's hand and speaking to them gently which appeared to calm them.
- Care workers demonstrated a good understanding about the risks to people's care. When we spoke with staff members to check their understanding about people using the service, they gave us examples of how they supported them safely and managed risks to their care, including people's skin integrity, specific creams they used and how they mitigated their risk of falling.

### Using medicines safely

- The provider was managing people's medicines safely.
- The provider's electronic record system accurately recorded the amount of stock of different medicines, including Controlled Drugs ("CDs") that were available. A CD is a prescription medicine that is subject to strict legal controls. Records showed people were receiving their medicines as prescribed, and PRN medicines were given as needed, with clear protocols in place as needed.

- Medicines were stored safely. CD's were stored separately in accordance with legal requirements and staff were recording temperatures of medicines storage areas. We saw fridge temperatures were checked, and fridges were reset as needed.

#### 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was meeting the requirements of the MCA. People had decision- specific mental capacity assessments in place. Where the assessment concluded that people were lacking in capacity to consent to a particular matter, we found best interest decisions were in place for these people in respect of these specific decisions. Where needed, we also found valid DoLS authorisations were in place or if not, applications were pending with the local authority.
- Care staff demonstrated a good level of understanding about their responsibilities to provide care in accordance with people's valid consent. One care worker told us, "I always make sure I get people's permission first before I do anything. They have a right to make their own decisions".

#### Staffing and recruitment

- The provider ensured there were enough staff to support people safely. Overall, people, their relatives and staff told us there were enough staff on duty to provide support. Care workers comments included "There are more than normal staff here. They definitely provide enough staff" and "There are enough staff. There were issues in the past, but not lately." People told us "If I press my buzzer, it doesn't take long for someone to be by my side to help" and "The staff don't rush when they are helping me, but I do feel that they don't have the time to just chat to me".
- There were enough staff on duty during our inspection. Records showed there were enough staff scheduled to attend the service to support people. We reviewed call bell records during the month of our inspection and found call bells were responded to in a reasonable period of time. We also observed staff responding to people's needs quickly.
- The provider operated safe recruitment processes. Records showed information provided by staff was verified to ensure the suitability of staff to work with people. The provider checked staff identities, references, employment histories and whether staff had the legal right to work in the UK.
- The provider also carried out Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.



- We were assured that the care home was using PPE effectively and safely, in accordance with current guidelines.
- We were assured that the care home infection prevention and control policy was up to date, and regular audits took place. Staff had completed infection control training.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. We saw the home appeared clean and tidy and people confirmed this was always the case.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

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

- People told us they felt safe using the service. People's comments included "I feel safe and the place is secure so strangers can't get in" and "I am in safe hands".
- Care staff told us and records confirmed they received annual training in safeguarding adults from abuse. Care workers demonstrated a good understanding about their responsibilities in this area. One care worker told us "I know what I would do if I saw something, I would report it to my manager".
- The provider had a clear safeguarding policy and procedure in place and reported concerns to the local authority for investigation as well as the CQC as required. Investigations were completed when needed and measures were put in place to keep people safe.

#### Learning lessons when things go wrong

- The registered manager took appropriate action in response to accidents and incidents. The provider completed an incident report where people had an accident or incident. These included information about what happened, what initial actions were taken as well as any ongoing actions that were needed. Where people's risk and ongoing care needs changed as a result of the incident, we saw people's risk assessments were updated.
- The provider conducted further learning as a result of incidents by reviewing incidents, completing action plans as a result of incidents and discussing any learning with staff as required and care workers confirmed this.

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

At our last inspection, we found the provider did not effectively operate systems and processes to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider had made improvements in this area.

### Continuous learning and improving care

- At our previous inspection, we found systems of audit were in place but had not specifically identified the issues we found. At this inspection we found the provider was conducting a range of audits and these were identifying issues and appropriate action was taken to rectify these. This included medication, care records and infection control audits among many others. Where issues were identified, we saw action plans were put in place and these were followed.
- We also saw some further actions involved staff discussions. When we spoke with care workers they confirmed these types of discussions were held with them.

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

- The registered manager promoted a positive culture that achieved good outcomes for people. Staff gave positive feedback about the service, the management team as well as their colleagues. Their comments included, "The management are very good. There were problems in the past, but things are very good now" and "The managers are really supportive. [The registered manager] has helped me so much."
- People and their relatives gave good feedback about the service and staff. Relatives comments included, "People don't just do a job here; they care" and "[The registered manager] is approachable. He helped [family member] settle. The office staff are easy to talk to too".

### 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 provider understood their obligation to be open and honest and to report notifiable incidents to the CQC where needed. The registered manager ensured notifications were sent to the CQC as required and sent regular emails updating the CQC in relation to various matters.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and other staff were clear about their roles and responsibilities. Staff demonstrated a good understanding about their roles in relation to people in their care. One care worker told us "The most important part of my job is making sure people are safe and comfortable and that they're spending their time how they want."
- Nursing staff understood their responsibilities in managing risks and the registered manager had a good understanding of his role in relation to regulatory requirements.
- The provider engaged people in the running of the service. Residents and relatives' meetings were held on a quarterly basis and minutes were kept of these. Relevant issues were discussed such as activities and staffing.

#### Working in partnership with others

- The provider worked in partnership with other multi- disciplinary professionals. People's care records showed evidence of joint working with other professionals such as social workers and people's GP. Where advice was given by the professional, we saw this was recorded and the details were followed.