

## 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Rosedale House is a care home providing accommodation and personal care for up to 36 people. At the time of the inspection, 36 people were living at the home.

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

There had been significant improvements following the inspection of 10 February 2020. Positive changes had been made with a legionella risk assessment now in place. Risk assessments had been put into place to mitigate the risks of burning from the use of hot surface temperature portable radiators. The risks associated with people's medical conditions were fully recorded within people's care records and risk assessments.

Relatives told us they felt their family members were safe living at the home. Staff understood their responsibility to protect people from avoidable harm and abuse. Staff confirmed they had received safeguarding training. Risks to people's health and safety were assessed with guidance for staff to follow. Staff were recruited safely and there were enough staff to provide safe and effective care. Medicines were stored and administered safely in line with people's prescriptions. Accidents and incidents were reported and recorded with audits in place to help identify any trends or patterns.

The home had a clear management and staffing structure in place. Staff were enthusiastic and happy in their work. Staff described working together as a team, they provided person-centred care and helped people to achieve their potential. The registered manager had effective quality assurance systems in place to monitor the quality and safety of the home. Staff worked well with external social and health care professionals.

### Rating at last inspection

The last rating for this service was Good (published 21 May 2020). At our last inspection we found there were shortfalls in the safety of the premises. These related to management and control of legionella. There was a lack of risk management for the use of hot surface temperature portable radiators. Improvements were needed to ensure staff were safely recruited. At this inspection we found improvements had been made.

### Why we inspected

We carried out an inspection of this service on 10 February 2020. We rated the service requires improvement in Safe due to the shortfalls, which we identified. The provider completed an action plan after the last inspection to show what they would do and by when, to improve safe care and treatment.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The key question safe has not been rated Good. The overall rating for the service remains

Good. This is based on the findings at this inspection.

#### Follow up

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

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

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

We always ask the following five questions of services.

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

The service was safe.

Details are in our safe findings below.

**Good** ●

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

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Rosedale House

## 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 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 one Inspector.

#### Service and service type

Rosedale House 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.

#### Registered manager

The home 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

Before the inspection we reviewed all of the information available to us, including any information of concern, notifications and the provider information return (PIR). 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.

During the inspection

We spoke with the registered manager, four staff, one person who lived at the home and three relatives. We observed how staff interacted with people. We considered all this information to help us to make a judgement about the home. We looked at a range of records relating to the management of the home. This included recruitment documentation, risk assessments, maintenance records, medicines, infection control and quality assurance records.

We continued to review the information we received from the inspection to help us make judgements about the home.

# 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 the inspection of 10 February 2020, we found there were shortfalls in the safety of the premises. This related to management and control of legionella. There was a lack of risk management for the use of hot surface temperature portable radiators. Improvements were needed to ensure staff were safely recruited. At this inspection, we found improvements had been made.

### Assessing risk, safety monitoring and management

- Since the last inspection of 10 February 2020, a risk assessment had been completed for the risks of legionella. This contained information about the actions in place to mitigate the risks associated with legionella bacteria. Water safety checks to manage the risk of legionella continued to be in place.
- Risk assessments were now in place to mitigate the risks of burning from the use of hot surface temperature portable radiators. These were temporarily in place in some people's bedrooms at the last inspection. Prompt action had been taken by the registered manager following our inspection in February 2020. The portable radiators had been removed.
- The risks associated with people's medical conditions were now fully recorded within people's care records and risk assessments. At the last inspection of 10 February 2020, we found one person with diabetes was prescribed insulin. Information was not recorded about the details of the risks of living with diabetes. The registered manager showed us information, which had been put into place. This included information about diabetes, how this was managed and any identified risks
- Risks associated with the safety of the environment and equipment was identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.
- Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe. The local fire brigade had visited the home on 14 July 2022. The registered manager was awaiting their report to find out if any actions were needed.

### Staffing and recruitment

- At the last inspection of 10 February 2020, we identified improvements were needed to ensure staff were recruited safely. We found there were no staff photographs available in the two staff files that we checked. At this inspection we looked at three staff recruitment records. Each staff member had a photograph at the front of their file. This confirmed their identity.
- Pre-employment references were obtained and Disclosure and Barring Service (DBS) checks undertaken. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- The deployment of staff helped to meet people's needs and kept them safe. Staffing levels were assessed regularly, to ensure people's safety. We were told existing staff covered annual leave and sickness. The registered manager and deputy also helped to cover any shortfalls and had a hands-on approach to care.
- Staff and relatives told us they felt the home had enough staff to keep people safe. One staff member told us, "The staffing levels are good here. We have time to spend with people doing nice things". A relative told us, "I visit regularly and would say staffing levels seem appropriate here. We have not experienced any issues with staffing".

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 Mental Capacity Act (MCA). In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- We spoke to relatives and asked if they felt their family members were safe living at the home. There comments included, "Yes, without a doubt I know they are safe here" and "We visit regularly and feel they are in safe hands. The staff are really nice and caring".
- We observed people appeared happy and content in the presence of the staff. The staff told us they knew people really well.
- People were supported by staff that knew how to raise safeguarding concerns. Staff said they had undertaken mandatory adult safeguarding training. They were able to tell us what they would do if they witnessed any form of abuse in the home.
- Where concerns had been identified, the registered manager had raised these concerns with the local authority safeguarding team and worked with them to investigate any concerns.

Using medicines safely

- Medicines were managed consistently and safely in line with national guidance. People received their medicines safely as prescribed.
- Medicines were kept stored securely within locked facilities. Medicines were managed by staff who had received the relevant training.
- Medicine Administration Records (MAR) contained sufficient information about people. MAR sheets were completed accurately, and stocks checked, tallied with the balances recorded.
- Appropriate management systems were in place to ensure medicines were managed safely. There were checks of medicines and audits to identify any concerns and address any shortfalls.

Preventing and controlling infection

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



- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

There were no restrictions on people welcoming visitors to their home and the provider was following currently published visiting guidance by the Department of Health and Social Care. We observed relatives at the home who were visiting family members. They wore a face mask in line with guidance.

#### Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the home for people and staff.
- Discussions with the registered manager showed there had been learning following shortfalls with changes being implemented.

# 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 Good. At this inspection the rating has remained Good. 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

- The registered manager demonstrated effective leadership skills within their role. Their knowledge and commitment to the home, the people in their care and all staff members was without doubt of a high standard. Staff said the registered manager led by example. It was clear from speaking with staff that they shared the same visions and values as the registered manager.
- Since the last inspection the home had been refurbished with an extension built. There was a strong focus on providing an environment designed for people living with dementia. This helped the staff to provide person centred care. People had been part of the refurbishment of the home and were asked their views about how they wanted the home decorated.
- Some people living in the home liked Elvis Presley. One area of the home was named Memphis after him. The home had a new American dining area where people sat and ate if they wished. One dining area had a hotel theme. We observed food was laid out at mealtimes similar to a hotel. This helped people to pick what they wanted. The registered manager told us it encouraged people to eat.
- The registered manager was proud of the achievements of the staff. Some people that lived with dementia had been admitted to the home with complex needs. The staff had worked hard to get to know people's life history. This helped them to understand people's behaviours. The staff were able to put things into place to help bring out the best in people.
- The home no longer had a keyworker system in place. All staff were 'homemakers' and had equal responsibility to ensure people's daily care needs were met. They supported people daily with care tasks, any shopping and activities.

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

- There was a clear staffing structure and staff understood their roles. The registered manager, deputy and staff had designated responsibilities for various areas of the home. The registered manager had recently introduced a flip chart display board in the lounge area. This showed the team of staff on duty each shift, the areas of the home allocated to staff and the daily responsibilities such as medicines.
- The registered manager regularly undertook audits of the quality of the home. Each aspect of people's experience of the home was regularly assessed to ensure people received safe and consistent care. These checks included audits in relation to medicines, the environment, people's care plans and the health and safety of the home.
- The registered manager had informed the CQC of significant events in a timely way, such as any deaths,

where there had been suspected abuse and any significant injury to a person. This meant we could check appropriate action had been taken.

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

- Relatives spoke positively about the registered manager and staff. One relative told us, "She is a good manager and the staff are just as good. Nothing is too much trouble. They communicate well with me". Another relative told us, "I am always asked, if we are happy with the care here. They phone if anything is wrong".
- Effective systems were in place to ensure staff were kept up to date with key messages and updates. Handover meetings took place every shift and provided an opportunity to communicate important information about people's wellbeing. The registered manager told us it also gave the staff the opportunity to share ideas and to say how they were feeling.
- Annual surveys were sent out to people and their relatives enabling them to provide feedback about the care and support they received.
- The registered manager was respected and empowered to make decisions and implement changes to improve the home. They were keen to continuously improve the care and experience that people received.

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. Continuous learning and improving care. Working in partnership with others

- There was an open and transparent culture within the home. People and staff were confident if they raised any issues or concerns with the management team, they would be listened to and these would be acted on.
- The registered manager was aware of their responsibilities in relation to Duty of Candour. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment, which includes an apology.
- The registered manager told us the home had a good working relationship with the local authority, district nurses, dementia wellbeing team, dieticians, SALT team, GP and other health and social care professionals to plan and deliver effective care and support.