

T Lewis

Rosedene Nursing Home

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

About the service

Rosedene Nursing Home accommodates up to 63 people in one adapted building. At the time of our inspection 42 people were living at the home.

People's experience of using this service

People received care in a safe environment, that had effective infection control measures in place. Medicines were well managed and potential risks to people were appropriately assessed. Although it required an aesthetic update, the environment was safe. Staffing levels were assessed and maintained in line with people's needs. Staff were recruited safely.

Management took appropriate steps to ensure people, relatives and staff were supported. Quality assurance measures were in place to review the quality of care delivery. A new clinical lead supported developments and improvements across the service. The provider worked effectively with other partnership agencies to ensure they could meet people's needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 16 June 2018).

Why we inspected

We received concerns in relation to the management of staffing, infection control and the competency of management. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained as Good. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this full report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rosedene Nursing 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 an inspection manager and a specialist advisor. Their specialism included supporting those with psychiatric needs.

Service and service type

Rosedene Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

We gave the service 1 hours' notice of the inspection. This was because we were responding to risk concerns, and wanted to be assured that no one at the home was symptomatic in light of the COVID-19 pandemic.

What we did before the inspection

We reviewed intelligence we held about the service, including whistle blowing concerns and feedback from partnership agencies and the public. 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 used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the clinical lead, four care workers, two registered nurses, the human resources officer, the finance officer and the activities co-ordinator. We also spoke with six people that use the service. We reviewed six people's care records.

After the inspection

We reviewed records in relation to the management of the service. This included quality assurance audits, staff rotas and accident and incident records.

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.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to report safeguarding concerns, and how to escalate concerns to the local authority or the CQC when required. One care worker told us, "I make sure the person is safe, then report to the nurse or the registered manager and document absolutely everything."
- The provider had systems in place to ensure people were safeguarded from the risk of financial abuse. We spoke with the provider's finance officer who explained the system they used to support people to manage their day-to-day spending money, when people didn't have capacity to make decisions about this themselves. We saw that all spends were receipted and recorded, audits of people's spending money were undertaken regularly, and information provided to people to support them to better understand financial decisions. The finance officer worked closely with people's benefits appointees to ensure they received the money to which they were entitled.
- The provider had systems in place to support staff to report any concerns they had in relation to safeguarding.

Assessing risk, safety monitoring and management

- People told us they felt safe living at the home. One person told us, "I feel safe here, except for when [other service user with some challenging behaviours] is around. But the nurse helps me tell him to [leave] and he goes away."
- Sometimes people who used the service displayed behaviours other's may find challenging due to their conditions, behaviours that posed a risk of harm to the person themselves, other people or property. We saw that people were supported to adopt more community-appropriate behaviours by staff who were kind, compassionate and consistent in their approach.
- For one person, for example, the staff's approach resulted in the person accepting support from a nurse to change their wound dressings, and to have a bath for the first time in years. They now had a regular weekly bath and their wounds were healing. We received positive feedback from the supporting social worker as to how the service had addressed their care needs.
- Effective measures had been taken to ensure that premises were managed safely. Fire safety measures were in place, with extinguishers up to date with servicing requirements and fire doors were clear of obstruction.

Staffing and recruitment

- We had received concerns that staff were not always safely recruited. We reviewed six people's recruitment records.
- The provider followed the principles of safer recruitment. Records showed that staff started work after completing an application form detailing their employment history in health or social care, providing two

references and a Disclosure and Barring Service criminal records check.

- Each applicant's identity and right to work in the UK were also thoroughly checked, and the provider's HR officer showed us the system they had in place to ensure they kept track of when staff's visas were due for renewal.
- There were enough staff deployed at the service to keep people safe, and people were provided with one-to-one support when that was required to enable people to keep themselves safe. However, staffing rotas showed there was a high use of agency staff at the service, especially at nights. The registered manager told us they tried to use the same agency staff to ensure consistency for people and to allow people to build relationships with the staff supporting them.

Using medicines safely

- At our last inspection we found that medicines administration practices were not always effective. Guidance from pharmacists was not always in place for the administration of covert medicines, arrangements for the disposal of medicines wasn't always clear and the medicines administration round was not as efficient as it could be.
- There was now appropriate guidance in place for covert medicines, medicines were disposed of safely and the medicines administration had improved.
- Medicines were kept in a medicine room and locked trolleys. Medicines were managed by staff who had received the relevant training and who underwent annual assessments of their competency. Overall, appropriate management systems were in place to ensure medicines were managed safely.

Preventing and controlling infection

- We observed very good infection control practices, especially in consideration of the COVID-19 pandemic. Hand sanitiser was available in dispensers throughout premises.
- Measures were in place, ready for when visitors were permitted to enter the home. The service had acquired a perspex screen so that people could see their visitors while maintaining social distancing and safety. The screen was placed on a table between the person and their visitor, and the visitors were required to wear masks.

Learning lessons when things go wrong

- The service managed incidents and accidents appropriately. We saw that action was taken as a result of these, for example seeking additional funding from a person's placing CCG to support people on a one-to-one basis, to ensure their safety.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The registered manager told us, "I have the best team, they are brilliant. They have been most amazing, flexible and responsive during the pandemic. I couldn't ask for better support."
- We observed a positive culture at the service throughout our visit. We saw that staff were kind and compassionate to people and treated them with dignity. The registered manager upheld people's rights and worked with other professionals to ensure people received person-centred support.
- Staff told us, "We are a great team and this has been reinforced during the pandemic and lockdown. The [registered] manager has been very flexible and I am very grateful to her for her support" and "We are very lucky to have such a lovely team, and it's all about the service users here – are they safe, are they happy, are they well? We all work together to make sure they are."

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

- The new clinical lead had introduced new ways of communicating with the staff team to ensure information was shared in a timely manner. For example, a messaging app was used to pick up minor issues with medicines administration and ensure these were brought to the attention of the staff responsible and were able to be addressed immediately.
- The provider accepted responsibility where mistakes had been made, apologising and taking steps to make improvements.
- Updates and important information in relation to people's care needs was shared through team meetings. Virtual meetings were also held between staff to ensure that were all up to date on current issues across the home.

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

- Clear steps were taken to review the quality of care delivery. This included care file reviews to ensure that people's needs were up to date and clear for staff to follow. Measures were in place to regularly check and monitor the premises and the effectiveness of infection control measures.
- The registered manager and clinical lead kept up to date with developments in social care. The day before our visit the clinical lead had attended a webinar on reusing medicines that couldn't be returned to the pharmacy, and was discussing what he had learned with the staff team and management to improve practice in this area.

- The registered manager ensured they informed the Care Quality Commission of important incidents in a timely manner.

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

- The registered manager ensured staff were able to have their say in how the service was run through regular team meetings and an annual survey.
- The provider conducted an annual survey for both people who use the service and their relatives, the most recent was undertaken in July 2020. We saw that scores had significantly improved from the 2019 survey in areas such as 'communicating with staff' (now 90% satisfied) and 'living in a clean and tidy environment' (now 94% satisfied).

Working in partnership with others

- The registered manager worked in partnership with other professionals to ensure people's needs were met. Since the last inspection, the service had started using the nhs.net secure network to ensure confidential information was safely shared with other professionals involved in people's support. This was especially useful during the Coronavirus lockdown, when professionals were less likely to be able to visit the home.