

BC&G Care Homes Limited

Rosedale Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 6 November 2018 and was unannounced.

Rosedale Care 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. Rosedale Care Home is registered to accommodate 20 older people, some of whom are living with dementia. At the time of our inspection there were 20 people living in the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and incidents of concern. Risk assessments were in place to manage potential risks within people's lives, whilst also promoting their independence.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Good staffing levels were in place. Staffing support matched the level of assessed needs within the service during our inspection.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Specialist training was provided to make sure that people's needs were met and they were supported effectively.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions. The staff we spoke with were all positive about the senior staff and management in place, and were happy with the support they received.

People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Care plans reflected people's likes and dislikes, and staff spoke with people in a friendly manner. Our observations during inspection, were of positive and friendly interactions between staff and people.

People were involved in their own care planning and were able to contribute to the way in which they were supported. People and their family were involved in reviewing their care and making any necessary changes.

A process was in place which ensured people could raise any complaints or concerns. Concerns were acted upon promptly and lessons were learned through positive communication.

The provider had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Rosedale Care Home

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 checked 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 took place on 6 November 2018 and was unannounced.

The inspection was carried out by one inspector

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR prior to our visit and took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted the Local Authority and the local clinical commissioning group (CCG) for any information they held on the service.

We spoke with four people who used the service, two relatives of people using the service, two support workers, the deputy manager and the registered manager. We reviewed three people's care records to ensure they were reflective of their needs, and other documents relating to the management of the service such as staff files, quality audits, user feedback, and meeting minutes.

Is the service safe?

Our findings

All the people and the relatives of people we spoke with, felt that safe care was delivered at the service. One person said, "It's very safe here, I get the help I need."

Safeguarding investigations were carried out when required, and lessons learned were shared with the staff team. Staff understood and told us about their responsibilities to protect people's safety. All the staff we spoke with understood how to report safeguarding concerns, and had trust in the management team to follow up concerns appropriately. People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. Staff were trained in this area.

Risk assessments were in place to document risks present in people's lives. For example, for the safe moving and handling of people, dementia related risks, and any healthcare requirements people might have. When one person was assessed as not being able to use a call bell to call for assistance, a risk assessment was put in place along with regular two hour checks by staff on the person to ensure their safety.

There were enough staff on shift to safely support people. All the people and relatives we spoke with confirmed that staffing numbers were consistent, and they got the support they required promptly. Our observations on inspection, were that there were plenty of staff spread across the building to support and respond to people as required. The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

Medicines were stored and administered safely. We observed medicines being administered to people by trained staff, who utilised an electronic medication administration record (MAR). The system in use, as well as the staff training provided, ensured that all medicines were administered safely. Records we looked at confirmed this.

The service was clean and tidy. The environment was well maintained and regularly cleaned by staff. The registered manager told us that a refurbishment plan was ongoing, some flooring had been replaced, and there were still some areas of carpet that were due to be replaced shortly. All staff were trained in infection control, and the appropriate personal protective equipment available such as gloves and aprons.

Accidents and incidents were recorded appropriately, and actions were created and communicated to the staff team to ensure that lessons were learnt. For example, when a person had a fall, increased support and monitoring was put in place by the staff team.

Is the service effective?

Our findings

People received a full assessment of their care needs before they began using the service, to ensure the home was suitable for them. Processes were in place to identify people's diverse needs, and ensure that no discrimination took place. Staff we spoke with were trained and aware of how to support people with a wide range of needs and preferences.

All the staff had received the training they required to effectively do their jobs, and were regularly supervised by management to monitor their competency, and discuss any concerns. The staff we spoke with were happy that the training was of a good quality, and gave them confidence in their roles. One staff member said, "We did an excellent course on dementia. It really helps to understand the experience of a person living with dementia." Training records we saw confirmed that all staff were regularly completing the necessary training.

People were supported to eat and drink enough and maintain a balanced diet. Throughout our inspection, we saw that people were offered drinks regularly. We saw that a choice of two freshly cooked meals were available for people's lunch, and the people we spoke with said they enjoyed the food on offer. One person said, "There is always a decent choice, and it tastes good." We saw that when required, people were supported to eat and drink by staff, and that any dietary requirements were documented within people's care plans.

People had access to the healthcare professionals they required. For example, we saw evidence of people's contact with doctors, dentists, chiropodists, and opticians. One relative told us, "[Name] had a fall and fractured a bone. The staff were very responsive, and [name] got the care and treatment they needed right away." Care plans we saw documented any health conditions people had.

The premises and environment met the needs of people who used the service and were accessible. People's rooms were personalised to their tastes, and communal areas were accessible to people across the home. A lift was in place to enable those who wanted to move upstairs or downstairs freely.

Consent was sought before care and support was provided. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Is the service caring?

Our findings

People told us they felt well cared for and had good relationships with the staff and management. One person said, "The staff are all lovely, very respectful." A relative we spoke with said "[Name] had to go to hospital for a short while, and they couldn't wait to get back to Rosedale. [Name] seems to love it here, and we couldn't ask for more really." Another relative told us, "A lot of the staff have been here a long time, and they know the residents very well." We observed staff including the management, take the time to talk with people, and regularly check if they were ok. We saw that people regularly laughed and joked with staff who knew them well. If and when people became upset or confused, we saw that staff attended to them quickly, and were able to reassure them.

People and their families were encouraged to be involved in making decisions about care and support. We saw that care plans were regularly reviewed and changes were made when required. Staff told us they had a keyworker system, which meant they were assigned to particular people to regularly check that their care was meeting their needs, that they had the things they required, and they were happy with the service. Staff all felt they had time to spend with people so that care and support could be provided in a meaningful way and they could listen to people's views and opinions.

People felt their privacy and dignity was respected. All the people we spoke with confirmed that staff respected their privacy, knocked on doors before entering, and conducted personal care with dignity and respect. We observed that when people were supported by staff using hoists, they were communicated with through the process, and staff were sensitive and discreet in their approach.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People were involved in the care planning process and their preferences about the way they preferred to receive care and support were carefully recorded. People's likes, dislikes and preferences were all respected by staff, who had a good knowledge about each person. This included their religious beliefs and backgrounds. Each person was able to make choices about their care and the things that they wanted. For example, we saw that one person was shown different types of newly purchased bedding to choose from. They were able to select the pattern and design that suited them.

People could take part in regular activities and follow their interests. During our inspection, we saw that karaoke was taking place, as well as a hand massage session and music. People told us they were able to take part in a wide range of activity. One person said, "We went on a lovely trip to Southend recently." We saw that other activities and trips had been planned for people.

Relationships with people's family and friends were encouraged and supported. We saw that people had visitors throughout the day. The registered manager showed us there were plans to support people to make video calls to friends and relatives that lived far away, using a tablet that had been purchased for people to use.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. We saw both large print and pictorial information was available for people.

The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that staff had acted to investigate a complaint and had resolved the concern.

People's choices for their end of life care were recorded in their care plan. People had been asked about their preferences and staff were knowledgeable about what they were. People's families had been involved when appropriate, and the staff at the service ensured people's wishes were supported.

Is the service well-led?

Our findings

There was a registered manager. 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 2008 and associated Regulations about how the service is run. The registered manager understood their responsibilities and sent us the information they were required to such as, notifications of changes or incidents that affected people who used the service.

The manager had a clear vision and was committed to delivering person centred care that respected people's diversity, personal and cultural needs. People knew who the manager was and saw them regularly. All the staff we spoke with felt well supported in their roles. One staff member said, "The manager and deputy are approachable. It's a good team here and we all work well together."

There were effective systems in place to monitor the quality of the service. Audits were undertaken, which ensured that the systems in place to monitor the standards and quality of the service were being managed effectively. For example, we saw that health and safety, staffing, and medication audits were all conducted to check on quality, as well as monthly checks on care planning documents. We saw that when errors were discovered, improvements were actioned.

People who used the service and their relatives were asked for their feedback and encouraged to participate in the development of the service. People were sent surveys to complete. We saw that the results had been collated to identify any trends in people's feedback. Actions were created and followed up on as required.

Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided. We spoke with the local authority before inspecting this service who gave us positive feedback. We saw that the manager had received monitoring visits from the local authority, and had acted on any areas for improvement that were suggested.

The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.