Rosebank Care Home Limited

Rosebank 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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Rosebank is a residential service which provides accommodation and personal care for a maximum of 17 people with learning and physical disabilities and autism.

Since the last inspection in October 2016 best practice guidance for care services supporting people with learning disabilities has been developed and designed. 'Registering the Right Support' and other best practice guidance help ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes. On this inspection we looked at whether the service was meeting this best practice guidance; we found there were some shortfalls in the service provision.

People's experience of using this service:
We found that people received care in a safe way. Individual risks to people and the environment had been identified and assessed and measures put in place to manage them and minimise the risk of avoidable harm occurring.

There were systems in place to monitor medication so that people received their medicines safely.

Staff had positive regard for the people being supported. People were clearly happy living at Rosebank. We found examples where people had improved their quality of life since they had been living at Rosebank and had been able to experience and develop communication skills where as previously they had not been given the opportunity. This had improved their wellbeing.

People's individuality and diversity was nurtured; individual achievements were acknowledged and celebrated, and people were treated with equal respect and warmth.

Staff treated people with kindness, compassion and respect and staff ensured that people's dignity was maintained.

Although people did access the local community there were some barriers to this relating to the number of staff available in the care home setting. This was particularly in evidence at weekends when only two staff were available.

Care plans identified intended outcomes for people and how they were to be met in a way they preferred. There were some instances were better forward planning might assist with people accessing the local community. Specific support for some people was not always included in care plans.

People and family members knew how to raise concerns. There were easy read formats available for people understand information and staff took time to ensure people could raise any worries or concerns.

The leadership of the service promoted a person-centred care and a positive culture within the staff team. The registered manager showed a continued desire to improve on the service and displayed a good knowledge and understanding around the importance of working closely with other agencies and healthcare professionals where needed.

Rating at last inspection:
Rosebank was last inspected in October 2016. The report was published on 29 December 2016. At that time, it was rated as Outstanding under two of the domains we inspect by; Caring and Well led. At this inspection, we again heard some very positive examples to support this. However, some of our findings showed that this was not consistent in fully meeting the values of Registering the Right Support across the service and we therefore rated Caring and Well led as Good.

Further detail is in the full report.

Why we inspected:
This was a planned inspection that was scheduled based on the previous rating. We inspected to check whether the service had sustained its Outstanding rating. We found that the service continued to meet the characteristics of Good and the overall rating was reduced to Good.

Follow up: We will continue to monitor the service and follow up inspections will be planned in line with statutory requirements.

For more details, please see the full report which is on the CQC website at 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 effective? The service was Effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our Responsive findings below.	**Requires Improvement**
Is the service well-led? The service was well led. Details are in our Well led findings below.	**Good**

Rosebank Care 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 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.

Inspection team:
The inspection team consisted of an adult social care inspector and 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:
Rosebank is a 'care home'; people in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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:
This was an unannounced inspection which took place over two days on 8 and 9 April 2019.

What we did:
Our planning considered information the provider sent us since the last inspection. We also considered information about incidents the provider must notify us about, such as abuse or other concerns. We obtained information from the local authority commissioners and safeguarding team and other professionals who work with the service.

As part of the inspection we assessed the updates to the Provider Information Return [PIR] which 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 used all this information to plan our inspection.

During the inspection, we spoke with eight people using the service and received feedback from four relatives who told us about their experience of care. We also spoke with the registered manager, the Nominated Individual for the provider and five members of the support staff. We received feedback from a professional who visited Rosebank.

We carried out a SOFI observation. Short Observational Framework for Inspection (SOFI) is a methodology we use to understand the quality of the experiences of people who use services who may be unable to provide feedback due to their cognitive or communication impairments. SOFI helps us assess and understand whether people who use services are receiving good quality care that meets their individual needs.

We looked at three people's care records and a selection of other records including quality monitoring records, training records, staff records, and records of checks carried out on the premises and equipment.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm.

Assessing risk and supporting people to stay safe from harm and abuse:
• People receiving support and family members told us they felt the service was safe. We observed people were relaxed and 'at home' and clearly felt a close rapport with staff. A relative told us, "[Person] was not safe in [their] previous setting; [person] is very safe and very happy here."
• Individual risks to people and the environment had been assessed and were managed appropriately. Care records provided clear information around identified risks for staff to keep people safe from avoidable harm.

• Medicines were managed safely by suitably trained staff. Staff told us they were regularly assessed by the Registered Manager regarding their competency to administer medicines. People got their medicines at the right time and medicines were reviewed ongoing. There were some minor recording anomaly's with Medication Administration Records [MARS]. The registered manager assured us this these issues would be addressed.
• Staff had received safeguarding training and had access to relevant information and guidance when required. Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns.
• The provider had a recruitment policy that helped ensure staff were recruited appropriately and were safe to work with vulnerable people.

Preventing and controlling infection:
• Staff had received training around preventing and controlling infection and access to relevant guidance and information. Routine cleaning was carried out at Rosebank which was seen to be clean and hygienic.

Staffing levels:
• Enough numbers of suitably qualified and trained staff were deployed to ensure safe care was carried out. Staff also carried out additional duties such as laundry and cleaning.
• People were supported by the same staff who they were familiar with and who had a good understanding of how to meet their needs and keep them safe.

Learning lessons when things go wrong:
• The service kept a record of any incidents or accidents that occurred. One person had previously experienced falls: a review of risk had been carried out and the care plan for the person updated to reduce any future risk. This included a medical review. The registered manager could explain the processes they would follow should they identify any patterns or trends if incidents occurred.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs:
• People told us the general environment of the home was pleasing, well maintained and comfortable. We saw all areas were well decorated and homely.
• The size of the home did not meet current best practice in terms of smaller domestic style units and was easily identifiable as a care home. Externally, the service did not fit into the residential area and the other large domestic homes of a similar size. There was identifying signage, CCTV cameras in use externally and internally. There was a mini bus for generic use outside. These factors indicated Rosebank was a care home.
• However, the size of the service having a negative impact on people was mitigated by the internal building design making the environment as homely and domestic as possible. People were able to decorate their own rooms and those we saw were highly personalised. The kitchen area was a focus for communal activity and was very relaxing. There was easy access to the garden which was well used and contained a range of animals including rabbits and chickens that people were encouraged to look after and interact with. Staff did not wear any sort of uniform or identifying badges and were interacting as individual people that were known and trusted.
• People and their relatives told us they enjoyed the relaxed but stimulating atmosphere in the home.

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 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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met:
• There were no people currently on DoLS Authorisations. The registered manager and nominated individual were aware of how to apply for these if required.
• Staff understood how some decisions were made in people's best interest if they lacked the capacity to fully understand or consent although there were no current examples. People had been assessed as having capacity to make decisions about their care. There was a practical emphasis on supporting people to make daily decisions about care which did not accept that a learning disability should be a necessary barrier.

• It was clear that people were generally supported to make their own decisions regarding their daily care. People told us they were offered choice and control over the daily care they received. One person told us they have a choice of when to have a shower, "Yes we are listened to and can decide."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• Care and support was planned, delivered and monitored in line with people's individual assessed needs.
• Assessments were obtained from health and social care professionals and used to help plan effective care for people. A health care professional who visited the home told us., "Staff are very proactive and will always contact us appropriately if needed."
• Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience:
• People and their relatives told us they felt staff had the skills and knowledge to provide the right support. One relative told us, "I trust the staff – they know what they are doing."
• Staff were competent, knowledgeable and skilled and carried out their roles effectively. Newly recruited staff completed an induction and shadowing period and continued to receive training throughout their employment to maintain up-to-date skills and knowledge.
• Training included background knowledge regarding people with learning disability and autism.
• Staff spoken with told us they felt supported by the registered manager but did not receive formal one to one supervision sessions. The registered manager advised they would consider this.

Supporting people to eat and drink enough to maintain a balanced diet:
• Support with food choice was offered as part of the daily routine by staff. Care planning included support to encourage healthy eating. Two people advised us they had lost weight as part of a controlled intervention plan and this had improved their health and wellbeing.
• There were shared kitchen facilities available for people to prepare meals. Staff generally prepared meals for people and these were served at set times which people said the were happy with. One person commented, "Yes, I love the food, I get plenty to eat. They help me to be healthy and watch my weight."

Supporting people to live healthier lives, access healthcare services and support:
• People received additional support from healthcare professionals this was recorded within their care records.
• People and relatives told us staff liaised well regarding people's health care needs.
• A health care professional told us, "I have no concerns. Standards are high, and staff always contact us and work well with us as a team."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:
• People were treated with kindness and were positive about the caring attitudes of staff. All the feedback we received about the service was positive. One relative told us, "I am happy with the way [person] is treated, yes [person] is treated with dignity and respect."
• Staff knew people well and displayed positive, warm and familiar relationships with the people they interacted with. We observed staff had a good rapport with people and people trusted staff in their daily interactions.
• Staff understood, and supported people's communication needs and choices. Care records specified how people communicate their wishes. One person whose condition meant they had specific needs around communicating when attending outside activities used an iI-pad to assist with this. This helped the person to feel less isolated.
• There were examples of people being accepted as individuals and respected for this. One relative told us how, over a long period of time, staff had supported a person with acceptance and patience and gentle encouragement and this had played a major role in improving the person's wellbeing.

Respecting and promoting people's privacy, dignity and independence:
• Staff treated people with dignity and respect whilst providing care and support.
• People's individuality and diversity was nurtured, and people were treated with equal respect and warmth. People's uniqueness was recognised and supported. Individual achievements were celebrated and rewarded communally. For example, two of the people living at the home had attended workshops on health and safety and were involved in various health and safety checks in the home; staff reported how they had grown in confidence and self-worth through this involvement.
• People's right to a family life was supported. Through staff initiative, one person had been reunited with their family members after many years and had celebrated recent events with them. Another person made use of an I-Pad to talk to a family member. This meant the person could maintain more frequent contact with family and friends and extend communication to people who could not visit them regularly.

Supporting people to express their views and be involved in making decisions about their care:
• People were supported to communicate their views. We saw that regular reviews of care were undertaken which included people's input and involvement. One person told us, "My [relative] comes to my reviews; staff do listen."
• A health care professional we spoke with told us the staff had been proactive in advocating for people. One person had family issues and was challenging in terms of their relationships; "Staff had worked well and were overall very effective in supporting the person. It took a lot of work."

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

The service was not always responsive

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• A key element of current best practice is that links with the community are based on genuine individual choice, and whether they develop over time as people's needs and preferences change.
• One barrier to people accessing the community on a more 'adhoc' basis was the limited daily staffing numbers; particularly at weekends. Staffing at weekend was lower than during the week. Because of this there was less staff to support people who may wish to access the community with support. A relative told us, "There's not much goes on at weekends."
• One person told us they liked to go the shops, but this could not always be facilitated. A relative reported, "When they have the extra staff, student nurses, then [person] goes out to the cinema and for meals, [person] enjoys this." We discussed how more proactive planning of external activity programmes could make best use of staff availability.
• There a was strong shared culture based on people receiving support in the home with a settled staff team; this gave people confidence to build relationships and develop ongoing achievable goals.
• A recent innovation was the 'wishing tree' where people were encouraged to post their aspirations for activity they may wish for. There were opportunities for people to experience activities which they might not normally access such as attending health and safety training and experiencing a workshop environment.
• People's individual communication needs were addressed and supported. Technology and a flexible approach by staff were used to support people to communicate their care needs, preferences and choices in line with the Accessible Information Standard. Two people used lap tops daily for activity and communication.
• Care records that supported people were always completed and reviewed with the person's input. We found some information around people's background medical conditions could contain more detail; for example, a person who had diabetes. Another person had good staff support and interventions for certain behaviours, but this was not specified in the care plan. We discussed how such detail could help with measuring progress when evaluating the care.

Improving care quality in response to complaints or concerns:
• People and family members knew how to provide feedback to the registered manager about their experiences of care.
• Staff, people and family members were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted upon in an open and transparent way. There were no examples of recent complaints.

End of life care and support:
• There were no current or recent examples for the service of people receiving this support. We discussed models whereby a focus on future wishes could be encouraged. The registered manager could discuss the

concept of end of life care within a care home setting and understood the principals involved. The registered manager and staff had attended training.
• Policies and good practice guidance were available.

Good

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted person-centred care.

Continuous learning and improving care:
• Quality assurance arrangements set out by the registered provider were used to identify concerns and areas for improvement.
• Staff felt confident they would be supported with any learning or development needs or wishes and described a culture of ongoing learning.
• The registered manager had links with external organisations to ensure they remained up to date with new procedures and information.
• Both the registered manager and nominated individual had accessed the latest good practice guidance 'Registering the Right Support' and understood the challenges within this when developing support in a care home setting with some of the restrictions this could impose.
• Rosebank was extremely good at sharing best-practice approaches with other providers in the area. The management team had established strong links with provider groups, both locally and nationally and had openly shared some of its more progressive systems and practices.
• The culture of the home had been enhanced using social media. Events such as the care home open day had been broadcast live. People living at Rosebank had also been involved in making their own videos and posting them on the homes social media site which relatives could also access. This made for a more inclusive and well-defined culture of care at Rosebank.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• The registered manager and staff understood their roles and responsibilities. People we spoke with were confident in the leadership of the service. One person told us, "Yes, it is extremely well managed (registered manager) is on top of everything."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:
• The registered manager promoted a culture of person-centred care by engaging with everyone using the service and their family members. People we spoke with felt listened to and involved in the care provided.
• Staff understood the service's vision and felt respected, valued and well supported. They told us they felt valued and trusted by the registered manager and provider.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• The service involved people and their families through regular reviews and conversations to allow them to

put forward their views about the service. Staff were encouraged to share their views about the service through regular meetings.

Working in partnership with others:
• The registered manager was aware of the need to work closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals as well as external agencies who supported best practice.
• A visiting professional said, "They are very consistent in what they do to support people. I have no concerns."