

Rosedale Care Home Ltd

# Rosedale Care Home Limited

## 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

Rosedale Care Home Limited is a 'care home' for people with learning disabilities. 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 both were looked at during this inspection.

Rosedale Care Home accommodates up to seven people in one adapted residential house in a residential area. At the time of the inspection there were seven people living there. The service provided was not initially developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. However, people were given choices and their independence and participation within the local community encouraged.

This inspection took place on the 9 October 2018 and was unannounced. We had previously inspected this service in April 2016, at that inspection the service was rated 'Good'. At this inspection, we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going 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.

The provider was the 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 service had a positive ethos and an open culture. The provider was approachable, understood the needs of the people in the home, and listened to staff and relatives. There were effective systems in place to monitor the quality of the service and drive improvements. However, the provider needed to ensure that they remained up to date with national strategies around the care and development of services for people with learning disabilities.

People were consistently protected from the risk of harm and received their prescribed medicines safely. Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs.

The care that people received continued to be effective. Staff had access to the support, supervision and training that they required to work effectively in their roles. People were supported to maintain good health and nutrition and live fulfilled lives.

People developed positive relationships with the staff. The staff were friendly, passionate about their work

and caring; they treated people with respect, kindness, dignity and compassion. People had personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). The provider was aware of how to make referrals if people lacked capacity to consent to aspects of their care and support and were being deprived of their liberty. People were supported to use communication aids and information was provided to people in an accessible format to enable them to make decisions about their care and support.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received. Information was available in various formats to meet the communication needs of the individuals.

## 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 was not always well-led.

The provider had not always considered national strategies in relation to the development of services for people with learning disabilities.

There were effective systems in place which monitored the quality and standards.

The service was open and transparent and people were encouraged to express their views and ideas

# Rosedale Care Home Limited

## **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 was an unannounced comprehensive inspection, which took place on 9 October 2018 and was undertaken by two inspectors.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually 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 sought feedback from commissioners who placed people and monitored the service. We also reviewed other information that we held about the service such as notifications, which are events, which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During this inspection, we spoke with three people who used the service. We also spoke with the provider, deputy manager, a senior support worker and three support workers.

We looked at the care records of two people to see whether they reflected the care given and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, and arrangements for managing complaints.

## Is the service safe?

### Our findings

People were being cared for safely and staff provided consistent safe care and support. There were risk assessments in place, which gave staff clear instructions as to how to keep people safe. For example, an assessment had been undertaken to identify any risk to people falling; where risks had been identified appropriate controls had been put in place to reduce and manage the risk.

Staff understood their responsibilities in relation to keeping people safe from harm. There was a safeguarding procedure in place and the provider knew that if any safeguarding issues arose that they would have to complete the relevant notification for the local authority and Care Quality Commission. There had been no safeguarding concerns raised within the last 12 months. Issues around keeping safe were discussed at house meetings with the people who lived in the home and at staff meetings to maintain awareness amongst both the people and staff.

Staff recruitment processes protected people from being cared for by unsuitable staff and there were sufficient staff to meet the needs of the people. Staff were visible and responded to people in a timely way.

Medicines were safely managed. Staff had received training and their competencies were tested annually. There were regular audits in place and any shortfalls found were quickly addressed. We saw that people received their medicines within appropriate periods.

People were protected by the prevention and control of infection. We saw that all areas of the home were clean and tidy, and that regular cleaning took place. Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection.

The provider had ensured that environmental risk assessments were in place. There were effective systems in place to monitor the health and safety of people, which included regular fire tests, and maintenance checks of equipment and the building. The people we spoke with knew what to do in case of a fire and there was information available to other professionals in an emergency.

Accidents and incidents were monitored and action taken to address any identified concerns. Any lessons learned from incidents were discussed and action plans put in place to ensure similar incidents did not happen again.

## Is the service effective?

### Our findings

People's needs were assessed prior to them moving into Rosedale Care Home to ensure that the service could meet their care and support needs; attention was also paid to the compatibility of the people living in the home. At the time of the inspection, most of the people had lived together for several years. Those people who had moved in more recently had met the people living in the home before they moved in and people had been consulted as to how they felt the new people would fit in. Assessments of need were completed and individual plans of care developed to guide staff in providing personalised care to people.

People were encouraged to make decisions about their care and their day-to-day routines and preferences. One person said, "I can decide what I want to." Detailed assessments had been conducted to determine people's ability to make specific decisions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards. Staff demonstrated they worked within the principles of the MCA and there was satisfactory documentation to support this.

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. Staff training was relevant to their role and the training programmes were based around current legislation and best practice guidance and training. Staff told us that they had training each year to refresh their knowledge and skills, the training records we looked at confirmed this. One member of staff said, "My colleagues and manager are very supportive and help me with my training."

All new staff undertook a thorough induction programme and all staff were encouraged to take relevant qualifications. We saw from the information the provider gave us that training such as manual handling, infection control, food hygiene and safeguarding were regularly refreshed. Staff received regular supervision, which gave them the opportunity to discuss their performance and personal development.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. We saw that referrals to the dietitian and speech and language therapist had been made when required and advice followed. People were involved in deciding what meals they had each day and were encouraged to help to prepare them. One person said, "The staff cook a good variety of very good food here." Another person said, "The food is lovely, the staff all know what I like to eat."

People had regular access to healthcare professionals and staff sought support from health professionals when needed. There was a health communication passport in place for each person; this ensured that there was information readily available for health professionals to understand how best to support people.

The provider had recently acquired ownership of the adjacent property and was looking to increase the

number of beds within the home. However, this would not be in line with the 'Registering the right support' strategy and we recommend that the provider seeks further advice and guidance from the local commissioners about providing the most appropriate care and support.

The provider ensured that the environment was maintained and free from hazards. There was an accessible garden space for people to use in good weather, and people had space for privacy when they wanted it. There was an on-going programme of maintenance and people had been encouraged to personalise their bedrooms.



## Is the service caring?

### Our findings

People had developed positive relationships with staff and were treated with kindness and respect. We observed good interactions between the people and staff. One person said, "There is nothing bad about this place, the staff are all very nice and are nice to talk to." Another person said, "The staff are wonderful." One member of staff said, "Everyone are like friends here, we all get on well."

Care plans contained information to inform staff of people's history, likes and dislikes, their preferences as to how they wished to be cared for and their cultural and spiritual needs. People's individuality was respected. People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

People's choices in relation to their daily routines and activities were listened to and respected by staff. We observed people playing a board game with a member of staff and a couple of people had gone out either to a day centre or out shopping. One person said, "I am able to go out myself, but I know I can ask staff if I need any assistance." Staff told us that they would always make sure people could do what they wanted when they wanted to, they said the staff team were flexible and would make things happen for people.

Families and friends were welcomed at any time. Staff supported people to make visits to family and friends when they wished.

People were treated with dignity and respect. Staff told us how they maintained people's dignity when providing personal care. They described how they ensured curtains and doors were kept closed, and how they encouraged people to be independent and help themselves. We saw that staff asked people before they entered their rooms and checked with them if they were happy to speak to us during the inspection.

People had access to an advocate to support their rights to have choice, control of their care and be as independent as possible. The provider understood that some people may need additional support from an advocate. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

## Is the service responsive?

### Our findings

People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people. One person said, "I have seen my care plan and I know I can speak to staff if I want to make any changes."

The plans enabled staff to interact with people in a meaningful way and ensured that people remained in control of their lives. They were reviewed regularly and any changes communicated to staff, which ensured staff remained up to date with people's needs.

People were supported and encouraged to follow their interests. People were supported to access the local community and some people attended local day centres in the area. One person told us about a recent holiday they had enjoyed and another person told us about a wish they had to go to an Italian restaurant, which staff were going to support them with.

If people were unhappy with the service, there was a complaints procedure in place. The information was accessible to meet people's individual communication needs. There were house meetings and we saw from the minutes of those meetings that people were given an opportunity to raise any concerns.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, People were supported through pictorial schedules with pictures and symbols that were meaningful to them.

At the time of our inspection no one needed support with end of life. The deputy manager told us that they were currently looking at how best to approach people about their wishes and what processes and procedures they needed to have in place to support people s and when required at the end of their life. The provider was seeking advice and guidance from other health professionals.

## Is the service well-led?

### Our findings

People could be assured that the service was well managed on a day to day basis. The provider was the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

However, the provider needed to ensure that they remained up to date with strategies and guidance around the care and support of people with learning disabilities to enable them to develop the service appropriately. A closer working relationship with the local health and social care commissioners would be helpful.

The atmosphere around the home was friendly and welcoming which led to an open and transparent culture. People and their families were asked for their feedback through surveys and care reviews. The provider kept everyone informed about how the service was developing. The provider ensured that any learning from complaints or experiences was shared with everyone.

There were procedures in place, which enabled and supported the staff to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equality, diversity and human rights. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date.

Staff attended regular staff meetings; the minutes of meetings confirmed that staff had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to safeguarding investigations or complaints.

There were effective systems in place to monitor the quality of the service. The provider spent time at the service daily; this ensured that the systems in place to monitor the standard and quality of the service were being managed effectively and appropriate action taken to address any shortfalls.

We saw that people were encouraged to be part of their local community through attending local social and leisure groups. For example, people were enabled to go to the local pub and visit various places to eat. The provider worked with the local authority and NHS professionals and was receptive to any advice and support offered to enhance the life experiences of people.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service.