

WT UK Opco 4 Limited

Rossetti House

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

About the service

Rossetti House is a residential care home providing personal and nursing care to 64 older people at the time of the inspection. The service can support up to 70 people. Rossetti House accommodates people across 6 separate units; one of the units specialised in providing care to people living with dementia. Other units were specifically dedicated to nursing and residential care.

This care home is run by two companies: Care UK Community Partnerships Ltd and WT UK Opco 4. These two companies have a dual registration and are jointly responsible for the services at the home.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were provided with opportunities during initial assessment to express their needs, wishes and preferences regarding how they received care and support.

People's needs were assessed and resulting support plans provided guidance to staff on how people were to be supported. Support in planning people's care, treatment and support was personalised to reflect people's preferences and personalities, however, more detail needed to be captured in care plans.

The staff had received training regarding how to keep people safe and they were aware of the service safeguarding and whistle-blowing policy and procedures. Staffing was arranged in a flexible way to respond to people's individual needs. Recruitment practices were robust.

Staff demonstrated a detailed knowledge of people's needs and had received training to support people to be safe and respond to their support needs

There were suitable arrangements in place for the safe storage, receipt and administration of people's medicines. The service maintained daily records of how people's support needs were met and this included information about medical appointments.

Staff respected people's privacy and staff worked with people in a kind way that responded to their needs. There was a complaints procedure for people, families and friends to use and compliments could also be recorded.

We saw that the service had taken time to understand people's individual way of communicating in order that the service staff could respond appropriately to people.

The provider had quality monitoring systems in place these were used to bring about improvements to the service as the service developed.

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

Rating at last inspection

This service was registered with us on 10 December 2021 and this is the first inspection.

The last rating for the service under the previous provider at the premises was good, published on 13 October 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Rossetti 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

Three inspectors carried out this inspection.

Service and service type

Rossetti House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Rossetti House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service. We also spoke with 3 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager and care staff.

We reviewed a range of records. This included 8 people's care plans and medicines records. We looked at recruitment checks and training records of 6 staff members. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had a policy and procedure regarding the safeguarding of people and guidance was available for staff to follow. Staff told us they had received training on safeguarding people from abuse.
- Staff understood their responsibilities to keep people safe from harm and abuse and felt confident to raise concerns about poor care. One staff member said, "I'm happy to raise concerns if I need to. [Registered manager] will always make time for you and [Deputy manager] will always listen."
- People told us they felt safe living at the service. One person said, "Oh yes, I feel safe that's the best part, if you call in the night they come straight away."

Assessing risk, safety monitoring and management

- Risks had been identified and assessed. Care plans provided guidance for staff on how to manage the risks of harm to people. For example, plans gave instructions for staff on any equipment needed to support people to move; this included hoist and sling details.
- Some people had been assessed as being at risk of choking. Referrals had been made to the speech and language therapist (SALT) and guidance was available within the care plans. Care plans provided step by step guidance for staff on what to do if somebody was choking. Staff discussed how people's specific dietary needs were reviewed and showed us an example of when further advice had been sought from SALT.
- Some people had been assessed as being at risk of pressure sores. Air mattresses and air cushions were being used to prevent skin breakdown. All the air mattresses we looked at were set correctly. Care plans specified if people needed staff to support them to change their position regularly. Staff showed us the electronic recording system in use which showed people had their positions changed in line with care plan guidance.
- Some people were at risk of seizures. Plans provided step by step guidance for staff on what to do in the event of a seizure to keep people safe.
- Environmental risks were assessed, with measures put in place to remove or reduce the risks. Fire, gas and electrical appliances were serviced routinely and there were systems in place to ensure a safe water supply and prevent the risk of Legionella disease.
- Personal evacuation plans were in place which informed staff of the level of support people would need in the event of an emergency evacuation.

Using medicines safely; Learning lessons when things go wrong

- Routine medicines were well managed but the improvement was needed in the administration of medicines prescribed on an as required basis (PRN).
- PRN protocols to guide staff about when to administer these medicines were in place but these were not

personalised and lacked detailed information for staff. For example, protocols for people who might experience periods of distress or anxiety did not inform staff of the steps to take to reduce any anxiety before resorting to the use of medicines.

- Some handwritten entries on medicine administration records (MARs) had only been signed by one staff member rather than two. Having two people check and sign means the accuracy of the transcribing is double checked. We discussed this with the registered manager during the inspection and they stated they would address this following the inspection.
- Medicines were stored safely. The temperatures of storage areas were monitored. Controlled medicines were stored safely. We carried out some random stock checks with staff and these were accurate.
- Staff administering medicines had been trained to do so. We observed staff supporting people with medicines, checking they had a drink and that they had swallowed the medicine.
- When people had their medicines administered covertly (disguised in food or drink), people's mental capacity to consent to this had been assessed and there was documentation in place to show how the best interest decision had been reached.
- There were systems in place in the event of any incidents or accidents to establish the cause for occurrences and learning to prevent recurrence. Risk assessments were updated to reflect this.

Staffing and recruitment

- There was a robust employment procedure for staff. Staff recruitment files showed that the service operated a safe and effective recruitment system. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. The recruitment process also included completion of an application form, an interview and previous employer references to assess the candidate's suitability for the role.
- The registered manager told us the service had a programme of recruitment to increase staff numbers to enable people to have the levels of funded support they required. Difficulty in recruiting and retaining staff had meant it had been challenging to fulfil the level of staffing required. Despite this we saw people received their essential support and still able to undertake activities of their choosing
- Staff gave mixed feedback in relation to staffing levels. Comments included, "The staffing can be hit and miss. Being in a small town means it can be difficult to recruit. We are reliant on the agency for care staff. Generally, we have the same agency staff, so they get to know us, and we get to know them" and, "If we have 6 and 4 [Staff] that's good. 5 and 4, we can cope. We just get on with it."
- Call bells were responded to quickly. People confirmed this. One person said, "If I use my bell, they [Staff] come quickly." One person told us, "Mostly there's enough [Staff], but it feels like they might be a bit thin on the ground."

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 supporting people living at the service to minimise the spread of infection.
- 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. Staff were observed wearing personal protective equipment (PPE) correctly and there was enough PPE available.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

The environment was visibly clean and smelt fresh and there were cleaning schedules in place which had been completed.

- There were enough housekeeping staff on duty to maintain the cleanliness of the building.
- The laundry room was well maintained, and clean and dirty washing was kept separately to prevent cross contamination.

The provider was facilitating visiting in line with current guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

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 MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- DoLS applications had been made appropriately. Where these were authorised, the provider was meeting the attached conditions.
- There were limited restrictions placed on people. Where there were restrictions, people's capacity had been considered and mental capacity assessments had been completed.
- People's needs were assessed prior to them being supported by the service. These assessments ensured people were supported to live the life they choose, with the same choices and rights as other people.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training and an effective induction into their role. The induction programme included a period of shadowing a more experienced member of staff. Staff who were new to care, received an induction and training which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.
- The provider had a system to record the training staff had completed and to identify when training needed to be repeated. The provider's essential training included areas such as medicines training, fire safety, diabetes, pressure care and safeguarding. Staff also had access to other training focused on the specific needs of people using the service. A staff member said "I know my training is 100% at the moment. We get emails reminding us when we need to do refresher training."
- Supervision is dedicated time for staff to discuss their role and personal development needs with a senior

member of staff. Staff said they had regular supervision sessions with a line manager or supervisor. However, staff were unable to recall if they had had an appraisal in the past.

- Nurses told us they were supported with continuous professional development and maintenance of their clinical skills.

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans contained details of any specific dietary needs, such as thickened fluids or soft diets. However, there was an inconsistent level of detail about people's preferences for what they liked to eat and drink. The provider told us they would address these issues following the inspection.

- We observed lunch across 4 units. Some people chose to sit at a communal dining table. Others chose to stay in their bedrooms. One person was watching the television in the lounge and a member of staff asked, "Are you happy sitting here? It's up to you. If you're content here, then of course that's fine."

- People were offered a choice of meals. People told us the food was "Lovely" and, "Very nice." One person said, "The food is lovely, we get lots of choice. If I don't fancy something on the menu, I can always have something else. I never feel like I have to put up with anything."

- People were offered drinks throughout the meal. We saw some people chose to have wine and others chose juice. The chef came and asked people if the food was good and listened to people's feedback. One person said, "We had a meeting some time ago with the chef and gave feedback and it improved, became fantastic."

- People's weights were checked, and some people were having their food and fluid intake monitored. Electronic records showed people were supported to have enough to eat and drink and we saw staff offering regular drinks and snacks throughout the day.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Adapting service, design, decoration to meet people's needs

- A nurse practitioner from the local GP surgery visited the service weekly. Nurses told us they prepared a list of people who they wanted to be reviewed. Outside of the weekly visit, nurses said it was easy to contact the surgery for advice and support. One person said, "They're [Staff] very good if I'm not well. If I'm say I'm not right they will sort it."

- People were supported to attend appointments. Records show people were supported to attend appointments, and referrals made in a timely manner, to the GP, speech and language therapy and the tissue viability nurse. One visiting professional said, "They [Staff] always listen. If I ring and say can you make sure [Person] is on the bed when we visit, the person will always be on the bed as planned. I have no concerns about it here."

- Clinical staff attended a weekly meeting at the service. This was a meeting to discuss the clinical needs of people using the service to ensure all staff were kept up to date with people's health needs.

- People were able to choose how their rooms were furnished and decorated. People showed us how they had personalised their rooms with items of their choosing that were important to them.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- We saw and heard positive interactions between people and staff throughout the inspection. There was a relaxed and friendly atmosphere across the whole service. People appeared happy when with staff. They were laughing, joking and talking with staff. We saw one person knitting with a staff member.
- Staff knew people and spoke to them by name. For example, we heard staff greet people, "Good morning [Person's name]. How are you? Can I get you a cup of tea?" and, "Hello [Person's name]. How are you feeling today?"
- People told us staff were, "Lovely" and, "Very good." One person said, "It's friendly here, a nice atmosphere. It never feels like too much trouble for the staff. I've never met a member of staff I didn't like and that goes for the whole team pretty much."
- All staff we spoke with said they felt confident people using the service received good care. Comments included, "I know the care is good because the residents are happy and seem content. We ask if they have any worries or concerns. People who live here have a nice life. I tell them it's a new chapter in their lives" and, "Care is good here. I trust the team here. They go above and beyond. They take the time to do things, like taking someone out for a walk, or going into town. The staff try and join in with activities. The team is really very good."
- Another member of staff said, "I love getting to know residents and families so well. We have a good giggle with people, and we have a laugh. One resident refers to us as 'her girls'."
- Staff told us how people with sight and hearing loss were included in activities and days out by adapting communication to meet their needs.
- People and relatives were involved in making decisions about their care. We saw records of relative contact and information provided by people about their wants and needs for support.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One person said, "I remember noticing when I first came in how good staff are at making sure our privacy is maintained. They always close the curtains and doors. They keep me covered up." A staff member said, "I always keep people covered up, tell people what I'm doing, ask them, 'do you want to clean your teeth.' I always ask people what they want and include people in conversations."
- Staff told us they understood the importance of maintaining people's dignity and independence. Plans informed staff when people could do some things for themselves and when they might need support from staff.
- A person told us how they had been enabled to maintain their independence. The person said, "[I]

couldn't walk when I came in and now, I can take a few steps. The physio has been in and now staff help, I walk with staff behind with a wheelchair, so I feel safe."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- The provider used electronic care plans; these were of an inconsistent quality and were not always easy to navigate. Although some of the plans we looked at contained details of people's choices and preferences this was not seen in all. The provider told us they would address this following the inspection.
- Some people experienced periods of anxiety and distress. In some people's care plans the known triggers, if any, were recorded and there was guidance for staff on steps they could take to reduce any anxiety. However, in other plans this was not documented. Additionally, staff had not always recorded what they had done to support the people during periods of agitation or whether these actions had helped the person to become calm and relaxed. Despite this, staff told us they communicated with each other and discussed how best to meet people's needs.
- People's life histories had been recorded. Staff told us they read the care plans to learn more about people. One staff member said, "I make a point of reading peoples life stories. They're so important. It makes you realise the people who live here deserve respect and have had a life."
- Staff had received end of life care training. At the time of the inspection no one was receiving end of life care. Care plans contained limited information regarding people's choices for end of life support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were addressed in their care plans. Staff knew how to communicate with people and were aware of any specific needs of people, for example when people needed time to process information.
- Plans contained clear information for staff on how to meet people's communication needs. For example, plans included details such as, "Please face me when speaking to me" and, "Ensure my glasses are clean and that I'm wearing them."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had a variety of activities such as Knit and Natter, a gardening and a library group. People were also supported to go on day trips and out into the community. One person said, "I am a member of the

knitting club, go to quizzes, there's quite a bit going on."

- The registered manager told us about planned involvement in the community for the near future including a visiting toddler group, attending a local church service, a harvest festival collection for a local food bank and the use of a bed in an allotment society.

Improving care quality in response to complaints or concerns

- There was a complaints procedure for people, families and friends to use and compliments could also be recorded.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- There was a positive and person-centred culture within the service. Staff spoke passionately about their work and the people they supported
- Staff spoke consistently highly of the management team. Comments included, "[Registered manager] feeds back to me, and has encouraged me. I've blossomed since I came to work on [name of unit]" and, "I've always been really well supported by the management team. I feel appreciated by them for what I do. [Registered manager] and [Deputy manager] come around and check on us."
- Staff told us the culture and morale at the service was positive. One staff member said, "I think COVID has brought everyone together more. We have each other's backs. It's good to help each other out." Another staff member said, "This is like my second home here. All the staff are amazing and it's a great place to work."

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

- There were quality assurance audit checks in relation to all functions of the service. However, medicine audits did not highlight the concerns we found. We have made a recommendation about this in the safe section of the report.
- Other regular audits had taken place to monitor service provision and to ensure the safety of people who used the service. The provider told us they would immediately include more person-centred information in care plans.
- Quality surveys undertaken in 2022 for people, staff and relatives evidenced high levels of satisfaction with the service. One relative told us "[Registered manager's name] door is always open, and he listens." Staff told us that the annual staff survey request for feedback, initiated change. A staff member said "I think things do change if they can happen. If they can help us, they will."
- Statutory notifications had been made in line with current legislation to allow the Care Quality Commission to monitor the service. All services registered with the Commission must notify us about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled.
- The provider had a duty of candour policy in place. The registered manager was aware of how they should respond if there was a relevant incident. Staff knew they had to report concerns to the manager and were

confident these would be acted upon

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

- Staff told us there were regular team meetings held but staff attendance was poor. All the staff we spoke with said they felt able to speak up at meetings. A staff member said, "I have raised a suggestion and was listened to."
- People we spoke with knew who the registered manager was. We saw people having conversations with the registered manager as they walked round the building. One person said, "This home is [Registered manager's] baby."

Continuous learning and improving care; Working in partnership with others

- There was a programme of staff training to ensure staff were skilled and competent, staff were also encouraged to complete additional qualifications.
- The registered manager used a range of internal and external sources to keep themselves up to date with current knowledge and practice.
- The registered manager regularly engaged with staff via supervisions and informal chats. These were opportunities for two-way conversations. Staff told us they felt management listened to suggestions and involved them in identifying improvements to people's care.