

Rosa Mistica Ltd

# Rosedale Residential Home

## Inspection report

68 Rockingham Road  
Kettering  
Northamptonshire  
NN16 8JU

Tel: 01536512506

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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?

Requires Improvement ●

# Summary of findings

## Overall summary

This unannounced inspection took place on the 24 April 2017. Rosedale Residential Home provides accommodation for up to 19 people who require residential care for a range of personal care needs. There were 12 people in residence during this inspection. At the last inspection, in July 2015, the service was rated Good. At this inspection we found that the service remained Good.

There was a registered manager in post. 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.

The quality of the service was monitored by the audits regularly carried out by the registered manager, however, the service required more oversight and prompt action by the provider in carrying out timely repairs.

People were supported by a team of staff that had the managerial guidance and support they needed to do their job.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report any suspected signs of abuse. Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately.

Staff understood the importance of obtaining people's consent when supporting them with their daily living needs. People experienced caring relationships with the staff that provided good interaction by taking the time to listen and understand what people needed.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs.

People's care and support needs were continually monitored and reviewed to ensure that care was provided in the way that they needed.

There were sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person.

People were supported to have sufficient to eat and drink to maintain a balanced diet. Staff monitored people's health and well-being and ensured people had access to healthcare professionals when required. Medicines were managed safely.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service remains Safe</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service remains Effective</p>	<p><b>Good</b> ●</p>
<p><b>Is the service caring?</b></p> <p>The service remains Caring.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service responsive?</b></p> <p>The service remains Responsive.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was not always well-led.</p> <p>The provider did not always provide the oversight and resources required to make timely repairs.</p> <p>People's quality of care was monitored by the systems in place however, timely action was not always taken to make improvements when necessary.</p> <p>The registered promoted a positive culture that was open and inclusive.</p> <p>People were supported by staff that received the managerial guidance they needed to do their job.</p>	<p><b>Requires Improvement</b> ●</p>

# Rosedale Residential 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 was planned to check 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 24 April 2017 and was unannounced. The inspection team consisted of an inspector and one 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. The expert by experience had experience in using care homes and community services for their relative.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with six people who used the service and one of their relatives. We spent some time observing care for eight people to help us understand the experience of people who lived with dementia. We spoke with four members of staff including two care staff, the registered manager and the provider. We reviewed the care records of four people who used the service.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

## Is the service safe?

### Our findings

Staff understood their responsibilities to safeguard people and knew how to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. They had received training and were supported by up to date guidance and procedures. One person told us "I think it's a safe place to live. " One member of staff told us "I have done my level two training [in safeguarding vulnerable adults], I know what to do if I had any concerns." The manager maintained records of safeguarding referrals and any investigations; they raised safeguarding alerts where concerns had been brought to their attention.

People were assessed for their potential risks such as their risk of acquiring pressure ulcers. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had deteriorated their risk assessment reflected their changing needs. People's care plans provided instruction to staff on how to mitigate people's risks to ensure people's continued safety.

People's assessed needs were safely met by sufficient numbers of experienced staff on duty. The manager calculated how many staff were required and ensured that enough staff were allocated on the rotas. One person told us "At the present moment I think there are enough staff."

People could be assured that prior to commencing employment in the home, all staff applied for and were interviewed through a recruitment process; records confirmed that this included checks for criminal convictions and relevant references.

People's medicines were safely managed. We observed staff administering medicines to people and heard them explain what the medicines were for. One person told us "The medication is on time they seem to be obsessed by that. I do sometimes ask for pain relief and get it." Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain.

# Is the service effective?

## Our findings

People received care and support from staff that had completed an induction that orientated staff to the service. Staff received training in areas that enabled them to understand and meet the care needs of each person they cared for and records showed that staff training was regularly updated and staff skills were refreshed. Staff competencies in medicines and using equipment were checked. One person told us "The staff use the hoist with me and they seem to know what they are doing." Staff were supported to gain vocational qualifications in health and social care. One member of staff told us "I have done all of my mandatory training and NVQ level 2, and I have signed up to do my NVQ level 3."

People were cared for by staff that received supervision to carry out their roles. Staff told us that they felt supported by the manager who was very approachable; one member of staff told us "I have my supervision at least every three months, it helps me and [the manager] is very supportive."

People and their representatives were involved in decisions about the way that care was delivered and staff understood the importance of obtaining people's consent when supporting them with their daily living needs. We observed staff communicating effectively with people using a variety of means to help them understand what people needed; for example where people could not communicate verbally, staff looked out for signs of agreement or disagreement with the care that was offered.

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Care staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. The registered manager and care staff were aware of, and understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS); there were no people subject to a DoLS at the service.

Staff assessed people's risks of not eating and drinking enough by using a Malnutrition Universal Screening Tool (MUST). Staff referred people to their GP and dietitian when they had been assessed as being at risk. Staff followed guidance from health professionals to ensure that people were able to have adequate food and drink safely; we observed that people were provided with food that was suitable for their needs for example soft food.

We observed that people were supported to have sufficient to eat and drink to maintain a balanced diet. We observed that people had a choice of meals and people told us there was always enough food. One person told us "food very good, down to earth, but very good." The cook was knowledgeable about people's dietary needs and had access to information at a glance which showed people's needs, likes and dislikes and were able to adjust meals accordingly.

People's healthcare needs were met. Staff maintained records of when healthcare appointments were due and carried out, such as GP review of medicines, eye tests, dentist and the chiropodist. One person told us "I have seen the doctor recently. I don't have the chiropodist anymore, but that is my choice."

## Is the service caring?

### Our findings

People received care from staff that were kind. People spoke positively about the quality of the staff that supported them. One person told us "The staff are kind and courteous and I do think they know how to look after me." One relative told us "[Name] knows all the staff and they all understand her."

People received care from a regular group of staff, which helped form positive relationships. One person told us "The staff are caring and they treat me with respect." We observed that staff acknowledged people by name when they saw them.

People's care was person centred; staff were knowledgeable about the people they cared for; they were able to tell us about people's interests; their previous life history and family dynamics. People had their individual routines and preferences recorded and carried out by staff.

Staff demonstrated their awareness of the need to maintain people's dignity; they were able to provide examples of how they supported people in a dignified manner, such as using positive language to encourage people to be independent. We observed staff promoting choices by asking residents which room they would like to go into following breakfast and offering wipes to people to wipe their hands and faces prior to leaving the dining room.

There were arrangements in place to gather the views of people that received personal care during care reviews and supervision of staff. People had provided positive feedback about the kindness of staff. People's relatives and friends were made to feel welcome.

## Is the service responsive?

### Our findings

People's needs were assessed prior to their admission to the home. Initial risk assessments and care plans were put in place and updated within a week or sooner as their needs changed.

People's needs were met in line with their care plans and assessed needs. Staff carried out regular reviews of peoples' assessments and care plans and there was clear communication between staff to update them on any changes in care. We observed the handover of information between the morning and afternoon staff and found the information was clearly delivered and staff had the opportunity to ask questions to clarify their understanding.

People received care that corresponded to their detailed care plans. For example we observed one person mobilising with the aid of a standing hoist, staff offered continual reassurance and explanation to help the person to cope with their anxiety, so that they were mobilised safely. The person's care plan provided staff with information about how to help manage their anxieties; staff knew people well and were quick to recognise when people showed signs of anxiety and offered their time and reassurance promptly.

Staff provided care to mitigate known risks, for example, one person liked to go out with friends in the evenings, the care plans gave staff clear guidelines on how to ensure the person remained safe.

People had been involved in planning and reviewing their care when they wanted to. One person chose not to be involved, they told us "staff do discuss my care plan with me but to honest I'm not really interested." People's care and support needs were accurately recorded and their views of how they wished to be cared for were known, for example the time they wished to get up in the morning and their clothing. People's care and treatment was planned and delivered in line with their individual preferences and choices.

People had their comments and complaints listened to and acted on, and felt assured that the registered manager would take appropriate action. One person told us "If I had any concerns I would tell them [staff]." A complaints procedure was available for people who used the service explaining how they could make a complaint.



## Is the service well-led?

### Our findings

The provider did not always provide the necessary resources in a timely way. Although the provider had invested in equipment such as hoists and slings, on-going repairs and decoration of the building were taking excessive amounts of time to be agreed and carried out. For example there had been degrading plaster on the walls of the lounge area that had not been repaired and people could not use the specialist bath as it had not been installed.

The provider's oversight of the environmental and health and safety audits was minimal and required closer scrutiny to identify issues that required immediate attention, such as the laundry facilities and bedding supplies. We brought these to the attention of the provider who demonstrated how they were going to take action and improve their oversight by listening to staff feedback and holding regular meetings with people who used the service and their relatives.

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.

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. People benefited from receiving care from a team that worked well together and was enabled to provide consistent care they could rely upon. Staff told us that the registered manager was very caring, one member of staff said "the manager is very supportive, a good role model." Staff told us they were happy working at the home as they believed they were providing good care.

The registered manager held team meetings where staff were encouraged to discuss issues that affected people's quality of care. People had the opportunity to feedback about the care they received at home meetings.

The registered manager carried out regular quality monitoring audits and took action where issues had been identified. However, the provider did not always respond promptly to all of the findings of the audits.