

T Lewis

Rosedene Nursing Home

Inspection report

141-147 Trinity Road
Wandsworth Common
London
SW17 7HJ

Tel: 02086727969
Website: www.rosedenenursinghome.co.uk

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24 March 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Rosedene Nursing Home is a care home registered to provide accommodation and personal care for up to 67 people although a maximum of 45 people are usually accommodated. The service provides care and support to people living with complex mental health needs and /or dementia. At the time of our inspection there were 41 people using the service.

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

Family of people using the service were positive about the service provided at Rosedene Nursing Home. They told us that a consistent team of staff, some of whom had worked at the service for a long time, supported their relative and ensured their health and welfare. They said staff were kind, caring and respectful towards people using the service.

Staff were recruited safely, had appropriate training and were well supported by the longstanding registered manager. Safe staffing levels were maintained.

The management and administration of medicines was safe. People received their medicines as prescribed.

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 benefitted from effective leadership of the service. The registered manager ensured the home had a caring and accepting culture. People using the service knew her and staff told us they could talk to her if they had any concerns or for advice and support.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 3 August 2021).

Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm.

We also 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. This included checking the provider was meeting COVID-19 vaccination requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosedene Nursing Home on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Rosedene Nursing Home

Detailed findings

Background to this inspection

Inspection team

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

This inspection was carried out by two inspectors. One inspector was a specialist looking at the nursing care provided and how medicines were managed.

Service and service type

Rosedene Nursing Home is a 'care home'. 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 we looked at both during this inspection.

The service had a manager registered with the Care Quality Commission. Registered managers and providers have legal responsibilities for how they run the service and for the quality and safety of the care provided.

Notice of inspection

The first day of inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service including any feedback from the local authority and notifications of significant events the provider had sent to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information

about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited Rosedene Nursing Home on 17 and 24 March 2022. We spoke with eight people who used the service about their experience of the care provided. We also spoke with nine members of staff including the registered manager, the clinical lead, senior carers and care staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at five staff files in relation to recruitment and training. A variety of records relating to the management of the service were additionally reviewed.

We received written feedback via email from five relatives or representatives of people using the service and three care professionals.

Is the service safe?

Our findings

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

Systems and processes to safeguard people from the risk of abuse

- There were effective systems and processes to safeguard people from the risk of abuse. The service had safeguarding and whistleblowing policies and procedures which staff knew how to use. Staff spoken with were confident that their managers would listen and take action if they raised a concern. One staff member told us, "I would talk to the senior staff. They would do something about it."
- Staff received training to know how to safeguard people from abuse. An electronic system was used to make sure staff kept up to date with this important training.
- The registered manager understood their responsibility to make safeguarding alerts to the right organisations. Two instances were noted where formal notifications had not been made to CQC however we saw evidence that the registered manager had identified that the responsible Local Authority had already informed CQC. The registered manager stated they would ensure they notified CQC of all safeguarding alerts referred by the service and by other professionals.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Assessing risk, safety monitoring and management

- Risk was assessed and there were effective safety monitoring and management processes in place.
- Individual risk assessments were completed to help ensure people's safety. Staff we spoke with knew people well, had a good knowledge of any risks associated with their support and how to reduce these. Written risk assessments and care plans were regularly reviewed and updated. A family member told us, "[Person] has always been happy [at Rosedene] and has felt safe and anxiety free and treats it as their home."
- Health and safety and maintenance checks were completed to help keep people safe. For example, gas, electric and water safety checks were completed, and we saw an up to date and detailed fire risk assessment. Staff carried out regular fire safety checks.
- Sometimes staff needed to respond to types of behaviour that posed a risk of harm to the person themselves, other people or staff. One care professional told us, "They manage a very complex group of

patients effectively." Another care professional said, "The changes to my clients mental and physical health I cannot fault, their quality of life has improved significantly."

Staffing and recruitment

- There were sufficient staff to meet people's needs and keep them safe. Staff were observed to present on all floors when we visited. Many of the staff had worked at Rosedene Nursing Home for an extended period providing consistency and familiarity for people using the service.
- The service carried out recruitment checks on care staff to ensure their suitability. This included Disclosure and Barring Service (DBS) and identity checks along with references to confirm they were of good character. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- A care professional commented, "The turnover of staff is low and I know most of them, including the ladies in kitchen, the office, the nurses and HCAs to the activities coordinator. I feel Rosedene is one of the homes I go to where I feel the individual living there feels part of a family." A staff member told us, "There are enough staff. Three on each floor."

Using medicines safely

- Medicines were being administered safely.
- We observed medicines being administered safely by two members of staff. They ensured people took their prescribed medicines and documented this on the persons administration record. Records we looked at were all up to date.
- Medicines were kept in a medicine room and in locked trolleys. Medicines were managed by trained staff who had their competency assessed.

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 meeting shielding and social distancing rules.
- 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.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- Visits were being facilitated following a negative lateral flow test result. A family member told us, "We have been very impressed with Rosedene's response to the dreadful COVID situation. They managed the visiting, when allowed, extremely well."

Learning lessons when things go wrong

- Staff recorded any incidents or accidents that occurred. This helped ensure the service learned lessons if things went wrong.
- Written reports were also reviewed by the registered manager to make sure they were aware of any changes in people's behaviour or other events that may impact on people's care.
- We saw the registered manager acted following discussion and analysis of incidents and accidents. For example, support for staff to increase their knowledge about how to support people safely or ensuring people had the right equipment for their mobility needs.

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 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

- The registered manager had an open and empowering ethos which helped to develop and maintain a positive culture. They maintained a strong focus on ensuring the service had people and staff of all ages, background and culture, accepting people as you would your own family.
- Staff told us they were happy in their roles and enjoyed their work. One staff member said, "I like it here. I like the residents and I like the work."
- Family members and care professionals told us the staff team was stable and this had a positive impact on people's safety and wellbeing. A family member commented, "I have come to know the staff quite well and saw that every single one helped to look after the residents, you never hear any of them say that's not my job, they treat the residents as they would their own family."

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; Continuous learning and improving care

- The provider understood their duty of candour and demonstrated openness and honesty in their interactions.
- The registered manager made sure they received important updates about social care and relevant guidance. They were aware of the most up to date guidance regarding the prevention and control of COVID-19 in care services and were attending a course as part of a local health innovation network.

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

- There was a clear management structure within the home with the registered manager, clinical lead and senior carers in post.
- The provider had policies and procedures in place to promote and direct the smooth running of the service. For example, there were policies on complaints, equality and diversity, safeguarding and whistleblowing.
- The registered manager completed audits and suitable checks to ensure their service remained within the set regulatory requirements. A clinical governance manager also visited the service twice weekly to support the registered manager with quality assurance.

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

- We saw the registered manager engaged well with people and staff. They had over 20 years of experience

working at Rosedene Nursing Home in different roles. They headed a mostly longstanding staff team who had a very good understanding of the support required by people using the service.

- A staff member said, "The manager walks round. She makes sure we pull our weight but she listens and she is helpful."
- People were asked for their feedback about the service and encouraged to raise any concerns. People we spoke with knew who the registered manager was and where to find her. Family members were positive about how the service was run and their relative cared for. One family member told us, "The manager is always there to answer any questions and she's always happy to see us when visiting." Another relative told us, "Rosedene staff are receptive and responsive to feedback be it constructive criticism or positives."

Working in partnership with others

- The registered manager worked well with others, for example different local authorities, community mental health teams, commissioners and the police. A care professional commented, "They are always professional and approachable and good with communication. Finally I think they all deserve a massive thank you, especially during this pandemic."