

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 

### Overall summary

We carried out our inspection on 26 November 2015. The inspection was unannounced.

The service provides accommodation for up to seven people living with a learning disability and similar disabilities. There were seven people using the service at the time of our inspection.

The service has an outstanding query to confirm that it has a registered manager. The manager is also the owner of the Rosedale Care Home, and has managed the service since it commenced. 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 felt safe at Rosedale Care Home. This was because staff understood and applied the provider's policies and procedures to guide them on their responsibilities to keep people safe and how to report any concerns on people's safety.

People received their medicines as prescribed by their doctor. The provider had effective protocols for the safe management of medicines.

# Summary of findings

Staff were supported to meet the standards expected from them through training and regular supervision.

People were not deprived of their liberty. Staff sought people's consent before they provided care and treatment. People were supported in accordance with the Mental Capacity Act 2005.

People were supported to have a healthy and balanced diet. People had access to a choice of meals.

Staff supported people to have access to healthcare services when they needed them.

People spoke fondly of the caring attitudes of the staff that support them. They told us that staff treated them with dignity and respect.

The provider supported people using the service and their relatives to be involved in making decisions about their care and support.

Staff were knowledgeable about the individual needs of the people using the service. We saw evidence that they provided support that met people's needs.

The provider had effective procedures for monitoring and assessing the quality of service. This promoted people's safety and continuous improvement of the service.

# Summary of findings

## 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.

Staff had the knowledge and skills to keep people safe from harm.

The provider consistently deployed enough staff to meet people's assessed needs.

Medicines were stored and administered safely.

Good



### Is the service effective?

The service was effective.

People were supported to have a choice of food and drinks.

People's liberty was not deprived. Staff supported people in accordance with the Mental Capacity Act 2005.

People had prompt access to relevant healthcare services.

Good



### Is the service caring?

The service was caring.

Staff were knowledgeable about the individual needs and preferences of people using the service.

Staff treated people with dignity and respect.

Relatives could visit without undue restrictions.

Good



### Is the service responsive?

The service was responsive.

The provider supported people using the service and their relatives to be involved in making decisions about their care and support.

Staff listened to people's views and preferences and they acted on them.

Care was provided in a person centred manner.

Good



### Is the service well-led?

The service was well-led.

The managers were easily accessible and approachable.

Good



# Summary of findings

People using the service, their relatives and other professionals who visit the service had opportunities to routinely share their experience and contribute to service planning.

The provider had quality assurance systems in place to monitor the quality of the service being provided.

# 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 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.

We inspected the service on 26 November 2015. The inspection was unannounced. The inspection team consisted of an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using this type of service or caring for someone who uses this type of service.

Before our inspection visit we reviewed information we held about the service. This included previous inspection reports, and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law.

We spoke with three people who used the service, relatives of three people who used the service and three members of staff including the manager. We looked at the care records of three people who used the service, people's medication records, staff training records, two staff recruitment files and the provider's quality assurance documentation.

# Is the service safe?

## Our findings

People using the services at Rosedale were protected from harm and abuse. They told us that they felt safe because they knew that staff had the skills to keep them safe and because they felt at home at Rosedale. One person said they felt safe because they “trusted all the staff.” Another person said, “I like living here, staff are good here.” A relative told us people were safe because, “It is a nice family environment.” On the day of our inspection, we saw that the service was homely, people were relaxed and each person was settled into their own routine for the day. We observed that people appeared to have a friendly relationship with the staff, and appeared happy with the support that staff provided them.

Staff used the provider’s policies and procedures to guide them on their responsibilities to keep people safe and how to report any concerns on people’s safety. Staff had received up to date training on safeguarding people. Staff told us that they would report any concerns of abuse or neglect to the manager or deputy manager. Staff were also aware that they could raise safeguarding concerns to the local authority safeguarding team and the Care Quality Commission. We reviewed records of staff meeting minutes that showed the provider regularly discussed safeguarding at staff meetings.

The financial affairs of most people using the service were managed by their solicitors. The provider had systems in place to manage and audit people’s petty cash. This minimized the risk of people being financially abused.

People’s care plans included risk assessments of tasks associated with their support and care. This meant that staff were able to support people in a safe and enabling manner. We saw records that showed that people were involved in the review of their care plans and that they were aware of, and understood, any risks associated with their routine and activities of choice. People who were able to, signed to show that they agreed to the content of their care plans. Risk assessments allowed people to remain safe without restricting their independence.

The provider consistently deployed enough staff to meet people’s assessed needs. People told us that there were enough staff to support them. One person told us, “I have one to one time with staff and staff are always around if I want to talk to any of them.” We reviewed staff training records and rotas which showed that people were supported by staff who had the right skill set. The provider determined staffing levels based on people’s assessed needs and dependencies. There were enough staff on duty to ensure that people could participate in their chosen activities and attend healthcare appointments.

People received their medicines as prescribed by their doctors. We found that the provider had safe protocols for managing and administering people’s medicines. Medicines were stored safely and securely following current guidelines. This protected people from unsafe access and potential misuse of medicines. The provider had protocols to guide staff when they administered medicines that were prescribed ‘as required’. The provider’s protocols had been regularly reviewed and checked by a GP. Only staff who were trained in medicines management administered people’s medicines. Staff also received additional training for people’s specific medication needs such as administering buccal midazolam. We looked at people’s medication administration records (MAR) charts. We saw that staff had correctly followed the provider’s policies when completing people’s MAR charts. Staff followed current guidance when they completed the controlled drugs register. Staff had routine competency assessments to ensure that they administered people’s medicines safely.

People were safe from risks of trips and fall because the home was tidy and free from clutter. The premises were well maintained. The provider has secure storage for chemicals; therefore unauthorised people could not gain access to these items which reduced the risk of misuse and accidents.

# Is the service effective?

## Our findings

The needs of people using the service were met by staff who had the required skills and knowledge to support them. People told us that staff understood their needs. One person told us that they had previously lived in other care homes that did not meet their needs. They went on to say that they have had a different experience at Rosedale, that staff were now like family to them. They said, “Staff know me well. They know my needs, past history and where I am at the moment.” Another person told us, “Staff here have the right skills to look after people”. A relative told us, “They [staff] are great!”

Staff told us that they were able to fulfil the requirements of their roles due to the support they received through training and regular staff supervision meetings. At supervision meetings staff and their manager can discuss the staff member’s on-going performance, development and support needs, and any concerns. Staff told us they had three monthly supervisions. A staff member told us that they had the required skills because they had “done lots of training.” We reviewed staff training records which showed that staff had completed relevant training. We observed from staff interaction with people that they [staff] knew the specific needs of people using the service. This enabled staff to provide support that met people’s assessed needs and preferences.

People’s care and support were provided in line with legislation and guidance. The Mental Capacity Act (MCA) 2005 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. We checked whether the service was working within the principles of the MCA. Staff we spoke with had a good awareness of MCA and Deprivation of Liberty Safeguards (DoLS) and its relevance to their work. People told us that they were able to access the community liberally with or without staff support depending on their assessed needs. The provider had not applied for any DoLS

authorisation as no person at the service required this. At our inspection visit, we observed that staff asked people for their consent before administering medication or giving support.

People’s nutritional needs were met. The provider supported people to have a healthy balanced diet that they enjoyed. People who were able to, were supported to be involved in preparing their own meals. People told us that they had access to a variety of meals. People did not have a set menu. They chose what they wanted to eat weekly or daily. One person said, “I get lots of choices. We have a weekly house meeting to plan the menus.” They went on to say that they are involved in the weekly food shopping and had a choice of the shop that they wanted to purchase food from. Other people told us, “They [staff] support me to cook my meals and I get a healthy balanced diet.” Another person said, “The food is nice, I like it. I set the table, and do the dishwasher.” We observed staff offer people choice. For example, staff asked a person, “Do you still want chicken curry for dinner or something different?” People also had access to healthy snacks in the dining room. We saw a person helping a staff member to make the meals. At mealtimes, we observed that people appeared to enjoy their meals and they had several friendly conversations with staff and other people using the service.

People were supported to maintain their general health and wellbeing because they had access to healthcare services when required. A person using the service told us that staff supported them to make their own GP appointments when they were not feeling well. A relative told us that staff were proactive with the health needs of person using service. They said, “They [staff] take him to the GP, to the dentist and to have his feet checked.” Another relative referring to the provider’s attentiveness to people’s health needs said, “They are on the ball with things like that. They refer to the doctor’s straight away.” They went on to tell us how the service had promptly noticed a change in their relative’s health which resulted in prompt treatment and health support. We saw records that people were promptly referred to health care professionals, and that people had been involved in their own health monitoring. For example, we saw records where staff had supported people to follow guidelines set out by their doctor or dietician.

# Is the service caring?

## Our findings

People spoke fondly of the caring attitudes of the staff that support them. One person said, “The staff are kind and caring. I don’t know what I would do without them.” Other comments included, “Staff are caring, I recommend them”, “Staff are caring and very kind to me. They are like family to me.” We observed from staff interactions that people had positive caring relationships with the staff. Staff were kind and reassuring in their interactions with people who used the service. There was a relaxed atmosphere throughout the day of our inspection. In the evening, we heard staff ask people about their day. We saw staff play board games with people. A member of staff told us that they enjoyed working at the service because unlike other places they had worked that “You [staff] get to talk to the service users.” Meaning that when staff supported people, it was not task orientated.

Staff we spoke with were knowledgeable about the people who used the service. A member of staff told us that this knowledge ensured that staff “knew the triggers to people’s behaviours” and helped them offer appropriate support.

People using the service and their relatives were supported to be involved in making decisions about their care and support. They told us that the provider encouraged them to express their views about their care. One person told us, “I am involved in my care plan. I sit with staff to do my monthly reviews and update any changes to my needs.” They went on to say that they could tell staff when they had a change in their needs, and that staff would support them to update their care plan to reflect the change in their need. We found that people’s care plans had evidence of their

involvement; people’s views were reflected in review meeting notes which people signed to document their involvement and agreement to the plan. A relative told us, “I see [manager] regularly and we have a chat about [person using service]’s health and general wellbeing.”

The provider had arrangements for people to access independent advocacy services when they needed them. The manager told us that no person currently at the service was using an advocate. People were aware that they could use an advocate to support their involvement in their care if required.

People were treated with dignity and respect. People told us that they felt respected by staff. One person said, “They [staff] speak to me respectfully.” Another person referring to staff said, “They’ve got respect for us.” People told us that staff supported them to be as independent as they wanted to be. People who chose to, could spend time in their bedrooms. We observed that staff knocked and asked a person if they would allow us to see their bedrooms. During our inspection we saw some people chose to have their doors locked when they were not in their bedrooms. People used their keys to access their rooms themselves.

The provider stored people’s information securely. Only people who had authority to access people’s information had access to care plans and other relevant information.

Relatives told us that they were able to visit Rosedale without undue restrictions. One relative referring to no fixed days or times of day they visited said, “I go in anytime, so if there is anything not right I would have pulled them up on it. I see [person using service] every week.”



# Is the service responsive?

## Our findings

People received support that met their individual needs. One person told us that they had felt supported because staff had used their knowledge of the person's past history to enable them to become more independent and have a positive experience of care. They went on to say, "All the staff have helped me and supported me to get this far." A relative told us excitedly how the provider had supported a person using the service to be able to go to their first holiday and their first disco. This was something the person had been unable to achieve when they lived in the community because they did not have appropriate support.

On the day of our inspection, we observed the service was very homely. People had decorated the home for Christmas. We saw that staff supported people to go out for the day to do their Christmas shopping. There was a pet parrot in the living room. The manager told us that people had made their choice of pet. This added to the homely atmosphere in the service.

Staff that we spoke with knew people's like and dislikes, and were able to use the information to provide support that was centred on people's needs and preferences. People told us that they felt that staff were genuinely interested in what they did and what their hobbies were. A person who used the service proudly showed us functioning models of several landmarks they had made themselves. We saw information in people's care records that included what they were interested in. The provider made provisions for people to follow their interest. For example, people were supported to attend a church on Sundays. Another person had a greenhouse to allow them to grow vegetables. We saw the manager had provided a suitable space with relevant furnishing for a person who smoked. The person could access the space when they wished. Staff were available to support this person's mobility needs to access this space when needed.

Staff completed an 'emotional mapping' of people's moods at each shift. This helped staff to tailor support to how people were feeling. They also used the information to identify changes and trends in people's behaviour and wellbeing and seek support from other professionals where required. For example, staff had used information in a

person's records to identify their increased anxiety and need for increased social inclusion activities. We saw that the provider was working with the person's social worker to increase their access to social activities.

The provider supported people to maintain links with the wider community. People's records showed that they had access to social inclusion activities of their choice. Most people were able to access the community independently. Most people accessed the community using public transport. People who were unable to access the community independently were supported by staff to attend their chosen activities. One person told us, "I enjoy being independent. I go out a lot and enjoy visiting different places." A relative referring to staff supporting people to access social activities in the community said, "They [people using the service] go out regularly. They go out even more than me." People had access to an annual holiday. This included holidays within the UK and abroad. One person said, "I do really look forward to this, [staff] also supports us to go on our holidays. I do also go with other residents that I live with at the home."

People told us that they were involved in decisions about their care and that they were confident to express their views to staff. People told us staff listened and acted on their views. One person said, "Staff do listen to me if I have any concerns and issues I need to raise. They do get sorted out for me." Another person told us, "If I don't like anything or if I had a problem I go to [manager] or deputy manager. They have dealt with it in a way I am happy with." A relative told us, "I have no complaints whatsoever. If I had any concerns, I'll ring [the manager]. Another relative said, "Any issues I've found, I've brought it up with [the manager] and she dealt with it." They went on to say that the issues they've had were not with the service at Rosedale but the day provision that their relative attended.

The provider also had arrangements for seeking the views of people using the service and their relatives. These included surveys and resident meetings. A person using the service told us, "We have residents meetings. We talk about trips and any problems we have. The manager attends and takes action." We reviewed records of meeting minutes and survey results which showed that the provider listened to people's feedback and acted on them. For example a person had told staff that they were affected by a past

## Is the service responsive?

bereavement, we saw that the manager offered the person access to grieving counselling services. We also saw records that the provider dealt with concerns raised in a timely manner.

A day before our inspection, the service was visited by the local authority who had funding responsibility for most

people who were using the service. They made recommendations for checks and improvement to the premises. They asked for these to be completed by January 2016. We saw that the provider was acting on these recommendations on the day of our inspection.

# Is the service well-led?

## Our findings

The provider encouraged people that used the service, their relatives, staff and other professionals to be involved in developing the service. They offered opportunities for people to provide feedback through surveys, meetings and one to one discussions with the manager and deputy manager. A person using the service told us how the manager consulted the residents about home improvements. They said, “[the manager] asked how we would feel about having a conservatory built at the back of our home and what we thought. We all had a say in this and thought it was a great idea.” They went on to say, “The manager and deputy manager did choose everything else in the conservatory including, flooring, blinds and décor but we all agreed to this.” Staff told us that they were encouraged to raise any issues or concern about poor practices with the manager or deputy manager, and they were confident that the managers would take any concerns seriously. We saw evidence of this from records of staff team minutes.

People told us there was an open and transparent culture within the service. During our inspection visit, we observed that the manager was accessible and responded to people who used the service and to staff who sought their advice or support. A person using the service said “The manager is always around for me to speak to and will take time out and listen to me if I have any concerns or issues that I need to talk about.” Relatives complimented the managers and

staff. A relative told us, [person using the service] wouldn’t want to be anywhere else.” Another relative said, “[person using the service] said they are very happy there. I find it a wonderful place. I recommend it any day.” A member of staff told us, “[The manager] and [deputy manager] are great as managers and nice as people.” The managers supported staff to meet the standards expected from them. They did this through training and regular supervision.

The service has an outstanding query to confirm that it has a registered manager. The manager is also the owner of the Rosedale Care Home, and has managed the service since it commenced. It is condition of registration that the service has a registered manager in order to provide regulated activities to people. The manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission. They carried out thorough investigations of incidents that staff reported, and worked with the local authority where required to investigate such incidents.

The provider had effective procedures for monitoring and assessing the quality of the service. One of the ways they did this was through surveys for residents, relatives, staff and other agencies that visited the service. Survey responses showed that people using the service, staff and other professionals had a positive experience of the service. The managers completed weekly and monthly audits of the systems and processes. We saw records that showed that the manager completed regular competency checks and spot checks to observe staff care practice.