

Rosedale Care Home Ltd

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Inspection report

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Rosedale Care Home Limited is a residential care home providing accommodation and personal care to seven people. The service specialises in providing support to people diagnosed with learning disabilities and/or autistic spectrum disorders. At the time of the inspection five people were using the service.

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

Right Support

Staff supported people to have choice, control and independence. People's rooms were personalised. People chose their own décor and displayed items and pictures that were important to them. One person had an entry door code on their room which was their choice. People did different things each day, supported by staff to follow their own interests and hobbies. Since the easing of COVID-19 restrictions people were getting out and about more and making use of community facilities and resources. A person said, "I go out on my own and sometimes with staff if I'm going to different places. I do lots of walking it does me a power of good."

Right Care

Relationships between people and staff were good and we saw friendly and humorous conversations taking place. A person said, "When I have a shower, [staff member] puts on music on and sings along doing the different voices. It makes me laugh so much." Another person told me, "[Staff member] helps me with everything and is always chatting to me." Staff understood people's preferred communication methods and used these to ensure people were involved in all aspects of the running of the service. People were supported to remain safe during the COVID-19 pandemic. Staff used pictures, videos and sign language to show people how viruses spread. This helped people to understand why they were in 'lockdown' at times.

Right culture

Staff understood why people might become distressed at times and how to support them if this happened. Managers and staff knew how to analyse incidents and share the learning from them to reduce situations which caused people distress. People felt safe at the service and trusted the staff to support them if they had any concerns. Staff said they were confident to raise issues with management. A staff member said, "This is a lovely, really family-orientated place. People makes choices daily, are respected, go out, and do lots of activities."

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

Rating at last inspection and update

The last rating for this service was requires improvement (report published on 12 October 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about medicines and the management of people's finances. A decision was made for us to inspect and examine those risks and to assess that the service is applying the principles of Right support right care right culture.

We also looked at infection prevention and control measures under the Safe and Well-led key questions. 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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Rosedale Care Home Limited

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

The inspection team was made up of two inspectors.

Service and service type

Rosedale Care Home Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We inspected this service unannounced on 24 February 2022.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and commissioners. 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

During the inspection we spoke with four people about their experience of care provided. We spoke with the registered manager, deputy manager, activities co-ordinator, and three care-workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at staff recruitment, meetings, and supervision records. We also looked at records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question as requires improvement. At this inspection the rating has improved to good. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection records showed the service had not reported all incidents and allegations of abuse to the local authority's safeguarding team. At this inspection the registered manager said there had been no safeguarding incidents since our last inspection and records confirmed this.
- Managers and staff were trained in safeguarding (protecting people who use care services from harm) and knew how to report safeguarding concerns to the local authority, CQC, and other agencies as necessary. A care worker said, "I would report any abuse straight away to the (registered) manager, and to the local authority and CQC if nothing was done."
- People said they felt safe at the service. A person said, "I'm safe here. I feel safe." Another person said, "If I was unhappy or someone was hurting me, I would tell the staff."
- The service had systems in place to protect people from the different types of abuse. For example, where staff supported people with their finances, they followed the service's 'Managing finances policy' and kept records of all transactions made with or on behalf of people. A person told us how staff supported them to access their money and spend it when they wanted to.

Assessing risk, safety monitoring and management

- At our last inspection windows were not adequately restricted and part of the landing carpet presented a trip hazard. At this inspection these issues had been addressed and the premises made safe.
- People had risk assessments instructing staff how to keep them safe. For example, one person who was at risk of choking was referred to the SALT (speech and language therapy) team. Records showed staff were following the SALT team's instructions.
- Staff took the right action when people were at risk. For example, staff supported one person with their mobility to reduce the risk of them falling when making their way around the premises.
- The provider had systems in place to ensure the premises were safe for people to live in. These included checks and audits of fire safety equipment and procedures, water testing, and the testing of other utilities as required.

Staffing levels and recruitment

- Relationships between staff and the people using the service were good. People said they liked the staff and felt safe at the service because of them. There were plenty of staff on duty to meet people's needs. A person said, "The staff are very, very good." They said they were pleased staff were accompanying them to an appointment that afternoon as they wanted staff to support them to 'check in' at the surgery.
- Since we last inspected staffing levels at the service had increased. There were now three care workers on duty during the day and two at night. The registered manager and/or deputy manager also worked at the

service every day and took it in turns to be on call.

- Safe recruitment checks were in place to ensure people were supported by staff who were suitable to work in care services. Records showed pre-employment checks were carried out as required. A care worker said they had been unable to start work at the service until all their documentation was in place and checked by the managers.
- The service is a family business and the registered manager used a human resources (HR) company to ensure there was no conflict of interest if any staff disciplinary or other HR matters arose.

Using medicines safely

- All staff were trained in the safe administration of medicines. Medicines were kept securely, and records showed people had their medicines when they needed them.
- Staff understood emollients (skin creams) posed a fire risk. They ensured emollients were stored safely and that bedding/clothing that had been in contact with emollients were regularly laundered.
- Homely remedies (over the counter medicines used to treat minor ailments) were only used when authorised by a GP. Staff recorded why and when these were administered.
- Medicines were audited weekly by the deputy manager, and monthly by the registered manager. Records showed that any issues identified were promptly rectified

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- 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 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.
- Visiting arrangements were in-line with Government guidance. Staff supported people to receive visits which met their individual preferences. This included visits into the home and in the community.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The service was meeting the requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- All care providers must notify us about certain changes, events and incidents affecting their service or the people who use it. At our last inspection notifications hadn't always been sent to CQC as required.
- The registered manager said lessons had been learnt and notifications were now included in the service's audit so she could check they had been submitted. Both the registered manager and the deputy manager understood the legal requirement to submit notifications without delay.
- The service's 'accident book' needed review and improvement. It contained information about minor accidents, but also some health conditions that would be better placed in people's care notes as they were not the result of an accident. The registered manager said she would review the 'accident book' to ensure it only contained information about accidents, incidents, dangerous occurrences and/or near misses and

check staff knew what to record in it.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At our last inspection we rated this key question as requires improvement. At this inspection the rating has improved to good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- At our last inspection quality assurance systems and processes were not always effective as they had failed to identify areas where the service needed to improve. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection a new audit system was in place. Daily, weekly and monthly audits covered all aspects of the service including people's care and support, health and safety, and staffing.
- Records showed that where shortfalls were identified, these were put right. For example, a weekly kitchen audit found uncovered food and this issue was addressed with staff the same day to ensure compliance with food safety requirements.
- ABC (antecedent, behaviour, consequence) charts hadn't been audited to identify themes and trends. The deputy manager said this was done informally, through discussion, but said they would add this to the service's audit system to ensure an accurate record was kept.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was family-run, and people told us they were happy there. A person said, "[Registered manager] is like a mum to me, she looks after me very well. I've got no family, so the staff are my family." People achieved good outcomes and were happy with their care.
- People told us about their hobbies, interests, likes and dislikes and how the staff supported them to live full and active lives. People made good use of community facilities including shops, sporting venues, and places of worship
- Staff encouraged people to make safe choices to promote their independence. For example, one person considered going to a local takeaway on their own, and after talking with staff agreed to do providing staff supported them to cross a busy road on the way.

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

- The CQC's rating of the service's performance was on display. Some people had easy-read copies of the CQC's inspection report in their bedrooms.
- The provider notified CQC about certain changes, events and incidents that affected the service or the people who used it.

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

- Regular residents meetings gave people the opportunity to talk about the service and plan meals and activities. A care worker used images on their phone to explain what was being discussed to a person who preferred this mode of communication.
- Staff told us they felt well supported by the management team. They had regular meetings, handovers, and supervisions. A staff member said, "I can raise anything at any time, I just speak to one of the managers. They do listen and take on board what I'm saying."

Continuous learning and improving care

- The service did not have a formal improvement plan, however, managers told us they were planning to upgrade one of the bathrooms and one person's bedroom.
- The managers followed recommendations made by the local authority's infection control and quality teams.
- The registered manager had increased her oversight of the service and had systems in place to ensure she reviewed all the service's records and audits.

Working in partnership with others

- The registered manager and staff worked with the local authority quality team to improve the service.
- The local authority assessed and reviewed people's needs, where appropriate, to ensure the service was suitable for them.