

Rosewood Care LLP

Rosewood 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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Rosewood House is a care home providing personal and nursing care to up to 78 people. The service provides support to older people including people who live with dementia or a dementia related condition. At the time of our inspection there were 70 people using the service.

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

There was a welcoming, cheerful and friendly atmosphere at the service. A person told us, "It's very good here. Staff are very nice, it's their attitude. They're lovely." Staff spoke positively about working at the home and the people they cared for. They said communication was effective to ensure they were kept up-to-date about any changes in people's care and support needs.

People and relatives were positive about the caring nature of staff and had good relationships with them. They trusted the staff who supported them. People said they felt safe with staff support. A person commented, "I feel safe here. It's friendly and I feel secure. If I didn't feel safe, I would go and speak to staff."

People's diversity as unique individuals with their own needs was respected by staff. The staff team knew people well and provided support discreetly and with compassion. A person told us, "Staff know me very well, what I like to eat and how I like to be cared for."

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.

Records provided guidance to ensure people received safe and effective care and support from all staff members. Risks were assessed and mitigated to keep people safe. Staff contacted health professionals when people's health needs changed. People's nutritional well-being was monitored to support their nutritional health. A person commented, "The food's lovely, it's very good. We get a good choice and enough to eat."

Staff followed good infection control practices and the home was clean and well maintained. A relative commented, "This home is very well maintained and clean. [Name]'s bedroom has recently been re-decorated, and it looks lovely."

There were sufficient staff to support people safely. A person told us, "There seem to be enough staff, even at weekends. We do lots of activities here, bingo, Tai Chi and sometimes we have animals come to visit." Staff recruitment was carried out safely. Staff followed effective processes to assess and provide the support people needed to take their medicines safely.

A governance system was in place to monitor the quality of the service through audits and feedback

received from people, their relatives and staff. Improvements were made as a result of analysis of any accidents, incidents and feedback to ensure people received safe and person-centred care. Processes were in place to manage and respond to complaints and concerns.

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

Rating at last inspection

The last rating for this service was good (published 5 January 2018).

Why we inspected

We received concerns in relation to people's care, staffing and medicines management. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns, the provider had taken effective action to mitigate the risks to ensure people received safe and effective care. Please see the safe, effective and well-led sections of this report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosewood House 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?

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Rosewood 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

The inspection was carried out by an inspector and an 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.

Service and service type

Rosewood 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. Rosewood 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.

Inspection activity started on 31 January 2023 and ended on 13 February 2023. We visited the service on 31 January 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. 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. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with 13 people and 7 relatives about their experience of the care provided. We spoke with 15 members of staff including the Nominated Individual, registered manager, clinical lead, care practitioner, 9 support workers including 1 senior support worker, the activities coordinator and maintenance person. We received feedback from 4 health and social care professionals. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 5 people's care records and multiple medicine records. We looked at 4 staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including training information, policies and procedures and quality assurance documents were reviewed.

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 good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Systems to manage risks to people's health, safety and well-being were better-managed, after a recent complaint had identified concerns with regard to some aspects of people's care. The registered manager had introduced improvements.
- Records were more detailed and showed risks were assessed, with measures put in place to remove or reduce the risks.
- Information was available that provided guidance, so all staff understood where people required support to reduce the risk of avoidable harm.
- Risk assessments were regularly reviewed to reflect people's changing needs. A relative told us, "Having [Named] living here gives us peace of mind now. When they lived at home, they were always falling, and they used to ring us all the time. [Name] is much more content here and we know they are safe."
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk.

Learning lessons when things go wrong

- Lessons were learned, and aspects of service provision had improved as a result of the learning.
- Any accidents or incidents were recorded and monitored. Reports were analysed, enabling any safety concerns to be acted upon.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse.
- Staff understood how to safeguard people from the risk of abuse. They said they would raise any concerns and were confident the registered manager would respond appropriately.
- Safeguarding concerns were reported and investigated with appropriate action taken to minimise any future risk of abuse.

Using medicines safely

- Medicines were managed safely.
- Medicine administration records assured us medicines were given as prescribed. They contained supplementary information to guide staff in what the medicines were prescribed for.
- Medicines risk assessments were in place, with medicines care plans that were person specific.

Staffing and recruitment

- People were safe and staff were deployed to ensure people's safety. A person commented, "Staff always

come quickly when I press my buzzer."

- Systems were in place to ensure only suitable people were employed.

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.
- 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. A person commented, "This home is very clean and comfortable. I have a lovely room and my own bathroom."
- 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 in care homes

- There were no restrictions on visiting and the registered manager followed the latest government guidance with regard to visiting during an outbreak of Covid-19. A person told us, "There are no restrictions on visiting now. Visitors can come and see me whenever they like and we can go to my room if we want to."

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to using the service and reviewed on an ongoing basis.
- Care plans were developed for each identified care need and staff had guidance in care records on how to meet those needs.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's nutrition, hydration and pressure area care.
- Care plans were reviewed regularly, or if there was a change in people's care and support needs.

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

- People were supported to ensure their nutrition and hydration needs were met. One person told us, "The food's lovely. I like bacon and eggs and mince and dumplings. The puddings are good too."
- Care plans and risk assessments were in place to provide guidance to staff about people's nutrition needs and any support they may require.
- Where needed, staff monitored people's food and fluid intake and took appropriate action if concerns were noted.
- People enjoyed a predominantly positive dining experience. We discussed with the registered manager improvements to the top floor dining experience to ensure people who lived with dementia enjoyed a more positive experience including table settings, background music and accessible menus to assist people to make a choice of food. The registered manager told us this would be addressed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service supported people to access health services, when necessary. A person commented, "Doctors are here all the time. They do a weekly round."
- Staff worked with a range of other professionals, including GPs, dieticians, tissue viability nurses, speech and language therapy, social workers and the mental health team. A health care professional said, "Rosewood House is a very well-run home with highly motivated and caring staff. I find their documentation is good, staff know their jobs and are well-led and people are well cared for."
- Referrals were made as required to make sure people received effective and consistent care.
- There was communication between staff and visiting professionals and staff followed the guidance they provided to ensure people's needs were met.

Ensuring consent to care and treatment in line with law and guidance

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.

- Consent to care and treatment was sought in line with the MCA.
- DoLS applications were submitted and a log of submissions and authorisations was maintained and monitored.
- Mental capacity assessments and best interest decisions were appropriately made and documented.

Adapting service, design, decoration to meet people's needs

- There was a programme of decoration and refurbishment taking place. The environment was light, spacious and well-maintained with several communal areas and personalised bedrooms.
- The unit that provided support to people who lived with dementia was waiting to be decorated and refurbished. We discussed as part of the refurbishment to ensure there was visual and sensory stimulation to help maintain the involvement and orientation of people who lived with a dementia as they sat or moved around. The provider responded after the inspection and provided an action plan with the programme of refurbishment.

Staff support: induction, training, skills and experience

- Staff followed a comprehensive training programme to develop their knowledge and skills.
- New staff completed a comprehensive induction, including working with experienced staff members to learn about their role. One staff member commented, "There are good opportunities for career progression and development."

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had clear and effective oversight of the service. A relative commented, "This home is very good, and it is well-managed."
- Record keeping ensured any risk was identified and then incorporated into individual care plans. We discussed the additional information to be added to care records to ensure person-centred guidance was available for all staff about people's care and support needs. The registered manager told us this would be addressed and an electronic care planning system was being introduced.
- Regular internal checks and audits were completed to monitor service provision, and external systems were in place to check the effectiveness of the audits carried out internally.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.

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

- The ethos of the service promoted openness and inclusivity.
- Improvements had been made to ensure people received safe and effective care.
- People were involved in decisions about their care.
- Staff said they were well-supported. They were very positive about the manager and said they were approachable. People, relatives and staff all said the registered manager was "very approachable".

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

- People were involved in decisions about their care. They were encouraged to be involved in the running of their lives.
- People were encouraged to be involved in the running of the service. A person told us, "I am listened to. If I have a suggestion about this place, staff will listen to me." Regular meetings also took place with people.
- Staff and relatives told us communication was effective to ensure they were kept up-to-date about people's changing needs and changes being introduced into the home.
- Feedback surveys were given to people, relatives and staff. The results from these enabled the management team to see what they were doing well and what needed to be improved.

Continuous learning and improving care; Working in partnership with others

- Staff communicated effectively with a range of health and social care professionals and advocated when necessary to ensure that the person's needs were considered and understood so that they could access the support they needed.
- The management team took on board people's opinions and views to make improvements.