

Rosedale Care Ltd

Rosedale Care Home

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 ●

Summary of findings

Overall summary

About the service

Rosedale Care Home provides accommodation with personal care for people over the age of 65. The service is registered to accommodate up to 18 people and was providing care to 13 people at the time of the inspection.

People have a range of care and support needs including diabetes and some people were living with dementia and the frailties of old age. Any nursing needs were provided by community nursing services.

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

People told us they were content living at Rosedale. They told us staff were kind towards them and knew their needs well. People were encouraged to make their own choices and retain their independence and people's care plans were individualised and person-centred. A health professional told us, "It's a very personalised home, staff know people inside and out. It's a lovely atmosphere."

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 felt safe living at Rosedale and where risks to people had been identified there was good guidance in place for staff. Staff were able to tell us how they kept people safe and had a good knowledge of how to identify and report any potential safeguarding concern.

People were cared for by enough staff who had been trained and demonstrated competence in their roles. Staff received the support they required through continual learning and development and regular supervision with their line manager.

Medicines practices were good, and people received the medicines they required in line with their prescription.

People lived in an environment that was checked for its safety and suitable for their needs. The environment had been improved and there were action plans in place to further enhance the environment. Relatives commented "Its tired and could do with a lick of paint but you can't fault the care." The garden was appreciated by people who told us they use it in the summer.

People were provided with enough food and drink prepared in a way that met their needs. One relative told us, "[Loved one's name] is particularly delighted with the food. "There was also a range of activities available including getting out and about. Staff told us they were keen to develop this further.

People and relatives spoke confidently about the registered manager and gave positive feedback. One

person said, "He is amazing." A relative told us, "He's approachable, easy to talk to and gets things done, nothing is too much trouble."

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

Rating at last inspection

This service was registered with us on 11 March 2022 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 20 March 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

The overall rating for the service is good based on the findings of this inspection.

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Rosedale Care Home

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 1 inspector.

Service and service type

Rosedale 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. Rosedale is a care home without 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.

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 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.

During the inspection

We spoke with 7 people who used the service and 4 relatives about their experience of the care provided. We spoke with 7 members of staff including the registered manager, care manager, administrator, care workers, catering and domestic worker and the hairdresser.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We continued to seek clarification from the provider to validate evidence found. We sought feedback from the local authority and professionals who work with the service. We looked at training data and quality assurance records. We spoke with 1 professional who knew the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse. People and their relatives told us they felt safe and could speak to the registered manager if they had any concerns. One person told us, "I would talk to [Name of registered manager] if I needed to, but I do feel safe." Another person said, "I do feel safe here, the staff understand older people need more help, they are kind, I have no worries."
- Staff received training and demonstrated their knowledge of the safeguarding policy to prevent the risk of abuse to people. Staff understood their role in the prevention and reporting of potential abuse and told us they would speak to the registered manager if they had any concerns.
- The registered manager and staff understood and demonstrated their obligation to report any safeguarding concerns to the local authority and to CQC.

Assessing risk, safety monitoring and management

- Risk assessments for people were in place and personalised. They contained detail relating to specific health care needs. For example, one person's risk assessment had type 2 diabetes recorded as a risk and identified what the risks of this condition were and what actions staff needed to take to mitigate the risks.
- People had assessments of their needs carried out prior to admission and these formed the basis of their ongoing care plans. Where needed, people had falls plans and mobility plans developed from the initial assessments or changes in their needs which happened during their stay at the service.
- Staff undertook regular safety checks of equipment and the premises to ensure these were safe. People had personal evacuation plans which guided staff to support them safely in case of emergency.

Staffing and recruitment

- There were enough staff on duty. A review of staff rotas showed staffing hours were consistent and provided a mix of staff skills. One relative told us, "There are enough staff, a lot have been here a long time."
- People were protected by safe recruitment processes. The provider carried out checks such as Disclosure and Barring Service (DBS) status. 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.
- Recruitment policies and procedures were in place to ensure staff were recruited safely. Appropriate pre-employment checks were completed. ●

People received care and support in a timely way. We observed staff taking the time to sit and talk with people. People told us they liked the staff and we observed friendly, respectful and light-hearted conversations between people and staff.

Using medicines safely

- People's medicines were safely managed. Staff were storing, recording, and administering medicines accurately. Medicines were given by staff who had been given training and supervision to help make sure they did this safely. Staff carried out these tasks with care and attention.
- 'When required' medicine (PRN) had written protocols in place to guide staff when to offer medicine for intermittent issues such as pain relief. Staff spoken with, confirmed they were using the guidance to inform good practice.
- We observed people being supported to know what medicine's they were being offered and individual needs were met. For example, medicine was only given covertly under a detailed set of criteria agreed with the prescriber, and then only after it had been offered overtly to the person first.
- Medicine stock control systems were operated effectively to allow staff to know how much medicine was being kept in the service and avoid having too much or too little stock of medicines being stored.
- People told us they were confident with staff who administered medicine. One person said, "They [staff] are stringent with administration of medicine."

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.
- 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

- The provider was facilitating visits to people living at the home in accordance with current infection prevention and control guidance. We observed relatives visiting during the inspection.

Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored on a monthly audit, with actions taken to reduce the risk of reoccurrence. For example, one person had a fall and changes were made, recorded in their care plan and shared with staff.
- Staff reflection following incidents was encouraged, both in individual meetings and then in a team meeting. Staff told us they wanted to learn to always try to do better.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 them moving into the service and the registered manager carried out assessments involving other staff. This helped ensure Rosedale Care Home was the most appropriate place for a person to live. One person told us, "I chose to come here."
- The assessment formed the basis of the person's care plan and the care plan was built on as staff got to know people. People told us they had a care plan with one person saying, "They do try to make sure I get things done how I like them done."
- Nationally recognised tools were used to measure a person's weight or their risk of their skin breaking down.

Staff support: induction, training, skills and experience

- Staff were well trained for their role, with staff telling us, "I get all the training I need. I am doing a train the trainer course soon so I can deliver some training to staff." Another staff member said, "So much has changed since the new provider came, really good training now, very professional."
- Staff received induction and shadowed an experience staff member before providing care on their own.
- Records showed 94% of staff had completed the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- We noticed that care staff had received the expected new training in learning disability and autism awareness. We spoke with the registered manager about this who explained they wanted staff to be prepared in case people came with additional needs.
- Staff were given the opportunity to meet with their line manager on a regular basis to discuss their role, performance, concerns, and any training requirements. A staff member said, "I feel I can discuss and raise anything."

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

- People were provided with adequate food and drink. We were told there were no people having a modified diet at the time of the inspection. People had food in line with their specific dietary requirements. For example, enriched foods or reduced salt, sugar and fat meals.
- We received positive reviews about the food. People told us, "The food is fine, everyone can suggest meal ideas" and, "I think the food is good, reasonable choice, they try to make sure I get vegetables and vinegar on chips."
- Menus were displayed in the dining area so people could see what choices were on offer. Support and

choices in relation to people's food and drink were clearly recorded in their care plans and catering staff knew people's needs well. We observed staff reminding people of the choices on the day and asking if they still wanted the meal they had ordered.

- There were drink stations in the main rooms and we observed staff offering drinks to people throughout the day. People had their fluid intake monitored if there was a health need to do so.
- We observed the main meal of the day, people sat in small groups and there was a friendly and congenial atmosphere. People were offered drinks with their meals including alcoholic drinks. This was seen to be very popular.

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

- Staff worked as a team internally as well as with external healthcare professionals to help prevent people being admitted to hospital. A health professional told us, "My colleagues and I find the registered manager and staff receptive and open to discussion about the care, wanting to know if they can do anything differently."
- There was evidence in people's care records of healthcare professional input which included the GP, speech and language therapy team and community mental health team. We also saw that people had received eye and dental checks. There were arrangements for people to see visiting health care such as opticians and chiropodist or continue with the practitioners they went to before moving into Rosedale.
- One relative told us their loved one's mobility had improved after they moved into Rosedale, they said this was because of staff friendly but persistent encouragement. Another relative said, "They [staff] got an air mattress quickly because my [name of loved one] was ill in bed, to stop them getting sores."

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

- People's rooms were personalised to their individual tastes and communal areas were uncluttered, clean and homely.
- Where people required specialist equipment such as a wheelchair, hospital bed or a mobility aid, we saw these had been provided for them.
- Work had been carried out since the provider took over Rosedale. A health professional told us, "Considerable work has been done to remove clutter and lighten the place." The registered manager shared the continuing action plan to further improve the environment, which people and relatives referred to as, "a bit tired."
- The garden was well maintained and provided seating areas. A person told us, "It's a lovely garden to sit out in the summer and have visitors come in."

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.

- Staff received MCA training and were able to explain their role in supporting people to make decisions. One member of staff said, "It's important to always ask people what they want." A person told us, "I come and go as I please. No unnecessary restrictions."
- The registered manager demonstrated their understanding of when to make a DoLS application. There were authorised DoLS in place at the time of the inspection.
- People were actively supported to make decisions about their own care, we observed staff consistently asking people if was ok before they offered support, people were engaged and their opinions sought.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received good care from staff who knew them well. Staff told us they were supported to get to know people by the registered manager and longer-term staff. People had developed positive relationships over time as they were mostly supported by the same staff on a regular basis. A relative told us, "Staff are continuously helpful, I cannot fault the level of care."
- We observed staff communicating with people respectfully. Time was given for people to respond using their individual communication methods. Staff and people demonstrated a genuine regard for each other. A person said, "They [staff] are genuinely caring."
- Staff received training in equality and diversity. We observed conversations between staff and the people they supported to be balanced and each person equal participants.
- People freely practiced their religious beliefs, one person told us they decided not to attend a church service at the weekend but opted for an on line service instead.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make their own decisions around their care. People said, "I can make my own decisions" and, "I am diabetic and they provide the right food, but I can decide for myself what to eat."
- Staff said they encouraged people to take a lead on their care, with one staff member telling us, "We spend time with people, sit down with them to get to know them and listen to what they like. We give them plenty of time to give their views and try and stick to what they want."

Respecting and promoting people's privacy, dignity and independence

- Staff showed people respect and dignity. We observed staff knocking on doors before entering and discreet support when people needed a little help to get to the bathroom.
- People were encouraged to remain independent with one person telling us, "I am independent when I want to be." A relative told us, "My mum has come on in leaps and bounds since coming here, they are so kind."
- People said they could have privacy when they wished it, for example seeing their visitors in a small lounge area or in their rooms.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported to receive personalised care. People's care plans contained their choices and preferences which empowered them to pursue their goals and wishes. One person said, "They're always asking me what I want to do."
- Personalised care was planned around people's preferences and reactions. For example, one person commented they would like more butter in mashed potatoes, this was noted and supplied.
- People and their relatives were involved in the care planning process. The registered manager told us when planning people's care, people were asked to complete a life history so staff can provide support holistically.
- Staff had a clear understanding of what person-centred care meant. They had received person-centred care training, we observed staff speaking and interacting with people differently to suit their preferred manner. Staff clearly described what was important to people and demonstrated how they ensured their individual needs were met.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their pre-assessment and a care plan developed. Adaptations were made, with large print books and picture supports, including a laminated board for each person who needed it to show at a glance their preferences.
- We observed where people had sensory needs, such as their hearing or eyesight, specific guidance was in place for staff. For example, we observed staff writing things down for a person who was not keen to use a hearing aid and another staff member supporting a person to clean their glasses.
- Some people were supported to use technology to keep in touch with family members overseas. We observed this during the inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to maintain relationships with their loved ones and received visits in the service without restrictions. Relatives described how they were made welcome when they visited and told us, "We

turn up as and when, someone from the family comes every day, they don't mind how often we ring, it's just a home from home."

- People were supported to carry on with interests they enjoyed before moving to Rosedale, for example, attending their church or visiting friends.
- We observed an up-to-date activity board in the hallway and one person was looking at it, they told us they were "just seeing what is on offer today."
- People told us they were actively involved in choosing activities and notes from resident's meetings confirmed this. We observed people participating in various staff led activities during the inspection.

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt confident to raise any complaints. One person told us, "I would talk to head of care if any problems, she is lovely, I don't have any complaints." Another person commented, "I'd go to [names of manager and head of care] if I had concerns, they are very good at listening."
- The registered manager carried out regular reviews of complaints and concerns, responded to them appropriately and learned from investigations. Learning was shared with the staff team to prevent reoccurrences.

End of life care and support

- People were supported well when at the end of their lives. People and their relatives contributed towards end-of-life care planning. Care plans included important aspects to people such as, faith, preferred music and whether they wanted family with them. We observed staff supporting people in a dignified and caring way.
- Where needed, people were kept comfortable with appropriate equipment such as air flow mattresses. Staff engaged with professionals to ensure the right medicines were in place for people to remain relaxed and pain free.

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 is the first inspection for this newly registered service. 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 culture of the service focused on providing person centred care and support. Staff knew information about people and their preferences about how they liked to be supported. One person said, "They [staff] know how I like things done."
- Relatives told us they were kept up to date and involved in their loved one's care. One relative said "[Name of registered manager] is always happy to talk with us, super friendly here, happy place, feels nice."
- We observed people being offered choices such as food and drink and what activities they wanted to participate in. One staff told us, "We always offer choice."
- There were positive relationships between people and staff; interactions were warm, friendly, and respectful. Relatives told us staff treated their relatives with kindness, compassion and knew them well.

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

- Internal company auditors were deployed to look at aspects of the service, where shortfalls were found, these were addressed. For example, a minor medicine error was identified. The registered manager held a meeting with staff to discuss training needs and to stress the importance of accurate record keeping. The records reviewed at our inspection were comprehensive and complete.
- The registered manager demonstrated a full awareness of the duty of candour. They described the duty of candour as being transparent and admitting mistakes when things went wrong. The duty of candour was considered for any incidents, safeguarding matters and complaints and records confirmed these were completed and documented.
- The registered manager understood their duty to notify CQC of events in the service, records confirmed this had been done appropriately.
- Relatives confirmed they were informed if incidents happened and actions taken to avoid recurrence shared with them.

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

- The registered manager was clear of their responsibilities. People, staff and relatives all told us the registered manager was highly visible in the home and spoke to people every day.
- The registered manager was well regarded by people and their relatives. Comments included, "[Registered manager] is very caring, the staff take their lead from him." A staff member told us, "It's so organised now, I

have learnt such a lot from [name of registered manager]."

- Staff were clear on their roles and the registered manager had listened to their feedback. Staff told us they could always talk freely to the registered manager and head of care. For example, staff requested more fitted bed sheets in a team meeting, these were purchased promptly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had achieved stability in the workforce. They had recruited a solid staff team and did not use agency. Staff told us, "We get the support we need and there is good teamwork. We have had more training since the new owner and [Registered manager] has been here, it's very professional now."
- We spoke with the hairdresser, who had been coming to Rosedale for many years, they said, "The ladies love [Name of registered manager] he never fails to say how nice they look after having their hair done, It's the little things isn't it?"
- The service worked in partnership with other agencies. These included healthcare services. There was evidence of healthcare professionals visiting the service in addition to undertaking telephone consultations.
- Visiting health professional's fed back that the service worked well with them. One said, "The staff work well with us, they are always keen to learn and keep doing better. The [Registered manager name] is very caring and knows our patients very well."
- Records showed that staff had contacted a range of health care professionals. This enabled people's health needs to be assessed so they received the appropriate support to meet their continued needs.