

BC&G Care Homes Limited

# Rosedale Care Home

## Inspection report

36 Lansdowne Road  
Luton  
Bedfordshire  
LU3 1EE

Tel: 01582481188

Website: [www.bcghomes.co.uk](http://www.bcghomes.co.uk)

Date of inspection visit:  
08 August 2023

Date of publication:  
30 August 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Rosedale Care Home residential care home providing personal and nursing care to up to 20 people in one adapted building. The service provides support primarily to older people, many of whom are living with dementia. At the time of our inspection there were 20 people living in the service.

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

People were cared for safely. They were protected from the risk of abuse by a management and staff team who knew how to follow safeguarding procedures and did so when required. Risk assessments were in place and reviewed regularly and as people's needs changed. People were supported to use equipment to help keep them safe.

When people lacked or had fluctuating capacity to make decisions, mental capacity assessments and best interest decision making processes were followed. Staff knew how to support people make choices about their daily care. 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.

Safe recruitment practices were followed to ensure staff were suitable for their roles. There were consistently enough staff to meet people's care needs and when people needed assistance, this was provided promptly. People were supported safely with their medicines. Good infection control practices were followed including use of personal protective equipment (PPE) when supporting people with personal care and at mealtimes.

Accidents and incidents were recorded and followed up appropriately. Lessons were learned when things went wrong, and measures put in place to reduce the risk of the same thing happening again.

An open and positive culture was embedded in the service. People, relatives and staff spoke positively about the approach and availability of the registered manager and the management team.

There were clear and well organised systems in place to support the registered manager's effective oversight of all key areas of the service. A comprehensive range of quality assurance audits were undertaken to monitor the quality and standard of care provision.

People and their representatives were involved in people's care and had opportunities to provide feedback at care reviews and regular meetings. Feedback was acted upon when areas for improvement were identified.

Staff were supported through team meetings and one to one supervision. Positive feedback was received about good teamwork amongst staff which benefited everyone living and working in the service.

The staff team worked in partnership with health and social care professionals involved in people's care and treatment, to support people achieve good outcomes.

The registered manager was aware of their legal responsibilities and worked in an open and transparent way.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 01 December 2018). A targeted inspection took place on 08 December 2020 which only looked at infection prevention and control during the COVID19 pandemic period. No rating was awarded at that time.

#### 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosedale Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# 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 Care Home 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 Care Home 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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 4 people who used the service and 3 relatives about their experience of the care provided. We spoke with and/or received written feedback from 15 members of staff including the deputy manager, senior care staff and care staff. We also spoke with office, activities, maintenance and kitchen staff. We spoke with 1 visiting health professional. 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, which included aspects of 4 people's care records, medication records and 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance checks, meeting minutes and policies and procedures 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. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and risk of abuse. The provider had systems in place to safeguard people and knew how to follow local safeguarding procedures when required.
- People received safe care and felt safe living in the service. One relative told us, "I don't worry with [family member] living here."
- Staff received training on how to recognise abuse, the risk of abuse and knew how to apply it. Safeguarding was discussed regularly with staff in team meetings. Information was on display about how to report any concerns for staff, people and visitors to refer to.

Assessing risk, safety monitoring and management

- People's risks were assessed regularly or as their needs changed. For example, the risk of falls, skin damage or malnutrition. Risk support plans were detailed and gave guidance to staff on how to provide safe care which reduced the risks.
- People used a range of equipment to help keep them safe. For example, walking frames and call bells. People told us staff came quickly to support them during the day and at night if they used their call bell.
- When people showed behaviour which may indicate distress, risk assessments and care plans provided information to staff about what may prompt this, what signs to look for and what action to take. This reduced risk as far as possible to individuals, others living in the service and staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The registered manager made DoLS applications to the local authority when it was in people's best interests to ensure their safety and a clear tracker showed the status of each application.
- MCA assessments and best interest decisions were made in consultation with people's relatives or representatives when required. Documentation to support this was detailed and person-centred.

- Staff received appropriate training and were aware of the principles of the MCA to support people make choices.

#### Staffing and recruitment

- The provider followed safe recruitment practices. This meant checks were carried out to make sure staff were suitable and had the right character and skills for their roles. For example, checks with previous employers, identity checks and if they had any previous criminal convictions.
- There were consistently enough staff to provide safe care and meet people's needs. One person said, "There's always someone around to help if you need it." Similar feedback was received from all the people and relatives we spoke with.

#### Using medicines safely

- People received their medicines safely. Medicines were administered by staff who were trained to do so. Their competency was checked to ensure good practice was maintained and promoted.
- Clear guidance was recorded for medicines which were taken 'as needed', for example, occasional pain relief. This included information about maximum dosage and the circumstances it should be given.
- Systems were followed for ordering, receiving and storing medicines. An electronic medication system was used which reduced the risk of errors due to the cross checks and safeguards in place. The management team undertook regular checks and audits to identify and address any arising issues promptly.

#### 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

Relatives often called ahead when they planned to visit the service. When this was brought to the deputy manager's attention, they acted promptly to inform all relatives that advance notice was not required. This meant visits could take place freely at any time, in line with government guidance.

#### Learning lessons when things go wrong

- Effective processes were in place for accidents and incidents to be recorded so appropriate follow up action could be taken. Monthly analyses of falls, accidents and incidents were undertaken. This meant the management team could identify any emerging themes and trends and take action to reduce the risk of the same thing happening again.
- Lessons were learned when things went wrong or an area for improvement was identified. These were documented and shared with the staff team. This helped keep people safe.



# 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. 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.

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

- The registered manager was committed to ensuring people received high quality, person-centred care. People, relatives and staff knew who the management team were and spoke positively about their approach and availability. One member of staff said, "The management team is very supportive and they always listen to our concerns." Another told us, "The management is exceptional in keeping the home run without any hitches."
- Staff placed people at the heart of the service. Staff we received feedback from enjoyed working in the service and found their roles rewarding. One staff member said, "Rosedale is a good place to work as I have friendly colleagues who help each other out and we work well as a team. I am happy to be working at Rosedale." Another told us, "We are not only Care Assistants, we are a family. I am really happy to be here."
- A positive culture was embedded in the service which helped people achieve good outcomes. People had regular opportunities to spend time doing things they enjoyed and were beneficial to their sense of wellbeing.

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 worked in an open and transparent way in line with their responsibilities under the duty of candour.

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

- The registered manager and management team had effective oversight of all aspects of the service. The registered manager was not present during the inspection, yet all required records were easily located by the deputy manager and everything was up to date. All key processes were embedded and running smoothly.
- The systems to monitor the quality and standards of the service were organised and effective. A range of audits and checks were undertaken, which were detailed and comprehensive. When any issues were identified they were rectified promptly.
- The registered manager was aware of their regulatory responsibilities. This included submitting notifications to external agencies including CQC as required and ensuring the CQC inspection rating was on display in the service.

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

- People with a range of abilities and equality characteristics lived in the service. People were fully involved in their care, along with their representatives where appropriate. Regular reviews took place and people were involved in making significant decisions supported by staff, advocates and other professionals where needed.
- People and relatives had opportunities to share their views and opinions to help shape service provision. This included regular resident and relative meetings, and feedback surveys. Survey results were collated and analysed to identify any areas for improvement and follow up actions.
- Team meetings were used to share information with staff and as a forum to discuss relevant topics. Staff also participated in one-to-one supervision sessions to discuss their development and any support needs.

Continuous learning and improving care

- The registered manager used opportunities to trial innovative technology to improve people's safety and care. For example, an acoustic monitoring system was being trialled, using the system meant staff could check people's safety at night causing the least disturbance. An electronic chair to support people safely off the floor after a fall was also being trialled.
- The registered manager was developing a range of 'Champion' roles to train staff in specialist areas. For example, infection control, dementia, safeguarding and medicines. These gave staff additional skills and knowledge in particular areas which they could use and share with other staff, for the benefit of people receiving care.

Working in partnership with others

- The staff team worked in partnership with health and social care professionals involved in monitoring and providing care and treatment to people using the service. We saw feedback surveys completed in recent months by a range of health and social care professionals about their experience of working with staff at Rosedale Care Home, all of which were positive.
- People and relatives told us staff worked with other agencies and professionals. One relative told us that staff had quickly identified when health support was needed recently for their family member and acted upon this promptly.