

T Lewis

# Rosedene Nursing Home

## Inspection report

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Date of inspection visit:

30 November 2023

01 December 2023

Date of publication:

22 December 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

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.

At the time of the inspection, the location was supporting 5 people with a learning disability or autism. We therefore assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Rosedene Nursing Home is a residential care home providing personal and nursing care to up to 67 people. The service provides support to both younger and older adults with complex mental health care needs. Some people residing at the service were also living with dementia or as described above have a learning disability or autistic spectrum disorder. At the time of our inspection there were 42 people living at the care home. The care home accommodates people in 1 adapted building comprising of 2 floors, each with their own separate facilities.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

### Right Support

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 were kept safe and were confident any concerns they raised would be listened to. Staff understood how to protect people from poor care and abuse. Staff received training on how to recognise and report abuse and knew how to apply this knowledge. Enough staff were deployed to meet people's assessed needs whose suitability and fitness to work at the care home has been thoroughly assessed. The premises were kept clean, and tidy, and staff followed current best practice guidelines regarding the prevention and control of infection. People received their prescribed medicines as and when they should. The provider worked well with external health and social care agencies and professionals to plan and deliver people's packages of care.

### Right Care

The care and support provided by staff was person-centred. Staff knew and understood people, and responded well to people's individual needs. Risks to people and staff were assessed, monitored, and reviewed. Staff were aware of how to manage risks people they supported might face and how to keep them safe.

### Right culture

The care home's culture was positive, open, and honest, with leadership and management that was clearly identifiable and transparent. The provider sought the views of people living in the care home, their relatives, and staff working there. Staff were aware of and followed the provider's vision and values which were clearly defined. Staff knew their responsibilities, accountability and were happy to take responsibility and report any concerns they may have. Complaints, concerns, accidents, incidents, and safeguarding issues were appropriately reported, investigated, and recorded. The service quality was reviewed regularly, and appropriate changes made to improve people's care and support if required.

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 11 May 2022).

### Why we inspected

We received concerns in relation to how the care home was being managed, specifically relating to an increase in the number of incidents involving people living at the care home being harmed. As a result, we undertook a focused inspection to review the key questions of safe and well-led.

We did not inspect the key questions of effective, caring and responsive. 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 and for both key questions safe and well-led remains good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosedene Nursing 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. 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.

# Rosedene Nursing 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 team consisted of 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

Rosedene Nursing 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. Rosedene Nursing Home is a care home with nursing care. Care Quality Commission [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 CQC 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. This included 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 8 people about their experiences of living at the care home and 2 visitors, including a person's relative and an external social care professional. We also spoke to various members of staff who worked at the care home including, the registered manager, the deputy Chief Executive Officer [CEO], 3 nurses, including the clinical lead nurse/deputy manager, 6 support workers, including 2 senior support workers, a domestic assistant, and the office manager.

Throughout our visit we observed positive interactions between people living and working in the care home.

In addition, we reviewed a range of records. This included 6 people's care plans, 4 staff files in relation to their recruitment, multiple medicines records and a variety of records relating to the overall management and governance of the service.

After our site visit we received email feedback 3 people's relatives and 3 external health and social care professionals.

We also continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection visit including, records relating to staff rosters and training, quality monitoring audits, which included feedback from people living at the care home, their relatives and staff working there. We received this information as requested, which was used as part of our inspection.

# 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 kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other health and social care agencies and professionals to ensure people were kept safe.
- Staff had received training on how to recognise abuse and neglect and knew how to apply it. The provider's safeguarding policies and procedures supported this. A member of staff told us, "I know from my safeguarding training that I have to report any incidents of abuse to the managers or senior nurses."
- The provider had clear safeguarding policies and procedures in place.
- Managers understood their responsibility to refer safeguarding incidents to all the relevant external agencies without delay, ensure they were fully investigated and to take appropriate action to minimise the risk of similar incidents reoccurring. At the time of our inspection there were open safeguarding investigations being conducted by the local authority.

Assessing risk, safety monitoring and management

- People were risk assessed and their safety was monitored.
- However, we received mixed feedback from people living in the care home about how safe they felt living there. A few people told us they did not feel safe at the care home because of certain peoples' behaviours that were an expression of their distress. For example, a person told us, "I don't always feel safe here because of 1 person who can lash out at others who live and work here." A person's relative added, "I don't think the place is safe for my [family member] because of a particular individual and their behaviour when they become distressed."

The inspector raised this issue about some people feeling unsafe at the care home with the managers who told us they were aware of the problem. The provider responded immediately after the inspection. They confirmed action to find a more suitable placement for a person who staff were no longer able to meet their needs and keep them, and others living and working in the care home safe had now been taken.

- Most people told us the care home was a safe place to live. Typical comments included, "The staff make me feel safe. I do feel safe living here", "I have witnessed staff appropriately deal with challenging incidents involving the people who live here on numerous occasions. They [staff] always do this in the most respectful and dignified way. They are a credit to the home" and "Staff are experienced in supporting clients with mental health care issues and do a great job managing their complex needs".
- The provider assessed people's individual risks. Those risk assessments were used in the development of people's individual care plans which were designed to guide staff practice. These risk management plans were detailed and covered every aspect of people's lives. For example, they included guidance for staff in

relation to how to appropriately manage risks associated with behaviours as an expression of distress and people's mental health care needs.

- The service had a staff team who were familiar with people's daily routines, preferences, and could identify situations where people may be at risk. For example, we observed staff take prompt and appropriate action to de-escalate incidents of behaviours that were an expression of peoples' distress. These incidents were potentially harmful to everyone involved and the staff dealt with them in the most professional, calm, and dignified way. Staff told us they regularly refreshed their conflict management training which ensured they had all the relevant knowledge and skills to safely managed potentially harmful incidents.
- People told us staff knew how to prevent or manage potential risks people might face. A person said, "The staff know what they are doing and do an excellent job looking after us. People who live here have complex needs and most of the staff have the right skills to keep us safe." An external health care professional added, "My clients emotional health care has significantly improved because of the staff's approach. They are very good at meeting his care needs and keeping him safe."
- The provider carried out routine environmental checks and ensured essential equipment was maintained and serviced appropriately.
- Staff received training on fire safety and health and safety awareness. The provider had health and safety policies and procedures in place to guide staff on how to work safely.

#### Staffing and recruitment

- We were assured the provider's staffing and recruitment systems were safe.
- People were supported by enough staff to meet their assessed needs. During our inspection, staffing levels matched the rota and enabled people's needs to be met safely. Staff were visibly present throughout this inspection. For example, we observed staff were always quick to answer people's requests and to respond to incidents. 1 to 1 staffing was in place for people who were designated this level of support.
- People told us that the home had enough staff to meet their care and support needs. A person said, "I do think there are enough staff. They're probably short on occasions, but you would not know. Every time I ring the bell they come quite quickly." Another person added, "You can always find someone [staff] on duty, even at night". Staff also confirmed the care home had enough staff to meet people's needs.
- The provider's staff recruitment process was thorough, and records demonstrated that it was followed. The provider carried out pre-employment checks to ensure the suitability of staff for their role. These included checks on prospective new staff's identity, previous employment, their character, their right to work in the UK and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- We were assured the provider was supporting people living at the care home and visitors from catching and spreading infections.
- The care home was clean and tidy. The provider employed enough domestic staff and had detailed cleaning schedules in place to guide them and ensure the care home was kept clean. A member of staff told us, "We usually have 3 domestic assistants on during the day which is more than enough to keep this place clean."
- People told us staff kept the care home clean and tidy. A person said, "I'm happy with the way staff keep the home clean, especially my room." A person's relative added, "The home is always clean and smells nice whenever I visit."
- We were assured the provider was using personal protective equipment [PPE] effectively and safely. The provider no longer insists all staff and visitors to the home must wear appropriate PPE to reflect the



governments risk based approach to wearing PPE in an adult social care setting.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The provider continued to access COVID-19 testing for people living and working in the care home when they showed signs and symptoms of COVID-19.
- Staff had received up to date infection control and food hygiene training that people said was reflected in their work practices.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting Care Homes

The provider supported visits to the care home in line with the government guidance in place at the time of the inspection.

#### Using medicines safely

- Medicines systems were well-organised, and people received their medicines safely as they were prescribed.
- Medicines were safely administered, appropriately stored, disposed of, and regularly audited by the care home's managers and nursing staff.
- Medicines records were well maintained. We found no recording errors or omissions on medicines records we reviewed. People's care plans included detailed guidance for staff about their prescribed medicines and how they needed and preferred them to be administered. This included protocols for people prescribed 'as required' medicines and medicines they needed to be administered covertly, which helped guide staff to manage these medicines safely. An external health care professional told us, "There have been no medication errors that I'm aware of."
- People told us staff made sure they took their prescribed medicines as and when they should.
- Staff were clear about their responsibilities in relation to the safe management of medicines. Staff received safe management of medicines training and their competency to continue doing so safely was routinely assessed by their line managers.

#### 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 Act 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.

- People consented to the care and support they received from staff at the service.
- Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and DoLS.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the

supervising body (the local authority) in people's best interests. A person's relative told us, "I am always included in meetings regarding my [family members] DoLS."

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- Managers continually reviewed all incidents and accidents, safeguarding concerns, complaints and near misses to determine potential causes and identify any actions they needed to take to reduce the likelihood of reoccurrence.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.

# 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 the last inspection this key question was rated 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; Continuous learning and improving care

- People spoke positively about the way the service was managed and how approachable the registered manager and clinical lead nurse were. A person told us, "The managers are approachable here and will often come to say 'hello' and ask how you are." An external health care professional added, "The manager [registered] has grown in experience and the care home has greatly improved in the way its now managed. There is a much better management support network in place."
- The quality and safety of the service they provided was routinely monitored by managers and nursing staff which they did by continuously conducting audits and checks, and obtaining peoples feedback about the care home.
- Managers and nursing staff met regularly to discuss any changes to people's needs and the packages of care they received. They also conducted daily walk-around tours of the premises to observe staff's working practices and to speak to people living at the care home and staff working there.
- The outcome of these audits and feedback from people were routinely analysed to identify issues and to learn lessons. These quality assurance systems had indicators that identified how the service was performing, areas requiring improvement and areas where the service was achieving or exceeding targets. Key performance indicators included care plan reviews, satisfaction surveys and occurrences, such as accidents, complaints, and safeguarding incidents. The provider used all of this information to develop an action plan, which contained details of service improvements they wanted to make; and the timescales by which the actions should be completed.
- External health and social care professionals told us the service understood quality performance, and how to continuously learn and improve the standard of care they provide people. For example, an external health care professional said, "We are satisfied with the quality of the care home and the ongoing action plan they have developed to ensure continuous improvement. I last monitored the care home a year ago and was assured people living there were receiving a good standard of care. The providers governance systems have also improved."
- The care home is also in the process of transitioning to a new electronic care planning system which they hoped to have up and running by April 2024 to further improve their recording and monitoring.
- Managers had made all the necessary statutory notifications to the CQC. This is a legal requirement placed on care providers. Receiving notifications enables the CQC to monitor regulated services and identify where there maybe potential risks which need to be addressed.
- We saw the service's previous CQC inspection report was clearly displayed in the care home and was easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people, those

seeking information about the service and visitors of our judgments.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on duty of candour responsibility

- The managers had created an open and positive culture that delivered high-quality, person-centred care.
- People received a good standard of care and support from suitably trained and supported staff who understood how people wished to be supported to achieve positive outcomes. Care plans were person-centred and set out in details people's needs, strengths, likes and dislikes and personal goals. A person's relative told us, "The staff are amazing and have got to know my [family member] well over the years. For example, they know how to assist her at mealtimes and how she prefers to eat." Another person's relative added, "The staff have a very good rapport with my [family member]. They know what she likes, and what she doesn't like, and act accordingly."
- Staff told us they felt supported and valued by the managers. A member of staff told us, "I feel 100 percent supported by the managers and all the staff that work at Rosedene. We work well as a team and have an excellent team spirit."
- The managers spent time with staff discussing behaviours and values. They often worked directly with people, to provide care, and led by example. They told us they routinely used individual supervision and group team meetings to remind staff about the provider's underlying core values and principles.
- Managers understood the need to be open and honest when things had occasionally gone wrong. Managers ensured people's relatives were notified about any issues and incidents in a timely manner.

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

- The provider promoted an open and inclusive culture which sought the views of people living in the care home. People were supported, as far as possible, to have their say on the care they received. We saw staff involved people in making day-to-day decisions about their care.
- The provider used a range of methods to gather people's views about what the care home did well or might do better including regular care plan reviews, people living in the care home and their relatives group meetings, and satisfaction surveys. The results of the most recent peoples' survey indicated most people were satisfied with the standard of care and support they received at the care home, which most felt was well-managed.
- People told us managers and staff listened and acted upon what they had to say. A person told us, "We do get together for meetings sometimes. They're a good idea because it allows you to say how you feel about things." A person's relative added, "There are regular relative meetings to keep us fully informed, which I always attend. The managers often ask me for my suggestions and ideas and will always action my feedback."
- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group meetings with their line managers and fellow co-workers, and through the staff satisfaction survey. A member of staff told us, "I do feel able to talk to all the managers here who are all very approachable and easy to get along with."
- Details of people's individual equality and diversity characteristics were recorded in their care notes and considered when care was being planned. Staff had received equality and diversity training in how to ensure people's equality characteristics were considered when providing care to them.

Working in partnership with others

- The provider worked in close partnership with various community professionals and external agencies

including, GPs, various community nurses including psychiatric, tissue viability and palliative, local behavioural support teams, and numerous Local Authorities. An external health care professional told us, "The management are generally quite responsive and work in partnership with us. We have regular operational meetings with them." Another external professional added, "The managers, senior nurses and care staff do all welcome and listened to the advice and guidance we often share with them about how best to support our clients."

- The managers told us they regularly liaised with these external bodies and professionals, welcomed their views and advice, and shared best practice ideas with their staff.