Spemple Limited

Rosebery House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Rosebery House is a residential care home providing accommodation and personal care for up to 30 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 29 people using the service.

People's experience of using this service and what we found
There were enough staff working to provide the care and support people needed. However, we made a recommendation that the provider reviews deployment of staff at peak times during the day.

People were protected from the risk of harm of abuse because staff knew what actions to take if they identified concerns. Staff received regular training and competency assessments which helped to ensure they had the knowledge and skills to look after people. The home was clean and tidy throughout with no unpleasant odours.

Staff knew people well and understood the risks associated with their support. Care plans and risk assessments provided guidance about risks. People received their medicines safely, when they needed them. Recruitment procedures ensured only suitable staff worked at the home.

The culture of the home was positive and staff worked hard to ensure people lived happy lives. The quality of the service was regularly monitored through audits, discussions and feedback surveys. Improvements were made where needed and there was an ongoing improvement program for the home. They worked well with other organisations. Visiting health and social care professionals spoke highly of the registered manager and staff.

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.

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

Rating at last inspection and update
We undertook an infection prevention and control inspection (published 24 March 2022). This was a targeted inspection therefore we did not re-rate the service at this inspection.

The last rating for this service was requires improvement (published 28 July 2021). The provider completed an action plan after this inspection to show what they would do and by when to improve.
At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider seek appropriate guidance in relation to the storage of prescribed topical creams. At this inspection we found topical creams were stored appropriately.

Why we inspected
We looked at infection prevention and control measures (IPC) 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 inspection was prompted in part due to concerns received about the care people received, this included continence care, staff training and IPC. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this report.

At our inspection, published 28 July 2021 a breach of legal requirements was found which related to IPC. At this focused inspection we also checked they had followed their action plan and to confirm they now met legal requirements

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

Rosebery 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
This inspection was undertaken by two inspectors.

Service and service type
Rosebery 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. Rosebery House 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 inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
During the inspection we reviewed the records of the home. These included three staff recruitment files, medicine records, accidents and incidents and quality audits along with information about the upkeep of the premises. We looked at four care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' two people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care.

During the inspection process we spoke with five people, four visitors, a visiting healthcare professional and eight staff members. This included the registered manager. We also received feedback from two further health and social care professionals.

We spent time observing people in areas throughout the home and could see the interaction between people and staff. We watched how people were being cared for by staff in communal areas, this included the lunchtime meals.

Good

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 Requires Improvement. At this inspection the rating has changed to Good.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff working each shift to support people safely. In addition to the care staff there was a housekeeper and cook working each day. Staff told us there was generally enough staff working. However, there were times when they were busy.
- At lunch time we saw that staff were busy serving meals and supporting people to eat their meals. Due to the number of people who required support this meant people who were independent were left waiting for their second courses. One staff member told us, "When I started working here it was ok but people have become older and frailer and now need more support at mealtimes." We discussed this with the registered manager, who told us they had also identified this and was looking at ways of addressing the issue.

We recommend the provider reviews deployment of staff at peak times during the day.

- When staff started working at the home they completed an induction and shadowed more experienced staff until they were confident and competent to support people themselves. They also completed training which was regularly updated. After each training, staff completed a questionnaire to check their knowledge and understanding.
- Staff were recruited safely. Relevant checks were completed before staff started work at the home. This included references 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

At the last inspection we asked the provider to make improvements to their infection prevention and control (IPC). At this inspection we found these improvements had been made and the provider was no longer in breach of regulation.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home was clean and tidy throughout. There was a cleaning schedule which helped to ensure all areas of the home were regularly cleaned. The laundry was clean and tidy, and people's clothing appeared well cared for.
- We were assured that the provider was using PPE effectively and safely.
- There were systems in place in case of any COVID
- 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 responding effectively to risks and signs of infection.
● 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
● Family and friends were able to visit the home whenever they wished.

Systems and processes to safeguard people from the risk of abuse
● People were relaxed in the company of staff. We saw friendly conversation and people having fun with staff. One person told us, "The girls are lovely here, we all get on really well." A relative said, "We know [name] is safe, well cared for and loved. The care she is receiving is second to none. We've never had a problem with anyone there, they are all brilliant."
● People were protected from the risk of harm from abuse because staff knew what actions to take to keep them safe. Staff received safeguarding training and said if they believed people were at risk of harm, abuse or discrimination they would report concerns to the most senior person on duty. Staff knew how to escalate concerns outside of the organisation if this was required.
● Any concerns that were identified were reported appropriately to the local authority safeguarding team and CQC.

Assessing risk, safety monitoring and management
● Risks to people were safely managed. Staff knew people well and understood risks associated with their care and support. Care plans and risk assessments contained information to support staff. Some people required support to mobilise safely and there was information about this in the care plans. Some people required the use of a hoist to transfer them from the bed to the chair. Care plans included details of how to do this safely. We saw one person being transferred to a chair in the lounge. This was done safely and maintained the person's dignity throughout.
● Some people had risks associated with their health, for example, the risk of pressure damage to their skin. Care plans included details of how to help keep people's skin healthy through the use of air flow mattresses and regular position changes. Staff told us how they helped to maintain people's skin integrity. One staff member said, "Whenever we give personal care we check people over to make sure there are no sores or bruises."
● People needed support to maintain their personal and oral hygiene and some needed support to manage their continence. People were clean and tidy. Care plans and risk assessments informed staff how people liked to receive their personal care support and how to support their continence.
One relative told us, "[Name] is always clean, well kept, and nails always looked after."
● Environmental risks were identified and managed. Regular health and safety checks were completed. Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs in the event of an emergency evacuation. Servicing contracts were in place included electrical equipment, gas and lifting equipment.

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. No one had any conditions related to their DoLS authorisations at this time.
● Mental capacity assessments had been completed to identify if people lacked capacity to make certain decisions. Information about people's capacity was included within care plans.
● Staff received mental capacity training, they told us how people were able to make their own choices and decisions. We observed staff supporting people to make decisions and accepting when people changed their minds.

Using medicines safely
At the last inspection we recommended the provider seek appropriate guidance in relation to the storage of prescribed topical creams. At this inspection this had been addressed and topical creams were appropriately stored.
● Medicines were ordered, stored, administered and safely. Medicines were given to people individually in a way that suited each person. Medicine administration records (MAR) were completed after the medicine had been given. Only staff who had received medicine training and been assessed as competent gave people their medicines.
● People's medicines had recently been reviewed by the community pharmacy team to ensure they continued to be appropriate. Staff told us that if they had any concerns about people's medicines, they would discuss this with the person's GP and community pharmacy team. We were given an example of this during the inspection where staff had been concerned about the medicine for one person and an alternative medicine was being discussed.
● Some people had been prescribed 'as required' (PRN) medicines. These were only given when the person needed them, for example pain relief or constipation. Protocols were not in place for all PRN medicines. Staff were able to tell us about people, the medicines they needed and why. The registered manager told us they would address this immediately.

Learning lessons when things go wrong
● Accidents and incidents were documented and responded to. Staff recorded and reported concerns they identified. Information was shared with staff to ensure they were aware of any changes to care and support. Accidents and incidents were analysed and monitored to identify any trends or patterns which may show further actions were needed to prevent reoccurrences.

Good

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 Requires Improvement. At this inspection the rating has changed to 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

At the last inspection we identified improvements the provider had made needed time to fully embed and develop. However, further improvements to record keeping and audits were still needed. At this inspection we found improvements had continued to develop and embed. The registered manager had good oversight of the service and was aware of where improvements were still needed.

- Care plans contained information about people and their care and support needs. Care plans were computerised and staff had handheld devices which prompted them when people required care and support, for example position changes or continence support. Staff told us this helped to ensure people received the support when they needed it. One staff member told us, "It means we don't have to try and remember everything because the device will remind us."
- There was a range of audits and checks to help ensure the quality and safety of the service. Where areas for improvement were identified these were addressed. There were regular checks of staff knowledge and skills. This included the registered manager visiting the home out of hours, for example at night.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture at Rosebery House. Staff knew people well and treated them with kindness. People were relaxed with staff and looked to them for support. Relatives spoke highly of the home and the registered manager. One relative said, "If you asked me to score it (Rosebery House) out of 10 I would give it 12. We think we have won the lottery finding this home." Another relative told us, "Absolutely fantastic, we couldn't ask for more, we couldn't fault it at all." A further relative said of the registered manager, "The manager is outstanding and couldn't do more for us. I have nothing but praise for the lot of them, we are 100% hand on heart thrilled to bits."
- Health and social care professionals spoke highly of the service. One health and social care professional spoke about the registered manager, "I witnessed him being warm and supportive to other residents there on several occasion and sense he is a caring individual and sense he hopes to cultivate a generally caring ethos within the home."
- People were kept up to date with what was happening at the home through regular discussions

throughout the day. Relatives had completed a feedback survey in the summer. This feedback was generally positive. Where relatives had raised any issues the registered manager had taken action. Relatives told us they were kept up to date with changes in their relatives' care and support needs.

● Staff told us they felt supported by the registered manager. They were able to approach him for support and discussion. Staff also told us the staff team worked well together. One staff member said, "It's all like family." They were kept up to date about changes at the home and with people's needs through regular discussions and at handover. Staff told us they did have meetings on occasions and found these were really helpful.

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 was aware of their responsibilities. This included those under duty of candour. Relevant statutory notifications were sent to the CQC when required.

Continuous learning and improving care

● The registered manager promoted learning for all staff to improve care for people. There was evidence that incidents were reflected on, discussed and shared with staff through supervision and general discussions.

Working in partnership with others

● The registered manager and staff worked with others to help improve people's health, well-being and general experiences at the home. This included district nurses, GP's and pharmacy teams.

● Health and social care professionals were positive about the service. They told us the registered manager and staff worked well with them for the benefit of people. One health and social care professional told us how staff has worked with them to help meet a person's health needs. They told us they were, "Pretty impressed" with the way staff had worked with them. This professional also emphasised that throughout staff maintained the person's dignity.