

Rosebank Nursing Homes Limited

Rosebank Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

Rosebank Care Home is an independently owned residential care home providing care and support for up to 28 older people. Rosebank specialises in providing care to people living with dementia. On the day of our inspection 25 people were living at the home.

At the last inspection, the service was rated Good.

At this inspection we found the service Outstanding.

Why the service is rated Outstanding:

The service continued to provide support in a very caring way. People were supported by an established, motivated and well trained staff team. Staff supported people with kindness and compassion, respected people as individuals and treated them with dignity. People were fully involved in decisions about their care needs and the support they required to meet those needs. Staff knew the people they supported on a personal level and used this knowledge to improve people's lives.

The service continued to be very responsive to people's needs and ensured people were supported in a personalised way that improved their wellbeing and quality of life. People's changing needs were responded to promptly and effectively, in collaboration with health care professionals. This had a positive impact upon their lives. People had access to a variety of activities that met their individual needs and were tailored to their preferences. The service maintained strong links with the local community where people actively engaged with community choirs, coffee mornings and other events.

The service was led by an experienced and highly committed registered manager who promoted a service that put people at the forefront of all the service did. The atmosphere at the home was warm, friendly and welcoming. There was a very positive and inclusive culture that valued people, relatives and staff and promoted a caring ethos. A strong team culture existed in the home which included all staff, management and the provider, who provided strong support and leadership for the team. The registered manager and staff strived to continually look for ways to improve people's lives.

People remained safe living in the home. There were sufficient staff to meet people's needs and staff had time to spend with people. Risk assessments were carried out and promoted positive risk taking which enable people to live their lives as they chose. People received their medicines safely.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's G.P's to ensure their health and well-being was monitored.

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 remains Good

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service was Outstanding

The service was extremely caring.

We saw people were at the forefront of all the service did.

Staff were very kind, compassionate and respectful and treated people and their relatives with dignity and respect. Staffs caring attitude promoted people's well-being.

Staff gave people the time to express their wishes and respected the decisions they made. People and their families were involved in their care and instrumental in how their care progressed and developed.

We observed examples of the deep bond that existed between people and staff. Staff treated people as their family.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

Care plans were personalised and gave clear guidance for staff on how to support people. Staff were highly motivated and committed to delivering personalised care and improving people's lives.

The service responded to people's changing needs and went the extra mile to enable people to achieve their potential. People were fully involved in changes designed to meet their needs.

People and their relatives knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make sure their needs could be met. Support needs were regularly reviewed in collaboration with people, their families and healthcare professionals.

Is the service well-led?

Good ●

The service remains Good.

Rosebank Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 June 2017 and was unannounced. The inspection was carried out by an inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service. This included previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about.

The majority of the people living in the home were living with dementia and had difficulty speaking with us. We spoke with two people, two relatives, five care staff, a housekeeper, the chef, the registered manager, the deputy manager and the provider. In addition we spoke with two visiting healthcare professionals.

During the inspection we looked at four people's care plans, four staff files, medicine records and other records relating to the management of the service. We observed care practice throughout the inspection. 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.

Is the service safe?

Our findings

The service continued to provide safe care to people. People felt safe and were supported in a way that promoted positive risk taking. For example, one person was supported to mobilise independently. People's comments included; "Yes I am safe here" and "Yes I do feel safe here, I can leave my window open for my cat".

Relatives told us people were safe. One relative said, "Oh, absolutely safe. It is a secure environment and there are always staff about". Another said, "Yes, I would say they (people) are safe enough here".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff comments included; "I'd inform the manager and contact CQC (Care Quality Commission)" and "I would talk to [registered manager] or if I am still concerned I'd call the local authorities". The provider had safeguarding procedures in place and records showed that all concerns had been taken seriously, fully investigated and appropriate action taken.

There were sufficient staff on duty to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. One staff member told us, "Yes there's enough staff. It's never an issue". One relative said, "I think they are generously staffed here. There always seems to be plenty". During our inspection we saw people's requests for support were responded to promptly. Call bells were answered in a timely manner.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. Medicines were stored safely. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely.

Risks to people were identified in their care plans. Where risks were identified there were plans in place to show how risks were managed. People were able to move freely about the home and there were systems in place to manage risks. For example, where people were at risk of falls people had been referred to healthcare professionals and their guidance was recorded and followed. We saw one person being supported to mobilise safely in line with their care plan guidance.

Maintenance of systems and equipment was conducted by external professionals on a regular basis. This included fire, water systems and equipment. Up to date test certificates were in place.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. One staff member said, "Training is very good, it is ongoing all of the time". One relative commented, "They (staff) seem to be well trained and they are so skilled with dementia patients. I am impressed".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "I treat everybody as an individual. We assess people and regularly review them. We work in their best interests". Throughout our inspection we saw staff routinely sought people's consent.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of DoLS. At the time of our inspection no one at the service was subject to a DoLS authorisation.

People were positive about the food. One person said, "The food is pretty good. I had fish and chips today. If I don't like what's on offer they will cook me something else". A relative said, "The food is good and mum seems happy with it. She certainly eats plenty".

People enjoyed the food and were supported to meet their nutritional needs. We saw that people were given choices and if they appeared not to be enjoying their meal staff offered them alternatives. Where people had specific dietary requirements these were met. The Chef was very keen to support healthy and alternative diets to promote good health. For example, fresh fruit was displayed and available to people around the home.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP, care home support service (CHSS), district nurses and speech and language therapist (SALT). Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans. One visiting healthcare professional said, "I like this home, they are really helpful and we get appropriate referrals. They follow guidance and communication is very good".

Is the service caring?

Our findings

The home provided outstanding care to people who benefitted from extremely caring relationships with the staff. People's comments included; "Great staff who look after me" and "Oh yes they (staff) are caring. They are excellent in fact". Relatives we spoke with echoed these sentiments. Comments included; "Nice people (staff), very motivated and very good with my mum. This place provides really amazing care and excellent staff" and "Caring, good God yes, even the gardener is very caring. It's just superb". A visiting healthcare professional told us, "I think this is a really good home. In fact this is probably one of the best I visit and I visit quite a few. They listen and they act".

People were supported by a dedicated staff team who had genuine warmth and affection for people. Staff comments included: "This is a home from home, I love it. I love doing those little personal touches for residents", "I love being with the residents and helping them with everyday living", "Yes we care very much, this is a family home" and "We care about our residents. If they are poorly we get upset. We are very caring".

During our inspection we saw many caring interactions. For example, one person was supported by staff to water the garden. Staff told us the person was very keen on gardening and took every opportunity to help in the garden. The person used the hose to water plants and borders whilst laughing and joking with the member of staff. This was clearly an enjoyable experience for the person that helped to boost their self-esteem.

One person had a great love of animals and had supported an animal sanctuary for many years. Staff decided to surprise the person for their birthday with a trip to the animal sanctuary. However, on enquiring it was found the sanctuary was closed to be refurbished in the near future. The registered manager contacted the sanctuary and arranged for it to be opened specifically for this person's visit. The registered manager told us, "This was exciting for us to be able to arrange as a surprise visit for [persons'] birthday. She was utterly thrilled. The sanctuary staff went out of their way to give her a special time, letting her interact and spend time with a vast assortment of animals. [Person] was completely energised after her trip and has spent many a happy hour sharing photographs and talking about her 'special birthday treat' with residents, staff and visitors".

People and their relatives were involved in their care. Care plans contained documents stating people and their relatives had been involved in the creation of their support plans and reviews of care. Throughout our inspection we observed staff involving people in their care. One relative said, "As far as it is practical and as a lay person, yes I am very involved. I am also extremely well informed". Another relative said, "They are very good at calling me and letting me know what's going on".

People were treated with dignity and respect. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. People were addressed by their preferred names and staff knocked on people's doors before entering. One person said, "Dignity and respect? Oh yes they do that very well, no complaints on that score". A relative said, "Brilliant, I couldn't wish for better for my mum, very respectful". Another relative commented, "Dignity

is extremely high priority at this home. They do very well if you ask me".

The registered manager told us how they respected one person's previous occupation. They said, "[Person] used to be a healthcare professional. We discovered he likes to debrief me before I go home, telling me about events in the home and his observations on other residents wellbeing. [Person] also likes to be given a pen and clipboard where upon they sit in the office and talk 'professionally' to staff. This has had a positive effect for [person] as he seems more settled in the evenings having debriefed me".

Staff had received specialist dementia training where staff physically experienced what it was like to be living with dementia. Staff told us this training gave them a slightly different but more positive approach to how they responded to people. One staff member said, "[Person] often moves furniture around and we used to say no, please put that down. Sometimes this caused anxiety but now we say can I help you. [Person] always agrees so we can still keep him safe but without any upset".

People were supported to be independent. Throughout our inspection we saw staff encouraging people to be independent. For example, we saw one person being encouraged and supported to mobilise independently. One staff member said, "We encourage them (people) to do as much as they can for themselves. If someone can do something I give clear instructions and guide them so they can accomplish the task".

The provider's equal opportunities policy was available to people and their relatives in the home. This stated the provider's commitment to equal opportunities and diversity. This included cultural and religious backgrounds as well as people's gender and sexual orientation. Staff at the home had embraced the policy and used it in their everyday work. For example, the registered manager told us, "A staff member had noticed that one person was shy about disclosing their same sex relationship and the importance of that relationship to them. Over time and through gentle conversations and support the staff member had supported that person to feel comfortable about being open about their relationship and feel able to value their relationship publicly"

The service supported people's families. During our inspection the registered manager and deputy manager left to attend the funeral of a recently deceased person who had lived at the home. They returned with the person's family where a wake was held in a private area of the home. The registered manager told us, "Our residents are special to us, it's as if we have lost a family member. The wake gives the family the opportunity to celebrate the resident's life with us and I think it gives them some closure". Refreshments were provided and the family also received a book of condolence from staff containing personal messages that reflected on the person's time at the home. Many of the messages were very moving. Whilst we did not speak with the person's relatives, it was clear from our observations they appreciated and found some comfort in the efforts of the staff and registered manager.

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Care plans and other personal records were stored securely.

Is the service responsive?

Our findings

The service continually looked for ways to respond to people's needs and improve their lives. For example, one person was living with dementia and declined to engage in activities, go out for trips or go into the garden. The registered manager said, "Because [person] can become agitated, anxious and present behaviours that may challenge it is difficult to plan events or activities for them. Having now purchased our own mini bus we can be more spontaneous with our trips out". They told us the person loved [fast food restaurant] and found the spontaneous trips to the restaurant stimulating and whilst the person was always keen to return to the home, "Each trip became easier". These trips had a positive impact on the person's life. Records confirmed incidents of anxiety and behaviours that may challenge had reduced. The person now engaged in activities and attended other trips out of the home. The registered manager concluded, "We are his family and sole link to improving his quality of life. This is something we will continue to strive to do".

One person living with dementia and other specific mental illnesses could become anxious and feel unsafe. The person was afraid of intruders and being attacked. The person felt safe in an upstairs room but they were afraid to leave the room at night to visit the bathroom. The provider and registered manager decided to build an en-suite bathroom in the person's room to relieve their anxiety. The person was involved in the design of the bathroom and redecoration and chose all fittings, furnishings and colour schemes. The registered manager told us, "[Person's] mood and behaviour within the home has improved daily. She is more relaxed, less suspicious of us. There is a genuine trust between her and the staff and the formation of a reciprocated friendship. She has stopped carrying all of her possessions around with her in the home, but chooses to leave them increasingly in her room. She is eating better, but more encouraging still she has started to engage in life within the home".

People living at Rosebank Care Home enjoyed strong links with the local community. Weekly coffee mornings in the local village were well attended by people and local residents. This led to the formation of the 'Rosebud Choir', which consisted of a mix of locals residents and people who meet weekly for choir practice and also perform at specific events in the community. The registered manager said, "This has had tremendous benefits to our residents. It is well researched how singing improves the well-being for residents with dementia, but for our residents we have seen a growth of contentment and happiness. This has resulted in less anxiety in the home, a feeling of tranquillity, and a reduction in the use of anti-anxiety medication". The service also maintained links with a local supermarket, library, garden centre and primary school. Children from the school visited the home regularly to read and sing to people.

Care plans and risk assessments were reviewed to reflect people's changing needs. Where needs changed the provider took innovative action to address these needs. For example, one person's condition slowly deteriorated and they became more anxious and isolated. The person could also become agitated and this was having a negative effect on the person's family. Following team reflection, research via 'Smile' and 'Epic' (dementia mapping) and discussions with other people, led by the registered manager, it was decided to create a town street in one of the corridors of the home. People decided to call this 'street' memory lane. The corridor was decorated to depict a town street with lamp posts, telephone boxes and front doors with letter boxes. The standard of decoration in this corridor was extremely high. Staff told us if the person became anxious they walk with them down memory lane which, "Calms them and they are more easily

distracted and join in conversation". The registered manager told us, "The biggest impact has been for her family who visit frequently. Previously [person] would not spend time with them. Now her son says he is able to chat to his mum, to reminisce and enjoy each other's company. He said the Lane is a blessing". One relative told us how the service responded to changing needs. They said, "Absolutely brilliantly. [Person] has passed through many changes since coming here and they have, without question treated her with subtlety and very compassionately at all times. I could not care for my wife the way they can and I thank them for that". The registered manager worked closely with healthcare professionals to improve people's lives. Regular clinical governance meetings were held to review care practice. At one recent meeting the registered manager questioned the use of antipsychotic medication for two people. It was agreed with the prescribing GP to reduce the dose for both people, monitor and conduct a follow-up review. Records concluded that both people were happy and more 'settled' on the reduced medicine.

People's needs were assessed prior to admission to the service to ensure their needs could be met. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person liked 'meat, potatoes and sweet things'. Another person liked reading poetry and listening to classical music. Staff we spoke with were aware of people's preferences.

People's care plans gave clear guidance to staff in how to support people. For example, one person's care plan stated the person could be forgetful. Staff were guided to be patient, use short, clear sentences and give the person time to respond. We saw staff talking to this person following the guidance.

People received personalised care. This included needs associated with, nutrition, moving and handling and emotional support. Staff spoke with us about ensuring people received personalised care. One staff member said, "This is something we do that is personal for the individual. We take trouble to find out how they like things done". Staff told us they had noticed some people ate the same breakfast every day in spite of being offered choices. They also noticed one person ate a very small breakfast. We spoke with the chef about this who said, "To try to stimulate choice and encourage them to eat more we now provide a self-service style breakfast in addition to our usual breakfast. The food is displayed on stands and trays and residents can help themselves. It gives choice but we present it so it is appetising visually. [Person] was a small eater but since we introduced the breakfast buffet her appetite has really increased. I display lots of fruit with lots of colours and it seems to work". Records evidenced this person's food intake had increased and they had started to gain weight.

People were offered a range of activities they could engage in. The service employed two life style coordinators who planned and arranged activities in the home. These included; hairdressing, manicures, games and frequent trips out of the home to events, the local village and places of interest. A pamper room was available to people where they could relax, listen to music and have a hand massage. The home also had a well maintained garden area with furniture for people and their relatives to enjoy. We spoke with one life style coordinator who said, "Our assessments identified what residents respond to so we do a lot more one to one work and we find they all respond better in smaller groups so that's what we do. The mini bus has been a Godsend, we go out so much more and they (people) love it. We are planning a special seaside trip with a fish and chip supper. For those who don't want to go we are serving fish and chips for them as well". During our visit we saw staff engaging with people in one to one activities. For example, one person was being supported to read a picture book.

People and their relatives knew how to complain and were confident action would be taken. The provider's complaints procedure was displayed around the home. There had been one complaint during 2017 which had been dealt with compassionately in line with the provider's policy. One person spoke with us about

complaints. They said, "I know what to do. If I ever ask for anything they always listen and act". Relatives echoed these sentiments. One relative said, "I do know how to complain and I'd feel comfortable talking to them. I'm happy they would act on any concern immediately". Another relative said, "Yes I'd escalate within the organisation and I'm pretty sure they'd do something about it".

People's opinions were sought through regular surveys and meetings. We saw the results of the last survey which were very positive and contained no issues raised.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in The Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives were extremely positive about the service and the registered manager. One person said, "She (registered manager) is very much a listening person. She leads an excellent service that allows me to live my own life". One relative said, "I am very impressed with [registered manager]. She has all the right values. It seems a very well run home, in fact it runs like clockwork". Another relative said, "I think she is top flight, excellent, the best".

Staff told us the service was well led, open and honest and were very complimentary about the registered manager. Staff comments included; "She (registered manager) is fantastic, a nice person but a very good boss. She is so understanding and everything is for the residents. She's very, very good", "She is great, you can talk to her and she is very supportive" and "The manager is fantastic, I'm not just saying that. She has made me feel so relaxed and welcome here. I am part of a really effective team". A visiting healthcare professional told us, "I think this is a really good home that's well run. Communication is very good and the staff are very knowledgeable about the residents and you can see this as they have such a good rapport with them".

The registered manager promoted a very caring culture that promoted person-centred care. The registered manager spent time speaking with and supporting people; demonstrating a kind and caring manner. Staff followed this example and it was clear this compassionate, person centred approach was embedded within the culture of the home. We spoke with the registered manager about the culture of the home. They said, "I want people to live well regardless of any health issues. People with dementia are not ill in our eyes, they are just different. I want them to feel happy and safe, so people come first in this home". The provider supported the registered manager with this vision. The provider knew people by name and went out of their way to engage with people and support them around the home. The registered manager told us, "I get really strong support from [provider], if I ask I get it, especially if it is for the benefit of our residents and staff. I asked for a mini bus and we now have one".

The provider and registered manager supported staff by promoting best practice through specialised training. For example, the home had achieved accreditation in the Gold Standards Framework. The Gold Standards Framework (GSF) is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis. It is a way of raising the level of care to the standard of the best.

The registered manager monitored the quality of the service provided. A range of audits were conducted by the registered manager that included care plans, medicines, and staff support systems. For example, following a medicine audit it was noted some people were regularly refusing their medicine. Two people in particular were refusing to take paracetamol tablets and this had led to an increase in agitation and anxiety.

These people's medicines were reviewed in consultation with the GP who prescribed soluble tablets. This resulted in people taking their medicine and a reduction in people's anxiety. The registered manager told one person had now started to, "Eat independently again since the medicine change".

The registered manager also monitored accidents and incidents and analysed information to look for patterns and trends. Action plans were created from the monitoring process to drive improvements. For example, following an audit relating to falls the registered manager introduced seat alert mats for people at risk and installed warning beams in people's rooms. These systems alerted staff when people were becoming mobile and allowed them to intervene sooner before the person fell. Staff were also redeployed at specific 'high risk' times of the day. These measures had resulted in a 50% reduction in falls in the home. The registered manager was supported by the provider who regularly visited the home and conducted checks and audits to improve the service.

Staff told us learning was shared through staff meetings, briefings and handovers. One staff member said, "The senior staff pass on information and knowledge. We have handovers, meetings and a communications book to keep us all up to date and informed.

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Following our inspection the provider informed us that Rosebank Care Home had been selected to be one of 11 services taking part in a Parliamentary review. This document was intended to 'share knowledge and raise standards'. The MP who contacted the service stated Rosebank Care Home was selected 'due to the consistently high quality of care over many years and innovative work with dementia as an example of outstanding practice'. The provider told us they were very proud to being involved in the review.