

Rosedale House Residential Care Home Limited

Rosedale House

Inspection report

163 West Town Lane
Bristol
Avon
BS14 9EA

Tel: 01179714991

Date of inspection visit:
10 February 2020

Date of publication:
21 May 2020

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service:

Rosedale House is a care home that provides personal care for up to 23 older people. The service is provided in five areas, Baker Street, Penny Lane, Route 66, Graceland and Westminster Abbey, and located over three floors. At the time of the inspection, 23 people were living at the home. Most people were living with dementia.

What life is like for people using this service:

People who used the service and relatives spoke positively and told us they felt safe in the home.

There were shortfalls in the safety of the premises. These related mainly to management and control of legionella and the lack of risk management for the use of portable hot surface temperature radiators. Prompt actions were taken to address the shortfalls we identified.

Improvements were needed to make sure staff were safely recruited. Staff were well supported and had received sufficient training to carry out their roles. They were all incredibly proud to work at Rosedale House. They worked well as a team and felt extremely well supported by their management team.

Staff demonstrated a good understanding of safeguarding and whistle-blowing and knew how to report concerns.

People were supported to access health care services and regular visits were undertaken by their GP.

People, where able, were involved in food preparation and people were offered choices at mealtimes. People received the support they needed with food and fluids.

People and relatives were asked for feedback and knew how to complain. No-one was receiving end of life care at the time of our inspection visit.

People received care that was exceptionally kind, loving, thoughtful and respectful. Care plans reflected people's personal, emotional and social needs. Everyone we spoke with, and received feedback from, spoke in glowing terms about the service provided.

We have made a recommendation that the provider's quality assurance systems needed strengthening. This was to ensure shortfalls were identified and actions taken to mitigate risks and make improvements to the safety of the service.

The service met the characteristics of Good in the key questions Effective, Caring, Responsive and Well-led and Requires Improvement in the key question Safe. Therefore, our overall rating for the service after this inspection has remained Good.

More information is in detailed findings below.

Rating at last inspection:

The service was rated Good (Inspection report published July 2017).

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people receive.

Follow up:

We will monitor information received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Rosedale 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection.

Service and service type:

Rosedale House is a care home that provides personal care to older people. Most people were living with dementia. 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced, so the provider, registered manager and staff team did not know we would be visiting.

What we did:

Before the inspection we reviewed information we held about the service and the service provider. The registered manager 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 also looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke with four people who lived in the home, briefly with others, and four relatives. We observed how people were being cared for. We spoke with the registered manager, deputy manager and six staff that included catering, housekeeping and care staff.

We reviewed a range of records that included three care plans, daily monitoring charts and medicines records. We checked staff recruitment, supervision and training records. We also looked at a range of records relating to the management and monitoring of the service. These included quality assurance audits and maintenance checks. We spoke with a visiting health care professional and obtained their views about the service. Their views have been incorporated into the report.

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 in May 2017, this key question was Good. At this inspection we found shortfalls relating to the safety of the premises. The rating for this key question has deteriorated to Requires Improvement. This meant people were not always safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- A risk assessment had not been completed for the risk of legionella, so actions were not in place to mitigate the risks associated with legionella bacteria. The registered manager took action before the end of the inspection process and arranged for a risk assessment to be undertaken.
- Risk assessments and management plans were not in place to mitigate the risks of burning from the use of hot surface temperature portable radiators, located in some people's bedrooms. However, prompt actions were taken, and these shortfalls were resolved before the end of the inspection process.
- One person with diabetes was prescribed insulin. Whilst staff were aware of the care and support the person needed, details of the risks, care and treatment were not provided in the care records. The registered manager responded promptly, enhanced the care records and arranged further staff training to ensure all staff were fully updated.
- Risk assessments and management plans were completed that included risks associated with falls, mobility, emotions and distress or behaviour that could be considered challenging. For example, a 'living in the moment' approach was used to support people when they were distressed. The registered manager told us how this approach was successfully used, and the need for medications had reduced.
- Personal emergency evacuation plans (PEEPS) provided details of the support people needed if they were to be moved out of the home in the event of an emergency. The registered manager told us that outstanding remedial fire safety works were due to be completed during the week of our inspection.

Using medicines safely

- People received their medicines safely and when they needed them.
- Medicines were safely obtained, stored, administered and disposed of. Sufficient storage was provided, and systems were in place for medicines that required cool storage and medicines that required additional security.
- Where people were prescribed medicines to be taken 'as required,' for example, for pain relief or for agitation, the records provided details of the circumstances in which the medicines may be needed. Some people were prescribed topical creams to be applied to their skin. The records were fully completed to confirm they had been applied as prescribed.
- We checked the records for a person who received their medicines covertly, which meant they did not know they were being given. Appropriate records were in place to support this practice.
- A checking system identified shortfalls and confirmed that actions had been taken when needed. The Medication Administration Records (MARs) included check sheets and actions taken.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe with comments including, "Yes, I'm alright here," and from a relative, "She is really safe and so well cared for."
- Staff had received safeguarding training and knew how to recognise signs of abuse. They were clear about their responsibilities for reporting concerns and were confident the management team would take prompt action if needed.

Staffing and recruitment

- Improvements were needed to ensure staff were always safely recruited. Checks were completed with the Disclosure and Barring Service (DBS) so that staff unsuitable to work with vulnerable people, such as those living in care homes, were identified. There were no staff photographs available in the two staff files that we checked. The registered manager told us they were not aware this was a legal requirement. They told us that actions would be taken to ensure these were in place by the end of the inspection process.
- Staffing levels were sufficient to meet people's needs. Staff were available throughout the day of the inspection to provide personal care and support to people when they wanted and needed it. Staff were able to spend the time people needed to chat, engage in an activity or simply just to sit and hold people's hands. The registered manager and deputy manager were also readily available and very involved in providing care and support to people too.
- People and their relatives told us there were enough staff to provide the care and support they needed, and when they needed it. A relative told us, "It's fantastic, there's always staff around and they're always doing things with people."
- Feedback from staff was positive and included, "We just work as one big team, with the manager and [name of deputy manager] too. Even the owner is part of the team, so we never feel short."

Preventing and controlling infection

- The home was clean and tidy. The kitchen was inspected by the food standards agency in 2019 and had been awarded a five star rating, the highest rating that can be given.
- Suitable measures were in place to prevent and control infection. Staff had received training and used gloves and aprons when needed.
- Temporary laundry facilities were being provided whilst building extension works and creation of a new laundry were being completed.

Learning lessons when things go wrong

- There was a procedure in place for reporting and recording accidents and incidents.
- Accidents and incidents were reviewed to identify trends to help prevent them from happening again. The registered manager and deputy manager spoke passionately about the success of the approach they used that focused on people's feelings. They had also deployed additional staff at certain times of the day in response to specific needs associated with people's dementia. They told us how this had really helped to reduce recurrence of falls.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection in May 2017 this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People who used the service and relatives told us they thought staff were well trained and competent to deliver care they needed.
- When new staff started in post they completed an induction. One recently appointed member of staff told us they had been well supported in their new role. They said, "Really good so far. I'm shadowing other staff at the moment, so I get to know about people's needs and how to support them."
- Refresher and update training was planned and delivered mostly by a training provider or the deputy manager who had completed 'train the trainer' course for topics such as moving and handling.
- Staff spoke positively about the dementia care training, and implementation of the 'Butterfly model,' a person centred approach to care that focuses on people's feelings. Staff said this had led to improvements in the care people received and in their emotional well-being.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre admission assessments were carried out before people moved into the home. This was to make sure the service was suitable for them and their care needs could be met.
- Regular checks were made using assessments and screening tools. For example, where it was identified people were at risk of developing skin pressure damage, actions taken included provision of pressure relieving mattresses and cushions.
- People and their relatives were confident they received the care they needed.
- People's needs were reviewed on a regular basis and when their condition changed. The records showed actions were taken to make sure people's changing needs continued to be met.

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

- People received a healthy and nutritious diet and were provided with the support they needed to eat and drink.
- Feedback was positive, and we saw people clearly enjoying their meal. The registered manager and staff team ate with the people who used the service. We observed that meal time was a relaxed and sociable occasion, in each of the three communal dining areas. Some people chose to eat in their rooms, or at different times, and their right to choose was respected.
- Some people helped to prepare the evening meal of cheese, onion and potato pie. People were grating cheese, peeling potatoes and cutting up onions. There was a lot of discussion and humour whilst they did this. A member of staff commented, "We cook together, and eat together." One person helped a member of staff to write the menu for the day onto a blackboard on an easel, that was then displayed in the main dining

room.

- The chef told us they were aware of people's likes, dislikes, needs and preferences. They told us, "We will cook whatever people ask for, no problem."

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

- The service made sure everyone living in the home had access to the healthcare they needed. This included the dementia well-being service, social workers, tissue viability nurses and dieticians. People also received regular visits from their GP.
- A health professional told us, "They're brilliant actually. They've asked me to see another person while I'm here as they've recognised a little change."

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

- The environment had been decorated to meet the needs of the people living in Rosedale House. The aim of the design and decoration was to make the care home look, sound and feel like a real home, and not a place of work. Areas of the home were themed and named, and decorated with old pictures, for example of movie stars. Items and objects of interest were available throughout the home for people to engage with.
- At the time of our inspection, a four bedded extension had been created that was awaiting registration with the Care Quality Commission. A temporary laundry was in place and most of the garden area was temporarily inaccessible.

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.
- Staff understood the principles of the MCA, and how to support best interest decision making. Throughout the inspection we heard staff checking with people before they provided the supported needed.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to care and treatment.
- Where there were restrictions on people's liberty, these had been authorised or applications were being processed, by the local authority. Four people currently had authorised DoLS in place and for a further sixteen people applications had been submitted to the local authority for processing.

Is the service caring?

Our findings

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

At our last inspection in May 2017 this key question was rated as Good. At this inspection this key question has remained Good. This meant people continued to be supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported

- People were very comfortable with staff and staff clearly wanted to spend time and be with the people they were supporting. Close relationships had developed and as one member of staff said, "It's an absolute privilege to be able to care for and support the people who live here." At all times, staff engaged with people. They were never too busy to spend time with people as and when they wanted and needed it.
- Relatives told us that staff treated people incredibly well, with relatives' comments including, "This has really gone beyond our expectations," "They really go over and above. Just don't know what we would do without this place. They are all amazing," and, "We can pop in anytime and it's always the same. We are just so impressed."
- Staff showed genuine care, love and affection for people and it was clear that people's well-being was of the utmost importance. A member of staff told us they were thrilled that one person who was 'quite poorly' had got up that day and felt well enough to spend the day in one of the lounges. The member of staff said, "I'm so pleased I could cry."
- During the inspection we saw the registered manager, the deputy manager and staff spending quality time with people. They went out of their way to chat, joke, dance, sing, reassure, hug, have a drink or whatever was appropriate for the person at the time. There was lots of laughter, and a mixture of friendly banter and compassionate support for people. There was a vibrant and loving atmosphere throughout the home. A relative had written, 'I knew Rosedale was the one. All I needed was to hear [registered manager] and I knew this person cared. It was not just a job, but I knew this person was genuine and caring'.
- Staff showed concern for people's well-being and responded to how people were feeling, and the emotions they were expressing 'at the time.' For example, if people said they had lost possessions or needed to be elsewhere, staff 'lived the moment' with them, and provided the assurance and support people needed. Items such as bags, coats, books, dolls and laundry baskets were readily available for people to use/possess whenever they chose. This had a visibly calming effect on people, and reduced anxieties.

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

- People and their relatives were involved in planning care. Life histories were recorded, together with their interests and preferences in relation to daily living. The records focused on understanding people's feelings, and how people showed their emotions and communicated their needs and choices. Staff got to know people well, and for people who were unable to verbally communicate their views, they understood facial expressions and phrases people used. This all helped staff to 'live in the moment' with people.
- The registered manager told us how they had supported a couple who had been married for 65years, to live together at Rosedale House. The couple had been separated for some time after experiencing

difficulties in finding a care home that could accommodate them both.

- People were supported to make decisions about how they spent each day. People chose when they wanted to get up and go to bed, what they wanted to do, when they wanted to eat and drink and when they wanted to be actively involved and engaged in activities.
- We also saw people who had chosen to stay in bed for periods of time during the day. They were checked on at regular intervals, to make sure they were safe and comfortable. They were supported with personal care, when they were ready.
- Feedback from people was captured that included 'emotional needs' questionnaires. Responses were recorded in care plans so actions could be taken to enhance people's emotional well-being.
- Links were maintained with the local community. Organisations such as the school and representatives of religious faiths visited the home to ensure that people who were unable or did not want to go out of the home, were able to maintain links with their community.
- Staff developed a deep understanding of people's social needs by working with people and their loved ones. They worked hard to maintain the social links people had before they moved into Rosedale House. One person enjoyed going fishing with one of the provider's relatives. Others visited their hairdresser, the pub, the theatre and went shopping. The registered manager told us the provider had purchased a mobility scooter. They told us this was being successfully used. Some people who were previously reluctant to go out, enjoyed going out on the scooter and accompanied the dog walks.
- Relatives were made welcome at any time. One relative told us they were looking forward to visiting their loved one and having Sunday lunch with them.

Respecting and promoting people's privacy, dignity and independence

- The provider's ethos of developing relationships based on mutual respect and trust were well known and understood. People were treated exceptionally well in an environment created to make them feel 'at home.' People were encouraged and supported to do what they enjoyed, both in and out of the home.
- Staff recognised people's skills and people were supported and encouraged to use them. This helped people to retain as much independence as possible. For example, for a person who enjoyed helping with housework, staff provided the person with the equipment they needed. They encouraged and praised the person, with comments such as, "I wish I could do this as well as you." The person clearly gained satisfaction and looked content and meaningfully occupied as they swept the floors. Another person helped a member of staff design the menu board for the day.
- A member of staff gently supported a person who was blind, to independently manage their hot drink. The member of staff made sure the person had a coffee table that was at the right height for them. They carefully guided the person's hand to the table and to their drink, and checked the person was able to manage before they left them to enjoy their drink. All the time, the person and the staff member were chatting and enjoying each other's company.

Is the service responsive?

Our findings

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

At our last inspection in May 2017 this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records were personalised and clearly reflected people's feelings and emotions. People's life histories and what was important to them was recorded. This included a 'My life now' section. For example, for one person it was acknowledged that their 'life now' was really difficult for them and they missed 'always having children around me'. Staff used information such as this to make sure they provided the personalised care people needed, taking into account their individual needs.
- There were many examples of how the 'living in the moment' approach to providing person centred care had been beneficial for people. Staff reflected and provided one or two examples each week of how this approach had been successful. They were asked to explain their conversation with the person, how they lived in the moment together and what were the benefits of this approach. One example given was that a persons' anxiety level had significantly reduced.
- Activities were an integral part of each person's daily life. Some people participated in the completion of daily household chores. Music played during the day and people hummed and sang along as they participated in an activity of their choice. Others sat quietly chatting with staff, and for one person staff gave them a gentle hug each time they passed by.
- Entertainers visited the home and there were photo albums that showed just how much enjoyment and laughter there was during these times. Activities outside of the home reflected what people wanted and were able to do. Seasonal trips out were organised throughout the year.
- One relative had written positively about the one to one outings and regular entertainment enjoyed by their loved one. They also commented that, "The atmosphere at Rosedale is wonderful for all the residents and the special days such as the summer open day and Christmas party held there where family members and local community get together for a 'knees up' are especially helpful to the sense of 'family home' and normality. The visits from local schoolchildren I am sure, help stimulate the minds of the residents."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication requirements were discussed during the initial assessment when people first moved in to Rosedale House and this was reviewed and monitored. This included how to communicate with people with sensory loss, such as visual or hearing. People were supported to communicate in ways that were meaningful to them. The care records used pictures to aid communication and electronic tablets were used to support communication with relatives.

End of life care and support

- No one was receiving end of life care at the time of our inspection. However, we received positive feedback relating to the end of life care provided to people. People and their relatives were treated with love, compassion and empathy, and people received very personalised care and support.
- We read heartfelt comments from relatives thanking staff and particularly the registered manager for their end of life care and support. These included, "There were about 10 of us wanting to stay at the end, we were made comfortable....[Registered manager] respected what we, as a family, wanted to do... At the stressful time of nan dying I had the perfect person to help us all, my nan was loved and that is what I will always remember."

Improving care quality in response to complaints or concerns

- The complaints procedure was readily available. Everyone we spoke with told us they would feel comfortable raising concerns and expressed confidence that issues would be addressed.

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 in May 2017, this key question was rated Outstanding. At this inspection although we found the service was consistently managed and leaders and the culture they created promoted high-quality, person-centred care, the provider's quality assurance systems needed strengthening. The rating for this key question is now Good.

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

- Systems were in place to monitor and evaluate the quality of the service provided. Regular audits were undertaken. These included care records, medicines management, health and safety, infection control and the environment. Action plans were developed where areas for improvement were identified.
- The quality assurance systems had not identified the shortfalls we have reported on in the safe section of this report. These related to staff recruitment procedures, accurate recording of diabetes management, risk assessments for legionella and for the use of the hot surface temperature radiators. However, the registered manager took prompt action to mitigate the risks we identified.

We recommend the provider strengthens their quality assurance systems and processes to enable them to identify and take action to mitigate risks and make improvements to the safety of the service.

- At the time of our inspection, Rosedale House's last CQC inspection rating was not conspicuously displayed on the provider's website. The display of the rating is a legal requirement to inform people, those seeking information about the service and visitors, of our judgements. The registered manager told us this would be addressed.

Planning and promoting person-centred, high quality care and support with openness; 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 spoke passionately about their commitment to ensuring the care and support people received was the best it could possibly be. They had created an environment and developed an ethos that truly promoted person centred 'feelings based' care.
- Everyone spoke highly about the registered manager, their leadership qualities, skills and strengths. The service was described as 'exceptional,' 'beyond expectations,' and 'always goes the extra mile.'
- Staff were incredibly proud of the work they did, with one member of staff telling us, "It doesn't really feel like work. We are just like a great big family." They spoke of the registered manager as their role model and an inspirational leader who always aimed to provide the best possible care for people who lived in the home.

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

characteristics

- The registered manager discussed their approach to care with people who used the service, relatives and staff. They shared their own personal life experiences and discussed how these experiences may affect them if they were living with dementia. Relatives had also participated in these training programmes.
- Staff felt incredibly well supported and spoke highly of the support they received from the management team, that included the registered provider, the registered manager who lived on site, and the deputy manager.
- Staff were recognised with initiatives such as 'employee of the month.' The provider was awarded 'employer of the year' and was a finalist in the 'care home of the year' at the Care and Support West awards in 2019. The registered manager was a finalist in the 2018 registered manager category.

Continuous learning and improving care and working in partnership with others

- The registered manager showed their commitment to developing their own skills and the skills of their staff team. After completing one aspect of the dementia care training, one member of staff had commented, "It has also found feelings within myself that I didn't know existed."