T Lewis

Rosedene Nursing Home

Inspection report

141-147 Trinity Road
Wandsworth Common
London
SW17 7HJ

Tel: 02086727969
Website: www.rosedenenursinghome.co.uk

Date of inspection visit:
01 May 2018
02 May 2018

Date of publication:
15 June 2018

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

This inspection took place on 01 and 02 May 2018 and was unannounced on the first day. We told the provider when we would come back for the second day of inspection.

At our last inspection on 20 and 22 February 2017 we found the provider had made some improvements to the service following the completion of an action plan. At this inspection we found that further improvements had been made to develop the service, and we were able to assess the effectiveness of these as the improvements had been in place over a sustained period of time.

Rosedene Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Rosedene Nursing Home accommodates up to 67 people in one adapted building. At the time of our inspection 43 people were living at the home. The home was split into three floors with a mix of people with varying needs on each floor.

A registered manager was in place at the time of our inspection. 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.

Improvements were needed to ensure medicines were handled as safely as they could be. We have made a recommendation about the management of medicines. Guidance was not always sought from the pharmacist in the administration of covert medicines and appropriate records were not always used to ensure that medicines were accurately recorded. Following the inspection the provider contacted the pharmacist and implemented the appropriate records. We will check on their progress with this at the next inspection.

People told us they felt safe living at the home and staff were aware of how to report and manage any safeguarding concerns. Infection control procedures were in place to maintain hygiene across the home.

Risks to people were assessed to ensure that appropriate action was taken to mitigate risks and keep people as safe as possible. We found that there were appropriate staffing levels to meet people's needs and keep them safe.

Accidents and incidents were investigated when they occurred and improvements made to prevent future events. People were protected through safe recruitment processes.

Staff received appropriate training, supervision and appraisal to support them in delivering their duties.

Effective handovers took place to ensure continuity of care when there were changes in shifts.

People were supported to maintain a balanced diet and received enough to eat and drink. Where required people were supported to access a range of healthcare professionals to meet their needs.

People's consent was sought in line with the Mental Capacity Act 2005 (MCA), including best interests decisions and applications were made to the local authority where people were deprived of their liberty.

People felt cared for by staff at the home, and staff we spoke with knew the needs of individuals well. People were treated with kindness and compassion and were supported to express their views.

A complaints policy was in place that was accessible to people, and they knew how to raise any concerns. People received stimulation through a range of activities on offer and were supported to access local events of their choosing. Where necessary people's records evidenced their preferences in relation to end of life care.

People, their relatives and staff spoke positively about the management of the home. Efforts were made to improve engagement with community agencies to ensure people were engaged and involved. Regular quality checks were carried out to drive improvement across the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not as safe as it could be because improvements were needed to ensure that medicines were managed safely. Risks to people were regularly assessed and monitored and incidents and accidents were appropriately investigated. Processes were in places to help safeguard people from the risk of abuse and there were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.
Staff received sufficient supervision, appraisal and training. The service was aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA).
People were supported to receive enough to eat and drink and were referred to healthcare professionals when necessary.

Is the service caring?

Good

The service was caring. Staff working at the service cared about people and the home and treated them with kindness. People's privacy and dignity was respected and they were supported to be involved in decisions about their care.

Is the service responsive?

Good

The service was responsive. People were provided with a range of activities to keep them engaged. People were supported to be involved in decisions about the planning of their care. A suitable complaints policy was in place to support people to raise any concerns.

Is the service well-led?

Good

The service was well led with positive feedback received about the management of the service. The provider worked with other partnership agencies to aid the smooth running of the service. Regular quality assurance audits were conducted to drive improvements.

Rosedene Nursing 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 01 and 02 May 2018 and was unannounced on the first day. We told the provider when we would return for the second day of inspection.

The inspection was carried out by two inspectors, a specialist advisor 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.

Prior to the inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service. We also reviewed the information included in the 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.

During inspection we observed the way staff interacted with people living in the home and performed their duties. During lunch we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records for seven people. We also looked at six staff files and documents relating to the overall management of the service which included quality assurance audits, medicines administration sheets, complaints records, and accident and incident reports.

During the inspection we spoke with fourteen people living at the home, three relatives, the chef, two care staff, two registered nurses, the clinical lead, the registered manager and the provider. We also spoke with a visiting social worker.

Prior to our inspection we obtained feedback from three of the teams that had placed people at the home.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at the home telling us, "I feel very safe here, no worries at all. The staff help and protect me" and another person said "I never have to worry here, I feel really safe". A relative told us "They are doing a great job at keeping [my relative] from hurting himself and he is still free to wander around which he likes".

We reviewed the management of medicines at the home and found that some improvements were required. Guidance was not always sought from the pharmacist in the administration of covert medicines. We observed one person's medicine being administered covertly, however on checking their records there was no guidance from the pharmacist nor were there any instructions on how the person's medicine should be administered covertly. There was a risk that this person's medicine could be administered incorrectly.

Where one person required the administration of a transdermal patch records did not include the date of the patch application and removal. Staff were able to show us a transdermal patch sheet that had been implemented by the provider, however this was not always utilised. The arrangements for the disposal of medicines was not always clear, and staff told us that they were disposed of in a bin. On the day of inspection we observed that medicines box labels were not always removed prior to disposal.

The provider used two members of staff during medication administration rounds, with one staff member remaining with the medicines trolley and signing off upon administration with the other member of staff physically giving the medicines to people at the home. Administering medicines in this way meant there was the potential for an increase in medication errors, although the provider told us there had not been any. The provider told us they would review their current medicines administration processes, and we will check on this at our next inspection.

Following our inspection the provider told us that had ensured the transdermol patch form was used. They had liaised with the Pharmacist to obtain guidance for the administration of people's covert medications and updated their medication policy. We were happy with the provider's response and will check on this at our next inspection.

We recommend that the provider ensure they are familiar with NICE (National Institute of Clinical Excellence) guidelines in relation to the management of medicines in care homes and review their medicines policy accordingly.

We found that other areas of medicines practice were managed well, including the secure and temperature controlled storage of medicines. Medicines administration records (MAR) were well maintained with no omissions, and where necessary appropriate PRN (as required) medicines protocols were in place.

Risk assessments were completed to ensure that risks to people were appropriately assessed, managed and that any potential risk was mitigated. Where appropriate guidance from other healthcare professionals was sought, for example one person's records included guidance from occupational health in relation to the use

of wheelchairs and transfers. Risk assessments were completed in areas such as smoking, mobility, moving and handling, falls, nutrition and bed rails and included clear guidance for staff how to manage any specific risks for individuals. Where one person had been identified as losing weight food and fluid charts had been implemented to monitor their daily intake.

When accidents and incidents occurred these were investigated and recorded to ensure that lessons were learnt. Where incidents that had challenged staff had occurred the local Behavioural and Communication Services (BAACS) were invited to deliver sessions to support staff in managing any issues arising.

The provider had a safeguarding of vulnerable adults policy in place and staff knew the types of potential abuse that people could be at risk from. Staff were clear on the procedure to follow in they suspected abuse with one staff member telling us, "If I noticed abuse I would need to alert the senior nurses or carers, they would report to the manager. I can report it to the local authority if I need to." Another staff member said "I have been trained in safeguarding, lots of times. If I had a concern I would report it to the manager, deputy or senior. I've had to report quite a few things and I know they are followed up. I would report it myself if I needed to, to Wandsworth or CQC, but I haven't had to as the manager does it."

There were appropriate levels of staffing to meet the needs of the people living there. One staff member said "There are enough staff here, you don't have to rush and we actually get a lunch break". With vacancies across the home the registered manager told us that they often used agency staff. However staff told us, and we observed that agency staff were posted with a permanent member of staff wherever possible during their shift to ensure they were equipped to meet the needs of the people at the home.

Safe recruitment processes were in place to ensure that staff were safe to work with people prior to them commencing employment. Nurses were appropriately registered with the Nursing and Midwifery Council (NMC) and all staff were subject to Disclosure and Barring Service (DBS) checks before they started working with people. Records showed that staff were required to provide a full employment history, proof of identification and two references.

The provider had an infection control policy in place and this was adhered to be staff. We observed staff wearing personal protective equipment (PPE) when supporting people, including aprons and gloves. Housekeeping staff regularly cleaned people's rooms and communal areas to ensure that hygiene was maintained. Bi-monthy audits were conducted to review patterns and occurrences across the home.

Good

Is the service effective?

Our findings

Staff that we spoke with were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) and had received relevant training. 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).

We checked whether the home was following the principles of the MCA and DoLS. Each person's record contained a number of capacity assessments and records of best interests decision making. The registered manager kept a log of DoLs applications so that they knew when these required renewal. People's DoLS authorisations were not always recorded on their files, so staff did not always have any guidance on conditions in relation to people's restrictions easily accessible to them. We spoke to the registered manager about this who agreed to implement a record of people's conditions on their files where necessary, we will check on their progress with this at our next inspection.

People were supported by staff that received regular supervision to support them in carrying out their duties. One staff member told us, "Supervision covers policies, training and we discuss what we think about what we do" and another said "I can discuss anything that bothers me or any training need that will help me to my job well". Records showed that staff received regular supervision in line with the provider's policy. Each staff member had a recorded appraisal for the previous year, these were personalised and detailed and included staff development needs.

Records we looked at showed that not all staff were up to date with their moving and handling training requirements. This had been identified by the registered manager and a training day had been arranged to ensure that staff were up to date. Records showed that staff also received training in health and safety, food hygiene, challenging behaviour, mental health, first aid, infection control, mental capacity act and deprivation liberty safeguards. A relative said, "I have no doubt that they are very well-trained".

People told us that they were involved in the planning of their care with one person telling us, "They [staff members] always ask me what I need help with. I have a care plan and we chat about it quite often. They ask if they can help me with personal care, doing personal things, I get a choice but I don't need the help which is fine with them". A relative told us "I know all about [my relative's] care it's written in his book and I'm regularly asked what I think and if I would like to add anything".

People's needs and support requirements were assessed prior to their admission to the service. Records showed that people's care plans were completed in line with evidence-based guidance. Where people had been assessed as requiring support with their skin integrity a waterlow tool had been used; to give an estimated risk of the likelihood of a pressure sore developing for that person. Malnutrition Universal Screening Tools (MUST) were used to monitor people's weight and staff were required to weigh people on a monthly basis. Care plans included full guidance for staff on how to support people in line with their individual needs.

People were supported to access healthcare professionals at times when they needed them. One person said, "The doctor comes round regularly, sometimes daily. Staff help you to arrange to see people like the dentist, opticians and I sometimes see people for my feet and they make sure I can walk comfortably because my back hurts a lot" and another told us "If you need a doctor or want to you see the nurse first and she will arrange it if she thinks you need to see them. I see other people and they come here and help with my eye tests, dentist, feet everything is taken care of well". People's files included records of visits from other healthcare professionals including dieticians, GP, behavioural and communication services, opticians and chiropodists. Where one person's diet had recently been altered to support weight increase kitchen staff were able to update us on the person's meal supplement requirements.

People were supported to eat and drink to meet their nutritional needs. One person said "I can have a drink when I like. If I am in the lounge I never run out. They give you choices and in my room I have a jug of water and squash right where I can reach it" and another person told us "The food is very nice, lots to choose and always something to nibble on. They make you something else if you don't fancy it when it comes like a baked potato, omelette, sandwiches. There is always fruit around". We observed a jovial atmosphere at lunchtime on both days of the inspection. Staff encouraged people to do things for themselves during the lunch service, such as get up and get their own drinks when they wished. Mealtime was relaxed and residents ate their meals whilst engaging with staff. We spoke with the chef who was able to explain to us how they made sure that people received any specialised diets; and showed us records of people's specialist diets and dietician guidance so that kitchen staff were able to accommodate people's meal requirements.

We observed that where people had chosen to, their rooms were highly decorated with photographs and paintings and many personal effects. People's en-suites contained toiletries and were clean and accessible. Where appropriate and safe to do so people had keys to access their rooms.

Good

Is the service caring?

Our findings

People felt that they were supported by staff that treated them with kindness and compassion. One person said "They [staff members] always have a chat and I wouldn't let them get away with not doing that. They are very friendly and ask me about my day and my visitors" whilst another told us "I tell them a lot, how I feel and they always listen. I like that they give me time, never rushing." A relative told us "They are really caring and they include us too. They really care about families and make us feel very welcome and part of it " and another said "They are very kind and the care is lovely here."

Relatives that we spoke with felt secure in the knowledge their relatives were safe and that staff were kind and supportive. We observed attentive and tactile interactions with staff clearly knowing the care needs and characters of people at the home very well.

Each person had a 'strengths and needs' profile which clearly outlined what they could do for themselves and what they needed support with to promote independence. Records showed where it was safe for them to do so, people were able to leave the home to undertake activities of their choice and remain as independent as possible. One person left the home to visit friends and another person had commenced voluntary work at a local charity shop.

People were involved in decisions around the care and support they received with one person telling us, "The staff know me here very well. They read up in your notes and make time to sit with you and find out all about you and how you are. That's how they know how I like things". Records showed that people were supported to access advocates where required to help them make decisions in relation to the support they received.

Records showed that Life Stories had been attempted with everyone and where people had participated these were completed fully and comprehensively with all details about the person's life so staff could use this information to engage them.

People's privacy and dignity was respected. One person told us, "They [staff members] knock on my door and callout and they tell me who it is and ask if they can come in. If I'm in the bathroom and they knock and then wait outside because I don't need them to help me. I think I get privacy and I feel I have dignity still. I can lock my door if I want to". Another person said "They do treat me with dignity, I feel well looked after and they do a lot for me but it is not too invasive. I can lock my door but I choose not to." Staff were aware of the importance of respecting people when supporting them with their personal care needs. A staff member said "I ask them how they want to be washed, and cover each part of them with a towel".

People's cultural and spiritual beliefs were respected, and people were supported to practice faiths of their choice. The chef told us of one person and how they worked to ensure that they met their cultural food requirements. One person told us, "My decisions and beliefs are respected here by them all. I choose how I live my life here and that is fine" and a relative said of their loved one, "I like it here because they continue his beliefs and celebrate that with him. They visit church when he wants to go." On the first day of inspection

we observed a well-attended Catholic service taking place at the home.

Good

Is the service responsive?

Our findings

People and their relatives were supported to express their views on the care received at the home. One person said, "We have meetings, they are like get-togethers and they ask us what we would like to do. They bring in new activities that we request and sometimes relatives make suggestions to" and a relative told us "They keep you well-informed here, they will tell you things when you come in or call you and they display things that are happening like special celebrations. I feel well informed and come to the resident meetings. I like to meet other relatives too and have a chat and a cup of tea."

A residents of the day initiative had been introduced to ensure people's care plans were regularly reviewed and to make people feel special for a day. This included people choosing their meals and activities of preference for the day and any special outings that the person requested. Large noticeboards showed resident of the day and staff photographs and roles within the home were positioned near the entrance to the home.

People told us there were enough activities for them to get involved in telling us, " I try to join in most things. I like the artwork and group board games and quizzes. like the singing and entertainment here and they celebrate birthdays very well. I felt very special on mine". People were also supported to attend events outside of the home with one person telling us, "I like to sing and I like it when entertainers visit. I go out sometimes to local places like church,cafes and parks . A school visited, I liked seeing the children and we did some singing".

Activity plans were available on each floor covering every day of the week. The garden had a recreation room available, used daily for activities. Activity equipment was in clear view and included dressing up clothes, musical instruments and radio equipment, DVD player, seasonal décor, sensory activities , puzzles, games, art and craft, computer station and large activity tables. The room was decorated with resident's art work and photographs of recent activities including garden parties. There were a range of activities on offer including needlework, church services, arts and crafts, some outside entertainers, music therapy, board games, bingo, quiz. We observed the bingo session taking place and people were engaged and seemed to enjoy it. We also observed people utilising the garden areas at their leisure.

The provider had a complaints policy in place, and people were aware of how to raise any concern that they may have. One person told us, "If I needed to complain I will tell the manager. When I have complained before she gets things done, they all do. I had an answer straight away that day" and another said "I feel I could complain to any of them and they would write it down and send it to the right person like the manager. They are very good at sorting out requests and I have no complaints really." Records showed that any complaints raised were dealt with quickly and efficiently.

People were supported to express their end of life wishes. Clear end of life plans were recorded in people's files detailing people's funeral preferences, order of service requests and next of kin details. The provider was part of 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.

Good

Is the service well-led?

Our findings

People and relatives spoke positively about the leadership of the service. One person said of the manager, "I do like her, she comes and has a chat and I can tell her things if I want to. She always asks how we are. The managers and owner are very friendly and I always sit with them for chats after lunch in the dining room." A relative told us, "I do know her she is very good. She has an open door policy and you can chat with her any time even on the phone. She will always call you back and quickly to and the deputy is just as strong in her job."

Staff also spoke positively of the support they received from the management team with one staff member telling us, "The manager is always around, asking any question and checking everything is ok-it's really amazing. When I started I was commended for my work efforts and rewarded by them" and another said "My manager has improved a lot since the last visit. She comes out of her office a lot more. She interacts a lot with the residents and takes genuine interest. I can talk to her about anything knowing that it will be kept confidential."

The registered manager was aware of their responsibilities to the CQC including the submission of notifications when significant events occurred. The latest CQC report was displayed in the lobby of the home along with a copy of their registration certificate.

The registered manager had built links with local community services and told us "We're looking to promote more independence where possible". Links had been made with a local day centre to provider an alternative space for activities, and a local befriender from the church visited to meet with people at the home.

Regular audits were carried out to check the quality and compliance of records across the home. These included weekly medicines, infection control and accidents and incidents checks. The provider also completed checks of people's care files to check that the content was up to date and records showed where action had been taken to make improvements. An annual quality assurance audit of the environment was also completed to identify any improvements required across the home.

We received positive feedback from a professional who had placed someone at the home stating, "The home has worked well with these individuals, some of whom can be very difficult to engage, particularly around improving individuals self-care skills and addressing physical health needs. We have also found that when we've raised issues or concerns they have been quick to resolve these and have acted on everything that we have asked them to address".

We looked at the records of the last staff survey and saw that responses were primarily positive. The majority of staff felt their views were heard and felt that communication was good.

People and relatives were invited to express their views through an annual survey. We saw the results from the 2017 survey displayed on a noticeboard and these were highly positive. 100% of relatives were happy with cleanliness and feel people are safe and supported; 94% of service users said staff take time to talk with

them and they had a good choice of food and 100% of service users said staff helped them to keep their rooms clean and tidy.

The provider had made links with a range of partnership agencies in order to improve experiences for people at the home. This included local voluntary organisations, a befriending service and healthcare professionals.