

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

About the service

Rosebank Care Home is a residential care home, without nursing. At the time of our inspection the service was providing personal care to 22 people aged 65 and over, most of whom were living with dementia. The service can support up to 28 people in one adapted building covering two floors.

People's experience of using this service

Staff knew people extremely well which enabled them to respond quickly to people's needs and wishes at the highest personal level. People were treated as individuals and the service went the extra mile to grant people's wishes and provide activities and experiences that met their individual needs. This greatly enhanced their well-being and improved their quality of life. People and their relatives spoke very positively about activities and the staff, which evidenced the strong person-centred culture we witnessed in the home.

People and their relatives told us staff were extremely caring and kind. Staff's commitment and knowledge enabled people to receive excellent care from a staff group who knew them well. We observed many instances of kindness and compassion from very caring staff. A relative told us, "Staff are extremely caring here, I cannot fault it. They are welcoming and so friendly."

The manager and staff strived to provide safe care and support. The team worked with GPs and other healthcare professions to ensure the service responded to people's changing needs safely and effectively. People were supported to maintain good health and to meet their nutritional needs.

The manager continually looked for ways to improve people's lives. Staff culture was positive, and the team was extremely caring. This had resulted in the provision of compassionate and very personalised care. The service had a clear management and staffing structure in place. Staff worked well as a team and had a sense of pride working at the service. The provider had quality assurance systems in place to monitor the quality and safety of the service.

People received safe care from skilled and knowledgeable staff. People told us they felt safe receiving care from the service. Staff fully understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs and staff responded quickly to support people. Medicines were managed safely, and people received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice.

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

The last rating for this service was Outstanding, (published on 10 August 2017.)

Why we inspected:

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

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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 safe

Details are in our Safe findings below

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

Is the service caring?

The service was extremely caring

Details are in our Caring findings below

Outstanding ☆

Is the service responsive?

The service was extremely responsive

Details are in our Responsive findings below

Outstanding ☆

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below

Good ●

Rosebank Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014. The inspection took place over two days, 28 and 31 January 2020.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

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

The service had a manager who was registered with the Care Quality Commission. 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. At the time of the inspection the registered manager was on long term sick leave. The service was led by the manager who intended to register with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

During the inspection

Most people at the home were living with dementia and had difficulty speaking with us. However, we spoke with 2 people and three relatives. We looked at five people's care records and four medicine administration records (MAR). We spoke with five care staff, two kitchen staff, the manager, the deputy manager and the provider. We reviewed a range of records relating to the management of the service. These included three staff files, quality assurance audits, incident reports, complaints and compliments. We also sought the views of the local authority's commissioner of services.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. One person said, "I am very safe here." A relative said, "[Person] is completely safe."
- People were cared for by staff that knew how to raise and report safeguarding concerns. One staff member said, "I'd inform the managers, document my concerns and I can also call safeguarding."
- The provider had safeguarding policies in place and the manager worked with the local authority safeguarding team and reported any concerns promptly.

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments covered areas such as falls, nutrition, medicines and environment. For example, one person was at risk of falls. Staff had been provided with guidance on how to manage this risk and keep the person safe.
- Risk assessments were regularly reviewed, and necessary changes were made. There were systems in place to ensure that staff were kept up-to-date with changes to care plans so they continued to meet people's needs.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Staffing and recruitment

- The provider had enough staff on duty with the right skill mix to keep people safe. Staff told us there were enough staff. One member of staff said, "We always have enough staff, it's not a problem."
- Records confirmed there were sufficient staff to support people. Staff rotas showed planned staffing levels were consistently maintained.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed.
- One person told us how staff applied their cream twice a day. They said, "They look after me particularly well."
- Staff had completed training in medicines administration and management. Staff competencies were assessed to ensure medicines were administered safely and in line with guidance.
- Medicines incidents were recorded and investigated.

Preventing and controlling infection

- Staff were trained in infection control and had access to protective personal equipment such as gloves and aprons.
- We observed staff following safe infection control practice.

Learning lessons when things go wrong

- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff.

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 the last inspection 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.

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

- The provider ensured people's needs were assessed before they were supported to ensure those needs could be met and individual care plans put in place.
- Assessments took account of current guidance. This included information relating to National Institute for Health and Care Excellence (NICE) guidance, data protection legislation, oral health and standards relating to communication and end of life needs.
- People's expected outcomes were identified, and care and support were regularly reviewed and updated.
- Appropriate referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

- People were supported by skilled staff that had ongoing training relevant to their roles. One relative said, "[Person] has particular needs yet they [staff] rise to the occasion every time and deliver just what is needed."
- Staff completed an induction and shadowed experienced staff before working alone.
- Staff told us they felt supported in their roles through supervision meetings with their line managers. One member of staff commented, "I am well supported here. I can talk to my manager about anything and know I'll be supported."

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

- Care plans contained details of people's meal preferences, likes and dislikes. Any food allergies were highlighted.
- People were supported with their meals appropriately. Care plans included guidance and advice from healthcare professionals where appropriate. For example, speech and language therapist (SALT).
- One kitchen staff member said, "I am informed of residents needs and preferences and I think we offer what they need and what they like."
- The lunchtime meal was a relaxed sociable experience. Where people required support, this was offered, and people were supported at a pace suitable to them. Staff offered assistance and were respectful of people's independence.

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

- People were supported to live healthier lives through regular access to health care professionals such as their GP, occupational therapist or optician.

- Where appropriate, reviews of people's care involved relevant healthcare professionals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Ensuring consent to care and treatment in line with law and guidance

- Staff respected people's choices and decisions. We observed staff routinely offering choices and respecting people's preferences and decisions.
- Staff worked to the principles of the MCA. One staff member said, "I offer choices and support residents to make their own decisions."
- Care plans contained consent to care documents signed by the person or their legal representative.

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

- People's rooms were personalised. This included photographs and items that were important to people.
- The home was dementia friendly. For example, some corridors were decorated to depict a street with lampposts. Door to people's rooms had large door numbers and letter boxes to complete the street theme.
- There was a homely and welcoming atmosphere in the home where people appeared calm and relaxed.

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 the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Following the previous inspection, the home had further developed their ethos of striving to deliver exceptional care. This was echoed in the comments we received. People's relatives told us staff were exceptionally caring. Relatives comments included; "They [staff] are very smiley and upbeat. They exude care. Always upbeat and totally professional," "Staff are extremely caring here, I cannot fault it. They are welcoming and so friendly," "This home is the best, of that I have no doubt" and "The exceptional care is why people choose this place. It is just so homely."
- Staff knew people extremely well and knew how best to support them. For example, one person was very anxious when they were hoisted. Staff clearly knew this and went to great lengths to reassure the person before supporting them. We saw a staff member crouch down next to the person and talk with them quietly, stroking the back of the person's hand. After a few minutes the person became calm and staff were able to complete the transfer, reassuring the person throughout.
- We also observed a staff member notice another person was feeling anxious and agitated. The member of staff sat next to the person and sang to them. This had a visible and immediate effect with the person becoming calm, settled and eventually joining in with the song. The staff member said, "When [person] is anxious singing calms and soothes them." Staffs knowledge of people's individual needs and the homes ethos of care for the individual meant people received personalised care built on compassion, trust and commitment.
- The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or personal well-being needs were reflected in their care plans. For example, one person, living with dementia was new to the home and it was their birthday. Staff had noticed the person was very attached to their distinctive handbag, so the chef made a copy of the bag as a birthday cake surrounded by copies of the person's jewellery and items of makeup. This was a stunning creation and we saw photographs of the person with their cake. They were smiling and clearly enjoying the celebration. Despite the short notice, staff had recognised the importance of these items to the person and had taken steps to meet this person's needs and improve their well-being.
- The service used technology to enhance people's well-being. Along with audio books and visual aids being available to people, the service had acquired 'Magic Table'. This allowed the touch sensitive table to be personalised for people. For example, personalised song lists could be included, or the person's favourite photographs. When the person brushes away leaves displayed on the table top their photographs are revealed. This technology engages people living with dementia and uses personal images to invoke memories. We were told this could be used anywhere in the home and outside in the garden.

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

- People's relatives told us they were involved in their care. One relative said, "I am involved. I have seen the support plan and I am more than satisfied with the medicine regime. So much so that over the last week [persons] behaviour has really improved." Another said, "Definitely involved, they [staff] keep me informed."
- Records showed staff discussed people's care on an ongoing basis.
- People's emotional needs and preferences were included in care plans. For example, where people became anxious staff were provided with guidance on how to reassure people. One relative told us they had, "Visited 15 homes before choosing Rosebank" as it was "Head and shoulders above the rest." The person had specific emotional (and behavioural) needs that had not been met at previous homes. They went on to say, "[Person] has really progressed well, even in the short time he has been here." People's support plans clearly evidenced the service focussed on people's well-being and the support people required to improve their quality of life.

Respecting and promoting people's privacy, dignity and independence

- People's care plans highlighted the importance of respecting privacy and dignity. We observed staff treating people with dignity and respect. One relative said, "Everybody is treated with respect and dignity, and as an individual."
- People were supported to be as independent as possible. Care plans prompted staff to encourage people to be independent. For example, where people could eat independently.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. We saw staff logging on and off computers when not in use. Staff were aware of the laws regulating how companies protect information.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individual care plans in place which reflected their current needs including the actions staff should take to support people to meet their intended outcomes and goals. For example, guidance was provided for staff to support people to remain independent, active and maintain hobbies and interests.
- Staff used people's personal histories to improve their lives. One person, who was new to the home was living with dementia and was restless on arrival. The person was also presenting with behaviours that challenged others. The manager was reluctant to increase prescribed medicines to calm the person, so staff investigated the person's life. It was discovered the person was an 'outdoors' type with a passion for horses. A nearby stables was willing to help the person and when they visited for the first time, staff saw an immediate improvement in their condition. One staff member said the person was, "Transformed." This person regularly attended and worked at the stables in a variety of ways including mucking out and grooming the horses. We saw photographs of this person working and they appeared very happy and totally involved in what they were doing. The provider told us, "[Person] has never looked back. She is a different person, bright, happy and full of chatter." We also saw this person's medicines were able to be reduced as their well-being improved.
- Relatives and a visiting activities facilitator told us the service responded to people's needs and provided exceptional personalised care. One relative said, "I think they are very quick to respond here, it's very well run and [person] is treated as an individual. This is the best." The visiting activities facilitator said, "I get really good feedback from staff about residents, this really is an amazing place. All the residents are respected as individuals and receive the type of care you don't see in other homes, and I visit over 25 other homes."
- People's likes, and dislikes were well known to the staff team and were highlighted in people's care plans.
- The service responded to people's changing needs. Where people's conditions changed, care and support were updated to reflect the person's needs.

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.

- People's communication needs were recognised. Care plans identified, recorded and flagged any communication needs such as poor eye sight or hearing loss as required by the Accessible Information Standard.

- Staff were aware of people's communication needs and preferences. For example, we saw staff cleaning people's glasses and were told staff assisted people with hearing aids. We saw one person had documents presented in large print on yellow paper which assisted them to read and retain their independence. Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
- Where social activities formed part of people's care needs, staff ensured people spent time enjoying activities of their choice.
- The service continued to run a successful toddler group where mothers and toddlers visited the home and interacted with people. Recently the provider introduced a 'baby group'. This has helped re-enforce the existing links with the local community and introduce new friends for people. We were told friendships had developed to such a degree that some people were invited to a baby's christening at the local church. Some people attended and enjoyed the event. The provider told us, "I don't think you could have a nicer example of a true community link for our home and residents. This is what creates a sense of belonging for our residents, a sense of purpose and self-esteem in their lives. They are not forgotten by their community, they are not invisible or not wanted. Life still has much to offer, as it should be."
- Community links were further enhanced by the continued success of the 'Rosebud Choir'. The choir is made up of people from the home and local community and regularly performs around the local village at events such as Christmas. This has continued to improve people's lives and their well-being.

Improving care quality in response to complaints or concerns

- Systems were in place to address any concerns raised. The service had responded appropriately to any issues. Learning took place as a result to avoid any repetition.
- One relative we spoke with told us they knew how to make a complaint and was confident that they would be listened to. They said, "We are listened to and if I raised any issue I know the staff here would deal with it immediately."

End of life care and support

- At the time of our inspection the service was not supporting anyone on palliative or end of life care. The manager said they would work alongside other health professionals if care was needed in this area.
- The service was innovative in responding to people's, relatives and staffs needs in times of loss and grief. 'Celebrations of life' events were held following a death at the home where people, relatives and staff could remember the person and celebrate their life. Some families held wakes at the home and staff and people regularly attended funerals. One the day of our inspection staff were attending a funeral at the family's request. The provider told us, "What does this do for our home? It reminds both staff and residents we are a family, where they are loved and secure. Emotions are not bottled up and life events are not swept under the carpet. We take time to give all our residents and staff an opportunity to grieve and share. For staff this is probably one of many reasons why we have long term staff, as well as happy residents."
- The provider told us about the annual 'Remembrance service' held at the home. They said, "This provides a time for families, past and present, residents, staff and the local community to come together to remember the loved ones we have lost at Rosebank. This Sunday the event was attended by over twenty families, many of whom lost a loved one at Rosebank two, three or four years ago. During the service candles are lit, the names of the loved ones read out, a prayer is made, and this year two poems were read by different families, at their request. This was special as it showed it was their service, as much as ours." The fact that so many families return to this event year after year demonstrated the positive impact Rosebank has on people's lives
- The service had gained the 'Platinum' award for the Gold Standards Framework (GSF). The National GSF Centre is the UK's leading training provider for generalist frontline staff in caring for people in the last years of life. This meant staff were able to provide the highest level of care to people and their family's

approaching end of life events.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us they thought the service was well run. A relative said, "I can always get hold of someone if I need to. It is definitely well run." A visiting activity facilitator told us, "This home is amazing. I love it. I'd be happy to put any family member in here."
- There was a clear leadership structure which aided in the smooth running of the service. Staff were aware of their roles and responsibilities and took pride in their work and supported each other to ensure good care was provided.
- The manager had quality assurance systems in place. These included, audits of medicine records, care planning, staff files and quality satisfaction surveys. However, audits had identified records were not always complete. Some records relating to prescribed creams and repositioning charts were not always consistently and accurately maintained. The provider had identified this issue and was taking action to make improvements. People were not harmed, and whilst some improvements had been made the provider continued to work on fully rectifying the situation. Further improvement plans were in place and new paperwork was ready to be implemented.

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

- Staff were complimentary of the support they received from the manager and provider and felt the service was open and honest. One staff member commented the manager and provider was, "Very supportive." Another staff member said, "The manager is like a second mother, she's wonderful. She'll support you with any problem, either work or at home. We are an honest, caring service."
- Legislation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The manager understood their responsibilities.

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

- Surveys were regularly conducted. The results from the latest survey were positive. People's and their relative's views were also sought through meetings. For example, people's and relatives' views on seating arrangements at mealtimes were raised and the suggested changes were implemented.
- The staff told us there was good team work, they felt involved and were encouraged to attend team

meetings. Information was also shared with staff at handovers and briefings. Staff told us they were also supported by the provider arranging 'away days' for staff. They said this promoted, "Team building."

Continuous learning and improving care

- The manager referred to good practice sources to obtain further training, for example, the Social Care Institute for Excellence (SCIE) or The Skills Network and Skills for Care.
- Staff had further training opportunities to aid their personal development or to provide support to people with specific conditions.

Working in partnership with others

- Records showed the provider and manager worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The service was a member of the 'Witney Care Dementia awareness group'. We were told this provided opportunities for people to make new friends and attend events in the community. The provider was also a member of the Oxfordshire Care Homes Association.