

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Rosedene

29-31 Westonville Avenue, Westbrook, Margate,  
CT9 5DY

Tel: 01843220087

Date of Inspection: 16 October 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Complaints</b>	✓	Met this standard

## Details about this location

Registered Provider	Richard Anthony John Raj
Registered Manager	Ms. Vivienne Conway
Overview of the service	Rosedene is a privately owned care home providing personal care and support to up to 21 older people. There are single and twin bedrooms and communal areas. The home is close to shops, local facilities and road and rail links. There is a private garden with seating and patio areas and parking.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 16 October 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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We made an unannounced visit to the service and spoke to people who use the service, the manager and staff members. There were 17 people using the service. We met and spoke to most of them and everyone we spoke to said or indicated that they were happy living at Rosedene.

People told us or indicated that they felt safe and well looked after. People looked relaxed and comfortable and at ease with each other and staff. One person said "I talk to (staff member) if I'm upset. If I want anything I just let her know and she gets it for me". People expressed that the home was clean and that their bedrooms were kept clean. One person said "The staff help me keep my room clean."

People said that they thought the staff were kind and caring. People said "I like (the manager) she helps me with my shopping" and "(Staff member) is a very nice person." Another person said "They are fantastic staff here. They are all very good and very professional."

People said that they had enough to do. One person said, "I enjoyed the Jubilee party and I like the singer who comes in." Everyone said that the food was 'very good' and that they always had a choice. Another person said, "They always come round and ask us what we want. There is always a choice."

People's health needs were supported and the service worked closely with health and social care professionals to maintain and improve people's health and well being.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

People had the opportunity to give valid consent to examinations, care and treatment. When people declined medical examinations, staff respected this. Decisions people had made were recorded for staff to refer to and follow. For example, some people had made advanced decisions about their care and treatment and this was recorded in their care plans and kept under review.

When people did not have the capacity to consent, the provider acted in accordance with legal requirements. For example, meetings had been held with people and their representatives to make sure that any decision made on a person's behalf was made in their best interest. Risks and benefits of any treatment had been discussed and information was presented in a way that people could understand. Decisions were recorded in care plans and agreed and signed by everyone involved.

Systems were in place to gain and review consent from people who use services. This was important in case people's capacity to consent fluctuated or changed. Staff were trained and understood the Mental Capacity Act and Deprivation of Liberty Safeguards. This ensured that people's Human Rights were upheld.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People who use the service experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People who use the service told us or indicated that that they were happy living at Rosedene. People looked happy and relaxed in the company of each other and staff.

People said that they thought the staff were kind and caring. People said, "I like (the manager) she helps me with my shopping" and "(Staff member) is a very nice person." Another person said "They are fantastic staff here. They are all very good and very professional."

People said that they had enough to do and one person said, "I enjoyed the Jubilee party and I like the singer who comes in." Everyone said that the food was 'very good' and that they always had a choice. One person said. "They always come round and ask us what we want. There is always a choice."

Photographs of recent outings and events were displayed around the home. People stopped and spoke about the photographs to us, remembering the events and outings fondly.

The robust assessment process meant that the service had a clear overall picture of a person, their needs and wishes before they moved in. Records showed that the manager or senior staff always met with prospective residents, and their families, to explain the service and to find out more about the person. Trial stays and visits were offered and compatibility with other people using the service was considered. Written information about the service was available for people to take away with them.

Each person using the service had a care plan that was individual to them and that they or their representatives had been involved in writing. People's health and personal care needs were recorded in their individual care plans with action recorded that staff needed to take to meet people's needs. There was information about people's background and life events. This meant that staff had knowledge about people's life history so they could talk to them about it and were aware of any significant events.

People were supported to maintain good health because the service worked closely with health and social care professionals. Special diets were catered for and supplements

given when needed following any specialist advice. People's weight was checked regularly to make sure that it remained stable.

Any potential risks were assessed and steps taken to reduce them so that people remained safe and well without being restricted.

The contact details for people's next of kin and other important people were recorded in the plans and people had support to keep in touch with their family and friends. Visitors were welcomed into the home at reasonable times. Families and friends were invited to events like birthday parties and recently a Jubilee party.

People said that they had enough to do. Records showed that the hairdresser came in weekly and was at the service on the day of our visit. People said that they enjoyed having their hair done. Some people played bingo and said that they enjoyed taking part in quizzes. Staff made sure that anyone who wanted to remain in their bedroom did not become isolated. Staff read newspapers to people and spent time with them chatting.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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Appropriate arrangements were in place in relation to obtaining medicine. The system was straight forward and all medicine was checked into the home and recorded.

People said that they received the medication they needed when they needed it. People were given their medication discreetly and sensitively. One person said, "They always bring my tablets to me. I like it that way."

Appropriate arrangements were in place in relation to the recording of medicine. Records showed that medicines were prescribed for people and were given to people safely. Regular medication reviews ensured that people had the medication they needed. Records were checked by senior staff so that any errors could be picked up quickly and acted on.

Medicines were handled appropriately and stored safely and securely. There were arrangements to safeguard the medication keys and storage facilities. Staff training and regular supervision and checks meant that staff remained competent in medication administration. We observed that senior staff administered medication to people in a safe and discreet manner. There was reference material for staff to look up things like side effects so they could act quickly and seek advice if needed.

Medicines were disposed of appropriately with records kept of any medication disposed of or returned.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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There were effective recruitment and selection processes in place.

People looked relaxed in the company of staff. Staff spoke to people with patience and kindness. Staff spoke to us with knowledge and understanding of people's needs. Staff noticed when one person became anxious. In response they suggested an activity to which the person agreed and which resulted in them being reassured.

Recruitment procedures were thorough which ensured that people were safe to work with vulnerable people. Recruitment checks were robust which included application forms, checking that references were satisfactory and a Criminal Records Bureau check. Records showed that people's identity and qualifications had been verified.

Records of interviews showed that the recruitment process was fair and thorough. Staff had job descriptions and contracts so they were aware of their role and responsibilities.

Potential staff met people using the service and current staff to enable people to give their opinion about the prospective member of staff. Staff worked through a probationary period when staff and people using the service gave feedback about their performance.

Staffing was flexible in that extra staff were called in at busier times and if people's needs increased.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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People were made aware of the complaints system. This was provided in a format that met their needs. A copy of the procedure was given to people as well as being displayed at the home.

People said or indicated that they would talk to the staff if they had a complaint and that staff would listen and act on their concerns. People told us that they had raised things with the manager informally and she had sorted it out straight away.

Regular residents meetings enabled people to raise any issues. Most of the staff had worked at the home for several years and so knew the people using the service well. This meant that they could often tell if something was wrong before the person said anything. Everyone we spoke to said that they had no complaints about the service. Staff asked people regularly and checked that everything was alright for them.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. People said that they were at ease bringing any issues to the staff's attention. They were confident that any problem would be dealt with swiftly.

A system to receive, record, investigate and resolve complaints was in place so it was easy to track complaints and resolutions.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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