Rosclare Residential Home Limited

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Inspection report

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Date of inspection visit:
03 February 2016

Date of publication:
29 March 2016

Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 3 February 2016 and was unannounced. The last inspection of this service was on 6 January 2014. At that inspection we found the service was meeting all the regulations we assessed.

Rosclare Residential Home provides accommodation for up to 19 people who require personal care and support on a daily basis. The home can accommodate people living with dementia and/or older people living with mental health issues. At the time of our inspection there were 18 people living at the home.
The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the provider's record keeping system was inconsistent and their own monitoring systems had not identified this shortfall. For example, people's care records were not always updated with their life histories and their care plans were not always signed by people or their relatives to show they had agreed to them.

We identified a breach of the Health and Social Care (Regulated Activities) Regulations 2014 during our inspection. You can see what action we told the provider to take at the back of the full version of this report.

Given the layout of Rosclare, we did not consider there were enough staff on duty at the time of our inspection. We have asked the registered manager to review the staffing levels in relation to the current needs of people using the service as our findings showed that their needs might not have been effectively met.
The provider had undertaken numerous recruitment checks prior to staff employment. However, the provider had not renewed police checks after this initial period and therefore could not assure themselves of the staff's continued suitability for employment.

Staff working at Rosclare were kind and compassionate. They knew people well and were able to respond to their needs effectively. There was genuine warmth from staff towards people. Staff in turn told us they felt supported by the registered manager and deputy. They received training and an opportunity to meet with their line manager to discuss issues about their professional development.

People had their health needs met. This included having access to healthcare professionals when they needed them. People's nutritional needs were assessed and monitored. They received a variety of meals according to their choices and needs. People received their medicines as prescribed to them.

Care was personalised so it met people's preferences and needs. There was a range of social activities for people to participate in if they chose to. The home maintained links with the local community such as local schools. Relatives were able to visit whenever they wished.

People were asked for their consent before care was provided. If people were not able to give consent, the provider worked within the framework of the Mental Capacity Act 2005. The Act aims to empower and protect people who may not be able to make decisions for themselves and to help ensure their rights are protected.

The service had a registered manager in post who was aware of their roles and responsibilities. They ensured that people were able to participate in activities of daily life as independently as possible and if this was not possible, then risks were identified and strategies developed to assist people as much as they were able to.

Staff within the service were able to tell us how they helped to safeguard adults at risk who may be at risk of abuse. People felt able to raise any issues or concerns they had with the service. They felt the registered manager and deputy would listen to them and act on any issues of concern.

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 always safe. The provider did not have a system to assess the staffing in line with people's needs to make sure people were being supported and cared for by the right amount of staff who had the appropriate skills.

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The provider carried out appropriate checks when recruiting staff but could not assure themselves of the continued suitability of staff employed by the service because they did not have effective arrangements around the renewal of criminal records checks.

Staff were knowledgeable about keeping people safe. This included ensuring they received their medicines as they had been prescribed.

The provider completed risk assessments to ensure people and others were safe as possible. Any accidents and incidents were recorded and analysed by the registered manager so the risks of any re-occurrences were minimised.

Is the service effective?

Good

The service was effective. Staff received training that was relevant to their roles. This was supported by the registered manager who was able to deliver much of this training.

The provider met the requirements of the Mental Capacity Act 2005 to help ensure people's rights were protected. People's consent was sought prior to care being provided.

People's nutritional needs were effectively met. They had access to a range of health professionals as and when they needed them to support them with their healthcare needs.

Is the service caring?

Good

The service was caring. Staff were knowledgeable about the people they were caring for and were able to meet their diverse needs. We saw staff treated people with dignity and respect.

Friends and relatives could visit people living at the home with

no restrictions. There was a range of information available for people and relatives to access.

Is the service responsive?

Good

The service was responsive. People were offered a range of activities to suit their interests. This included supporting people to be involved in the community so the risks of isolation were minimised.

Care provided by Rosclare was personalised so it met people's individual needs.

People felt able to raise any issues or concerns with the registered manager and deputy, and they were confident their views would be listened to and acted upon.

Is the service well-led?

Requires Improvement

The service was not always well led. Record keeping was inconsistent and was sometimes missing or in a number of different places making it harder to access records promptly. The providers' own monitoring systems had not identified this shortfall.

There was a registered manager in post who was aware of their role and responsibility. They worked with staff to maintain the vision and direction of the home.

There were some systems in place for monitoring the quality of the service to ensure there were continuous improvements.

Rosclare Residential Home Limited

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 3 February 2016 and was unannounced. The inspection was completed by an inspector.
Prior to the inspection we asked the provider to complete 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 reviewed other information about the service such as notifications they are required to submit to CQC. Notifications are significant events the service is required to inform us about.

On the day of the inspection we spoke with five people who lived at the home and a relative who was visiting the home. As some people living at Rosclare were living with dementia, they were not able to easily share their experiences of living at the home with us. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help understand the experience of people who cannot talk with us.

During the inspection we talked with the registered manager and three other staff. We looked at various records including care records for three people and other records relating to how three staff and how were recruited and trained. We also checked medicines and equipment maintenance.

After the inspection we telephoned a further two relatives and a healthcare professional who had contact with the service to get their views about the service.

Requires Improvement

Is the service safe?

Our findings

There were risks that people's needs might not be met in a timely and effective way because the provider did not have a systematic approach to determine the number of staff and range of skills required in order to meet people's needs and keep them safe.

The registered manager told us there were usually three care staff on duty in the mornings plus the registered manager and deputy who were purely involved in the management of the service. On the day of the inspection the deputy manager was off sick and the registered manager although located in the building was undertaking administrative work and caring for a family member. This meant three care staff were on duty for 18 people who used the service. Although we observed that people were being appropriately supported and their needs were being met promptly, staff were busy and rushed and only able to address people's personal care needs. For example, there was a period in the morning when staff were responsible for ensuring people who wanted to be were up, washed and dressed, had their breakfast and their medicines. The registered manager also told us that after lunchtime between the hours of 1pm to 3 pm there were only two care staff on duty. They were responsible to support people with personal care as well as engaging with them in recreational and social activities.

The extended physical layout of the home and the deployment of staff meant that levels could have been insufficient during certain times of the day. The home was a converted residential house which had been extended on the ground floor. The extension was effectively a long corridor with bedrooms along its length with a dining room at one end and the main lounge at the other end. This meant that it might take some time for staff at one end of the building to attend to a person who needed support at the other end of the building. The provider did not routinely carry out an analysis of people's dependencies and needs to show whether the staffing levels provided were adequate to meet people's needs.

We discussed staffing levels with the registered manager who told us they considered there were enough staff on duty to meet people's needs, as the service also employed ancillary staff including a cook and a cleaner. The registered manager later told us they used the staffing levels determined by the Residential Forum Model. There was however no evidence the provider had recently used this tool to assess staffing levels to confirm suitable staffing levels were being provided. There was also no other systems in place to ink the staffing levels with the dependencies of people and therefore the provider could not demonstrate whether suitable staffing levels were being provided at all times of the day according to people's dependency levels.

We checked staff recruitment records to make sure only suitable staff were employed by the service. Whilst we saw some evidence that appropriate checks were completed prior to employment, we noted criminal records checks were completed initially when staff were recruited and then not renewed. The provider did ask staff to complete an exemption form every three years which was a self-declaration they had not committed any offences in that period. However, we noted in two staff's records, that the original police checks were completed nine and 17 years ago. The provider's own policy only required them to complete police checks at the time of appointment. The provider did not carry out suitable risk assessments and

could not demonstrate how they assured themselves of the continued suitability of staff who worked at the home. We discussed this issue with the registered manager who agreed they would review the frequency to renew criminal records checks in line with good practice guidelines.

Staff were aware of how to safeguard adults at risk of abuse. Staff had received regular training which was refreshed annually. Staff we spoke with knew what they would do if they suspected anyone was at risk of harm and the action they were required to take. The service had taken action to report any concerns regarding people's safety to the local authority. The local authority said of an incident that was reported to them '[The care home] did everything by the book'.

People received their medicines as they had been prescribed. We checked the storage, recording and administration of medicines. We saw the medicines administration records (MAR) had a photograph which related to each person. In this way the risk of errors occurring were minimised. We saw medicines arrived in the home every 28 days from the community pharmacist and were in blister packs for ease of administration. Medicines no longer required were disposed of appropriately. There was a daily audit of the administration of medicines so that any errors could be rectified quickly.

We saw records that showed the provider had identified risks to people's health and welfare and had established strategies to minimise these and protect people and others from the risk of harm. For example, risk assessments identified the risks associated with a person smoking or the possible changes in someone's behaviour which could be indicative of deterioration in their mental health.

We saw the service kept a record of incidents and accidents. These were monitored regularly by the registered manager to identify any possible trends and patterns so action could be taken to minimise the risks of reoccurrence. This had included, staff carrying out more frequent night checks or the use of pressure pads if people were more prone to falling during the night.

Good

Is the service effective?

Our findings

People were cared by staff received regular training and support to undertake their roles. The registered manager had undertaken a 'train the trainers' course which enabled them to complete many of the training courses internally. We saw that each new member of staff completed an induction programme which included shadowing more experienced workers for two weeks and undertaking a number of training courses the provider considered essential for them to undertake their role. This included fire safety, moving and handling and health and safety. These courses were refreshed every six months.

The majority of staff had completed a National Vocational Qualification in care, but for those staff who had not, the provider had identified training through the new Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. In this way, the provider was ensuring the staff team maintained their existing skills and were also keeping up to date with best practice.

Staff were supported in their roles. We spoke with staff and saw they received supervision once every two months from their line manager. This was an opportunity for them to discuss their personal development and aspects of providing care. There were also monthly staff meetings which gave the staff team the opportunity to share relevant information. The registered manager also used it as an opportunity to refresh certain training topics.

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. The application procedures for this in care homes and hospitals are 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 were being met.

We saw staff had received recent training and were able to explain the impact of MCA and DoLS on people living at the home. The registered manager had made a number of applications to the local authority to deprive some people of their liberty and these had been granted. We saw there were systems in place to ensure timely applications were made to renew the safeguards within a year of them being granted in line with legal requirements. The conditions of the authorisations were included in people's care plans so staff were aware of these and adhered to them.

Throughout the day, we heard and observed that staff ensured people gave their consent to care and support being provided. For example, staff were heard to ask people, "Do you want help with that?" and

during the mealtime, "What else can I get you?" If people were not able to give their consent, this was recorded in people's care plans and instead relatives and healthcare professionals helped to make decisions in people's best interests.

People were supported to eat and drink sufficient amounts to meet their health needs. We saw people's nutritional needs were assessed and monitored, and their weight checked monthly to identify any issues quickly. For some people the service had completed a Malnutrition Universal Screening Tool (MUST). This is an assessment of people's nutritional state and to determine if people were at risk of malnutrition. Where risks were identified staff monitored people's food and fluid consumption to ensure they were not at risk of malnutrition or dehydration. There were a number of completed speech and language assessments which gave staff guidance about how to assist people if they had difficulties with swallowing. In addition, we saw people's weight was monitored monthly and more often if required so any significant changes could be identified quickly and referrals made to the appropriate healthcare professional.

People had access to healthcare services as and when they needed them. We saw the home had regular contact with a range of healthcare professionals including the community GP, community psychiatrist nurses, dietitians, opticians and dentists. Any contact with healthcare professionals was recorded in people's care plans so there was a clear and distinct record of the treatment provided. A relative told us, "They've got things done, particularly for her health which is now sorted."

Good

Is the service caring?

Our findings

We received many positive comments about the care provided at Rosclare. One person said, "If you don't like it here, there's something wrong with you." A relative told us, "They're brilliant. The difference in my mum is huge". Another person in their description of how the home was caring said, "Nothing's a problem, they get me a cup of tea in the middle of the night when I can't sleep."

From our observations the care provided by staff ensured people's privacy and dignity. We saw they knocked on people's bedrooms doors and waited for a response before entering. Staff also talked to people and explained what they were doing when assisting them to move around the building or when they helped with meals. Staff were able to tell us how they ensured people had privacy and dignity when they provided personal care.

Staff were experienced and knowledgeable about the people they cared for. Many of the staff team had worked in the care home for a number of years and they were aware of people's individual needs and how these could be best met. This included caring for people who were not able to communicate verbally. Staff were able to describe how they could through observations of people's facial expressions anticipate many of their needs.

Staff treated people with kindness and compassion. Throughout the day we observed staff served people with drinks and a snack, and patiently assisted them and talking to them throughout. We also observed staff assisting people to move around the building either to join an activity or go to their bedroom. This was undertaken in an unhurried manner and with reassurance so people were put at ease and did not feel pressurised.

Relatives told us how they could visit the home without restriction and always felt welcomed. A relative described how their family member had been admitted to hospital from the home and kept referring to Rosclare as 'their home they wanted to get back to'. The relative went onto tell us how they could always have a drink and a meal whenever they visited, and subsequently the home had been supportive following their relatives death.

We saw there was a range of information available to people and their visitors displayed on notice boards so they were kept informed about the social care landscape and events happening within the home. This included information leaflets from Age UK and other organisations involved in supporting older people. Care plans contained information about people's diverse needs. We saw staff had received equality and diversity training to raise awareness about diversity issues. People's religious and spiritual needs were recorded and where people were practising Christians there were opportunities for these to be met by visits by local clergymen.

Good

Is the service responsive?

Our findings

The home provided people with a range of activities to meet their social and recreational interests. We saw within the home there were books, newspapers and various board games available for people. There were a range of entertainers that regularly came into the home, as well as visits from two local schools. A number of people living at the home were also able to go out independently, and there were clear arrangements about how they could be supported to access the local community, for example, with staff telephoning for a taxi when one person requested it. Two people said they thought there were enough activities on offer to keep people stimulated and another said "You can be too busy."

People received personalised care that met their needs. Prior to admission to the home, information was gathered from various sources including from the person themselves, relatives and health and social care professionals. The home completed an assessment of the person's needs. The assessment included a life history so staff could understand people's background and perspectives and use the information to initiate points of discussion with people. This was particularly useful if people were living with dementia and may not remember some of their own histories.

We saw the care plans were in general, personalised, up to date and accurate. There was key information about people's likes and dislikes and preferences for care and these were sufficiently detailed to enable staff to meet people's needs. In one example, we saw it recorded that a person enjoyed a drink of Guinness at lunchtime. Whilst another care plan mentioned the hair dye product one person preferred. Care plans and risk assessments were generally reviewed monthly and in this way the provider was ensuring people received care that met their needs.

People were given opportunities to discuss and raise issues they had with the service. We saw there was a quarterly residents meeting and we were able to view the minutes of meetings. They showed attendance was variable, although it appeared people felt able to raise any issues on a range of subjects.

The provider had a system to address complaints appropriately. Relatives told us they considered any complaints would be taken seriously. Relatives said the registered manager and deputy were approachable and they had no hesitation in contacting them if it was necessary. One relative said, "There's been no problems and [family members name] would had said." Another person said, "I just pick up the 'phone if I've got a problem." The home had a complaints policy which outlined the process of making a complaint and timescales for the provider to deal with the complaint. The home kept a record of all complaints made and this showed they were dealt with in a timely and appropriate manner.

Requires Improvement

Is the service well-led?

Our findings

People were not protected against the risks of poor care that can arise if records were not maintained appropriately. The provider did not operate effective governance systems or processes to routinely monitor and complete records for each person using the service. Specifically we found they were inconsistent with record keeping and their own quality assurance systems had failed to identify this was an area that required improvements. There were a number of omissions in a number of areas. For example, the life histories for some people were missing all together; there were no signatures on care plans by people who use the service, their relatives or an explanation to the absence of a signature. It could well be that people gave consent to their care but evidence should be kept of the involvement of people in their care. We also saw that the providers out of hour's visits for quality monitoring were not recorded. Staff training records were not easily available and stored in a number of places.

The providers own monitoring system had not identified these omissions.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had other systems of audits and checks on aspects of the service. The registered manager told us and we saw there were regular audits of medicines so the risk of errors were minimised. This included a six monthly audit completed by the community pharmacist, the last one dated 9 December 2015 and we saw all areas of improvement had been actioned by the provider. There were weekly health and safety checks to help ensure people were not put at unnecessary risk. We also checked other records relating to the safety of the premises and care to people, this included call bell maintenance, hot water checks and Legionella testing which found they were safe. The registered manager and deputy kept an active presence in the home, for example, we were told they carried out night and weekend visits to check on the quality of the care provided at all times day and night.

Relatives and staff told us the registered manager and deputy were open and approachable. People told us they felt comfortable raising any issues and that they would be listened to. The provider carried out an annual survey of customer satisfaction and addressed any issues that arose from the results of the survey.

The service had a registered manager in post. The registered manager was aware of their responsibilities and obligations as a registered person. They had notified CQC of significant events in the home in line with the requirements of registration. The registered manager had also completed the Provider Information Return (PIR) which outlined the areas of good practice and areas which they considered they needed to improve on. The PIR had been completed in a timely manner.

Staff were aware of their roles and responsibilities within the home and said the registered manager and deputy made sure they were clear of these. The registered manager and deputy reviewed whether staff were aware of the direction and vision of the service. This was through supervision, staff meeting and direct observation of practice. A member of staff told us, "We work together as a team, if the cleaner doesn't come

in to work, we all help."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not maintain an accurate, complete and contemporaneous record in respect of each service user and in relation to the management of the service. Regulation 17(2)(c)