

High Oak Care Limited

# Rosewood Care Home

## Inspection report

139-143 High Street  
Pensnett  
Brierley Hill  
West Midlands  
DY5 4EA

Tel: 0138477441

Website: [www.rosewoodcarehome.com](http://www.rosewoodcarehome.com)

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service:

Rosewood Care Home is a care home that provides care and accommodation to mainly older people some of whom may be living with dementia. It can accommodate up to 43 people.

Rating at last inspection: May 2017 Requires Improvement (Report published July 2017).

### Why we inspected:

This was a planned inspection based on the rating at the last inspection. At this inspection we found concerns with the service provided, including breaches of the Health and Social Care Act, and rated the service as 'requires improvement.'

### People's experience of using this service:

People did not always receive safe care and support. Safeguarding procedures had not always been adhered to. Individuals did not have comprehensive risk assessments that reflected their needs. Relatives and people told us that they could not recall being involved in reviews of their care. The care and support plans in place did not always reflect people's current or changing needs. The registered manager advised us of plans to introduce a new care planning system which they hoped would address these issues.

We received some mixed views from people, relatives and staff regarding staffing arrangements. The provider's representative agreed to review the way they determined staffing. People received their medicines as it was prescribed but guidance to staff about when people should be administered 'as needed' medicines needed improvement. Staff followed infection control guidance and had access to personal protective equipment.

People did not always receive effective care. People were not consistently supported by staff with the right training to provide safe care. We found where people lacked capacity and were being deprived of their human rights that the appropriate authorisations were in place and being reviewed by the local authority. People told us they were supported to have enough to eat and drink. People accessed health care when needed. Records in relation to hydration, nutrition, pressure area care monitoring and healthcare needed improvement.

We received positive feedback from people about the caring attitude and behaviours of individual staff. However, we also found that the providers systems did not always support the service to be fully caring.

People did not always receive responsive care. Where people needed support on end of life care, information was not being gathered sufficiently to ensure people's wishes could be met. People's needs were not always assessed and planned for. The registered manager was unable to show how the service involved people in reviews about the support they received. People were supported to take part in activities of interest and their preferences, likes and dislikes were known to staff. The provider had a complaint

process which people and relatives were aware of.

The service not consistently well led. The registered manager carried out quality assurance checks however they were not effective. They agreed to reflect and develop their systems further. The registered manager and provider did not understand the responsibilities of their registration with us. The registered manager and provider failed to make notifications to the care quality commission. The registered manager was known and made themselves available. People's relatives shared their views by completing a provider questionnaire about the service.

**Enforcement:**

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

**Follow up:**

We will meet with the provider following this report being published to discuss how they will make changes to ensure the provider improves the rating of the service to at least Good. We will re-inspect Rosewood House within our published timescales to see what improvements have been made.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring

Details are in our Caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Rosewood 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 as part of our regulatory functions. This inspection checked 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.

#### Inspection team:

This inspection was carried out by one inspector 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.

#### Service and service type

Rosewood Care 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. The service accommodates up to 43 people. At the time of our visit there were 33 people using the service.

The service had a manager 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did:

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the Local Authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local Authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time.

We spoke with eleven people, four relatives, a health care professional, the registered manager, deputy manager, provider representative, an agency staff, the head chef and six care staff. We sampled care plans for four people and medicines records. We also looked at other records relating to the management of the service including audits, quality monitoring systems and action plans; two staff files, training records, accident and incident records; surveys; meeting minutes and complaint records.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management and learning lessons when things go wrong

- One person had previously experienced a serious injury. We are looking into the circumstances of this outside of this inspection process.
- Not all people had assessments of risk associated with their care. One person new to the home needed to use a hoist to transfer. There was no available care plan or risk assessment to guide staff on how to do this safely. For other people who used the hoist risk assessments needed further information to ensure the correct procedure would be followed by staff.
- Where action had been taken to address risks, care documents and staff knowledge were unclear. We found that food and fluid monitoring charts had not always been completed fully. Staff we spoke with were not aware of the person's targets but we received some feedback that they were frequently encouraging this person to eat and drink.
- We looked at the pressure care arrangements for one person who was being cared for in bed. Most of the staff we spoke with told us they repositioned the person on a regular basis to prevent any further skin breakdown. However, both feedback from staff and the records we reviewed were conflicting around the frequency of the repositioning. There was a lack of detail in the care plan on how the person was supported to manage their skin integrity.
- One person had experienced falls. We saw that action had been taken to reduce further risk including seeking advice from relevant care professionals and obtaining additional equipment. Staff told us that the person needed assistance when walking and we saw that staff offered this support. The registered manager completed a monthly audit of accidents and incidents however this needed improvement to ensure actions following these were recorded and information was analysed to identify any trends.
- We saw that following a previous incident where a person had been placed at risk of harm action had been taken to learn lessons and implement new procedures.
- People had emergency personal evacuation plans in place which detailed the assistance they would require in the event of an emergency. The registered manager ensured all regular fire safety checks were carried out as planned to include testing the fire alarms, fire exits, emergency lighting, automatic door closures and practice evacuation. A fire risk assessment had been completed but it was not evident this had been done by a person competent and qualified to do so. The provider representative told us they were contacting external companies to arrange for a new assessment to be completed.

We were not assured that all reasonable steps had been taken to reduce risks associated with people's care and support. This constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment

Safeguarding systems and processes

- People were not consistently protected from the risk of abuse. Staff we spoke with demonstrated a consistent understanding of safeguarding practices and procedures, and recognising types of abuse. However there had been two instances where the correct safeguarding procedures had not been followed. For example, a person had previously hit another person. Some actions had been taken to reduce future risk but the local authority safeguarding team had not been notified.
- Training records did not show that all staff had received relevant training in safeguarding procedure. Following our inspection, we were informed training had been booked for the 12 care staff who required this training.
- People and their relatives told us they felt safe. One person told us, "Yes very safe they test the fire alarm there is always someone about they always call out to you."
- We looked at how the provider was recruiting new staff members. A range of pre-employment checks were being completed prior to new staff members starting work. This included identity, reference and Disclosure and Barring Service (DBS) checks. Employers use DBS checks to review a potential employee's criminal history to ensure they are appropriate for employment. The registered manager could tell us the factors that had been considered when employing a member where potential risk had been identified.

#### Staffing levels

- At the time of our inspection the provider had some staff vacancies and recruitment to these was in progress. Agency staff were being used to cover staffing gaps.
- During our visit to the home we saw that although staff were very busy they managed to meet people's requests for support and we did not see people not having their support needs met.
- Some people, relatives and staff commented that staffing levels needed to be increased. One staff member told us that staffing levels had not been increased to match the increasing dependency levels of people. The provider did not have a system to formally calculate the number of staff required based on current best practice. This needed to be implemented to ensure a detailed assessment was available on the staffing needs for the service.

#### Using medicines safely

- Where people were prescribed 'as and when required' medicines, protocols to tell staff when to administer them were not always clear. The registered manager agreed to review these.
- Medicines were stored and administered safely. One care staff was observed administering medicines and this was done safely.
- The registered manager ensured that senior care staff were assessed as competent to give and manage medicines for people.
- People told us they were happy with the support they received with medicines.

#### Preventing and controlling infection

- The staff followed effective infection prevention and control practice. Staff members confirmed that they had appropriate personal protection equipment like gloves and aprons available when supporting people. At this inspection the home appeared to be clean and tidy.
- Actions had been taken to respond to a previous infection control audits that had identified areas where improvements were needed.



# Is the service effective?

## Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff skills, knowledge and experience

- At our last inspection we found that while staff could go through an induction the Care Certificate was not being used. This inspection found that the care certificate was now in use. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- Staff were complimentary about the quality of the training they received. We saw that some staff training took place however not all staff had received refresher training on a regular basis to ensure their skills and knowledge was up to date. A plan of training was in place to address this.
- The registered manager was not able to demonstrate they had checked the competency of care staff to ensure they were equipped with the skills needed and were applying these into practice.
- Staff told us they had received support through supervision.

Supporting people to eat and drink enough with choice in a balanced diet

- At the time of our inspection the registered manager was in the process of reviewing assessments for malnutrition as they had identified that the on-line tool they had been using had given some incorrect results.
- Where staff had not been able to weight people at risk of malnutrition they had not used alternative recognised methods of assessing for potential weight gain or loss. The registered manager told us this was being introduced as a recent staff meeting had identified staff were not aware of alternative methods.
- People told us they were supported to have enough to eat and drink. One person told us, "The meals are hot and we have a choice."
- We saw the food looked appetising and assistance was provided to people where necessary. Staff were aware of people's individual needs such as food preferences and special diets.

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

- 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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- We found where people lacked capacity and were being deprived of their human rights that the appropriate authorisations were in place and being reviewed by the local authority.
- Our last inspection had identified issues with staff knowledge in relation to DoLS. At this inspection staff we spoke with had sufficient understanding of the MCA and DoLS and we observed that they sought people's consent before providing care.

Supporting people to live healthier lives, access healthcare services and support

- People told us they had the opportunity to see healthcare professionals such as their GP and optician to maintain their health and receive ongoing healthcare support. Feedback from a healthcare professional indicated that staff acted on any recommendations made by the health professional.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes. However, these were not effectively recorded in their care plans.
- A hospital 'passport' was used to support people when they were admitted into hospital. The information within these documents included, what professionals should know about the person in respect of their medical conditions.

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

- The environment was accessible and suitable to their individual needs, including mobility and orientation around their home.
- People had personalised their own rooms. Most areas of the home were at a comfortable temperature. Two relatives told us that bedrooms were cold. We found bedroom was cold on the first day of our visit and we brought this to the attention of the registered manager. Action was immediately taken to rectify this. We also discussed that some en-suites shower rooms were too cold and the registered manager and provider's representative agreed they would look at how this could be resolved.
- Staff used technology and equipment to meet people's care and support needs. For example, sensor mats and movement sensors to alert staff when people needed support.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Systems may not always ensure people are well-supported, cared for or treated with dignity and respect.

We received positive feedback from people about the caring attitude and behaviours of individual staff. However, we also found that the providers systems did not always support the service to be fully caring. This can be demonstrated by the concerns found in other areas of this report.

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

- The provider held relative meetings so people and their relatives could express their views on the management of the home.
- Relatives and people could not recall being involved in reviews of their care. Where care plans had been reviewed it was not recorded if people had been involved in this.

Respecting and promoting people's privacy, dignity and independence

- CCTV was in use in most communal areas of the home. Signs about its use were on display and people and relatives told us they felt reassured by its use.
- The provider had a policy in place for the use of the CCTV. This was recorded as being reviewed under the new General Data Protection Regulations but had not resulted in any changes. The provider needed to ensure the use of CCTV was in line with up to date guidance and was only used for its intended purpose to ensure people's privacy was maintained.
- People's dignity was maintained when receiving support to mobilise.
- People received their personal care in private; staff asked people discreetly if they required personal care and respected their privacy in the bathroom. One person told us they preferred female staff to assist them with personal care and that staff respected their preference.

Ensuring people are well treated and supported

- A caring and compassionate staff team supported people. One person told us how one of the staff who comes in on a bus brings them the free paper because he knows they like the crossword. One person living with dementia had a clean ironed handkerchief in his pocket and this showed that staff treated people with respect and knew the things that were important to people.
- People told us they were happy living at Rosewood Care Home. One person told us, "It's wonderful I am happy here. The staffs are marvellous they are very good they sort everything out." One relative said that they couldn't fault the staff supporting their family member.
- Staff members we spoke with talked about those they supported with fondness and compassion. We saw people were supported at times of upset.
- Relatives we spoke with told us they could visit at any time. This meant people were supported to maintain their relationships with those close to them.

## Is the service responsive?

### Our findings

Responsive – this means that services meet people's needs

People's needs were not always met.

#### Personalised care

- People's needs were not always assessed and planned for. Care and support plans we looked at did not accurately detail information that staff members needed to support people. In some instances, care plans had not been completed.
- Providers of NHS care and publicly funded adult social care must follow the Accessible Information Standard (AIS). The standard aims to make sure that people are given information in a way they can understand to enable them to communicate effectively. Some information was available in alternative formats and the registered manager told us they were looking to improve the communication methods for some people. As an example, we were told that 'flash picture' cards had recently been ordered for one person to help them make choices.
- People we spoke with told us their religious needs were respected and were able to observe their religious beliefs as they wished. One person told us how important their faith was to them and gave an example of how staff had supported them to attend their place of worship.
- People took part in activities that they enjoyed, found interesting and stimulating. A new activities co-ordinator was in post and feedback indicated they had made a positive contribution to the activities on offer to people. People's preferences had recently been sought and we were informed a new schedule was being devised to take account of these preferences.

#### End of life care and support

- The provider told us they gathered information as part of the assessment process on people's end of life wishes. We saw care plans were in place regarding people's end of life wishes. Further development of these plans would help to ensure people could be confident that their wishes during their final days and following death would be understood and followed by staff.

#### Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints; they felt these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service. We saw an example of where an apology had been given following the investigation of a complaint that had been received.

# Is the service well-led?

## Our findings

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

Service management and leadership was inconsistent and did not support the delivery of high-quality, person-centred care. Some regulations were not met.

At our last inspection in May 2017 we rated this area as 'requires improvement.' The expectation would be that following the previous 'requires improvement' rating, the provider would have ensured the quality of care received had improved and attained a rating of either 'Good' or 'Outstanding' at this inspection. The previous two inspections had also rated the service as 'requires improvement' This means that the provider has been unable to implement sustainable improvements to the care and support people receive. The service had deteriorated placing people at risk of exposure to harm and unsafe care and support. We found widespread and significant shortfalls in the way the service is led.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements. Continuous learning and improving care.

- A registered manager was in post and was present on both days of this inspection. The registered manager and provider had not appropriately submitted notifications to the Care Quality Commission. Whilst notifications of deaths had been submitted the provider is legally obliged to send us notifications of allegations of abuse and outcomes of DoLS applications within a required timescale. At this inspection we identified six events which should have resulted in a notification to the Care Quality Commission but which had not been completed. We asked the registered manager about these. They told us this had been an oversight.

This was a breach of Regulation 18: Notification of other incidents (Registration) Regulations 2009:

- Systems had not been established or operated effectively to assess, monitor and mitigate the risks to people's health, safety and welfare. There were widespread failings in several areas which should have been addressed through the operation of robust systems of governance, audit and monitoring. For example, poor quality of records including care plans, risk assessments, repositioning charts, and food and fluid charts; therefore, gaps in recording identified during the inspection had either not been identified or addressed by the management team.
- The provider told us that a new electronic care planning system was scheduled to be introduced to improve the care planning system and that staff training was being scheduled. However there was no formal development plan for the service to ensure there was a planned approach to improvement.
- The registered provider and registered manager had failed to ensure people received person-centred, high quality care and good outcomes for people. People had not contributed or been involved with the planning and reviewing of their care and support needs.
- The provider's systems had not identified where safeguarding procedures had not been followed or identified that notifications had not been sent to us as required.

- We looked at how the registered manager monitored the service for patterns and trends in the event of any accident, incident or safeguarding concerns. Although information in relation to these types of incidents were recorded, there were no robust and effective systems in place to identify actions that were needed to improve the service.
- Systems had not identified that there were some issues with room temperatures. We were informed after our inspection that this had now been included on audits.

There were insufficient and inadequate systems in place to monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us they knew the registered manager and they were approachable. Staff told us they felt able to raise any concerns. A staff member said, "The manager helps out when we need support".
- It is a legal requirement that the overall rating from our last inspection is displayed within the home and on the provider's website. We found that the provider had displayed their rating as required.

Engaging and involving people using the service, the public and staff

- Questionnaires were used to gather people and relative views on the service. We saw that analysis from the last questionnaire recorded a high satisfaction rate. We saw minutes of a 'resident and relatives meeting' where some concerns had been raised about staffing levels. The feedback should have been analysed and used to drive improvements with feedback given. We were not provided with any evidence to show the provider had responded to address people's concerns.
- Staff told us they felt supported and had regular team meetings to discuss the service and any issues. One staff told us, "Staff now work better as a team."

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider failed to notify us of incidents as required.

### The enforcement action we took:

Fixed penalty notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were not protected from harm due to poor risk management processes within the service.

### The enforcement action we took:

Condition of registration imposed

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have robust systems in place to monitor the quality of the service.  The provider did not have effective systems in place to assess and monitor risks relating to the health, safety and welfare of people using the service.

### The enforcement action we took:

Condition of registration imposed