

Autumn Days Care Limited

# Rosedale Retirement Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Rosedale Retirement Home is a residential care home providing personal care for up to 24 people aged 65 and over in one adapted building. At the time of the inspection 18 people lived in the home

### People's experience of using this service and what we found

People's medicines were not always managed, stored or recorded safely. The storage temperatures were not being recorded to ensure they were safe to administer.

People were not always protected from cross infection Staff did not always wear personal protective equipment correctly.

The provider did not always follow safe recruitment practices. Staff files did not always contain up-to date information as required under Schedule 3 which requires providers to ensure they collected information on staff employed.

People reported staff were kind and treated them well. Although staff reported they felt there were not always enough staff on duty to meet people's needs especially on weekends.

Quality monitoring systems were in place however, they were ineffective at identifying where improvements were needed and any actions taken to mitigate risks to people.

Staff had understood how to safeguard people. They were confident about reporting any concerns both inside and outside of the organisation.

### Why we inspected:

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The inspection was prompted in part due to concerns received about the health and safety of people living at the home and the management of the home. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-Led sections of this full report.

We reviewed the information we held about the service. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The last rating for this

service was requires improvement (published 02 May 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicine administration storage and management, infection control, staffing and governance oversight of the service at this inspection.

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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

## 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 well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Rosedale Retirement Home

## Detailed findings

### Background to this inspection

#### The inspection

This was a focused inspection due to concerns we had about people's safety and care needs being met. 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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of two inspectors and a specialist advisor who was a registered general nurse (RGN).

#### Service and service type

Rosedale Retirement Home 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 did not have a manager registered with the Care Quality Commission. The registered manager 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 before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with three members of staff, the provider (who is also the nominated individual), the manager, and chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff employment contracts and quality assurance records. We met with health and social care professionals who regularly visited the service.

# 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 Requires Improvement. At this inspection this key question has remained the same. This meant 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.

### Using medicines safely

- Medicines were not always managed safely and accurately recorded. This placed people at risk of their health care needs not being met.
- The acting manager could not show us evidence to confirm medicine temperatures or medicine fridge temperatures were checked daily to ensure medicines were stored at a safe temperature. Having medicines stored at an incorrect temperature, outside of the manufactures guidance, can potentially result in the decomposition of the medicine. This could place people at the risk of harm. In addition, records evidencing fridge temperatures were not regularly maintained to evidence correct storage conditions.
- People's Medicine Administration Record (MAR) were handwritten by one staff member and not double signed by a second staff member to assist in the prevention of mistakes. This is important, especially when recording people's prescribed medicines when they are received or changes made in the home. Some people's allergies were also not recorded on the MAR.
- People's prescribed creams were not recorded on the MAR sheet and not stored correctly; we found creams left in people's bathrooms and not stored securely, so people may be at risk of ingesting them. Where people required transdermal patches there was no body map to show staff which position, they should be placed.
- Not all people who were prescribed PRN (when required) medicines had a protocol in place to advice staff when and under what circumstances this should be given. This could potentially place people at risk of not having their health care needs recognised and met. The specialist advisor brought this to the attention of the manager and the provider.
- Staff told us they had their medicine administration competency check annually.

### Preventing and controlling infection

- We were not assured the provider was using personal protective equipment (PPE) effectively and safely. Staff were not always wearing PPE correctly. We saw, staff wearing masks below their noses. The acting manager was talking to the staff members but did not prompt them to cover their noses until the inspectors pointed this out to them. A staff member had long painted nails and was wearing jewellery against infection control guidelines, putting people at risk of cross contamination.
- We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. Some parts of the building were not clean for example we found a heavily stained commode in one of the bedrooms and a very strong malodour in one of the bathrooms. We found people's continence aids left open on their bathroom floors, damp patches on walls and ceilings and porous surfaces in the bathrooms, which placed people at risk of cross infection.
- In one person's bedroom we found a bottle of toilet de-scaler left on a toilet cistern. This was a concern

because some people live with dementia and were dependent on staff' to keep them safe from harm. There was a risk people could access this chemical which could cause them harm. One person walked with purpose around the home unsupervised going into different rooms so they could access the toilet de-scaler.

- We were not assured that the provider was preventing visitors from catching and spreading infections. Although we saw the provider had systems in place to test any visitors to the home using lateral flow tests, on the day of our inspection we saw visitors in the home not wearing masks. This did not follow national guidance in the prevention of cross infection in care homes.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety of medicine administration and storage, infection control practices were also not effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Staffing and recruitment

- At our last inspection it was identified there may not always be sufficient staff on duty to meet people's needs and support them in a safe way. At this inspection during the lunchtime meal one person started coughing and asked for help. As no staff were supervising lunchtime the specialist advisor had to summons help from the care staff to assist.
- We discussed these concerns with the provider who told us they were following their dependency tool and felt staffing levels were correct. However, a staff member told us, "We are short staffed at the weekends due to gaps in recruitment." Another staff member told us, if two staff were required to support a person with personal care then it would leave the lounge unsupervised. When we spoke with the acting manager, they told us they were in the process of recruiting three new staff members who should be in post by the end of August 2021.
- People were positive about the staff stating comments as, "Staff are very good." Relatives said although staff seemed nice people there was not always enough of them.
- Another concern raised by a relative was communication was sometimes difficult especially over the telephone as English was not always the staff's first language. They said, "It's difficult to know what they want from me?" This was also a concern raised by visiting professionals who felt staff didn't always understand instruction they were given.
- Safe recruitment of staff was not always followed. When we looked at the staff recruitment files, we found information missing. For example not all staff files had interview notes in them, full employment histories, staff references and the latest information regarding staff visas and Disclosure and Barring Service (DBS) check numbers. Following the inspection site visit the provider sent us copies of staff employment contract information and up-dated visa information as requested.

Sufficient staff were not always deployed to meet people's needs This is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Assessing risk, safety monitoring and management

- Care plans identified what staff needed to do to manage people's individual risks. For example, pressure area assessments had identified a person required a pressure relieving mattress.
- The provider had not considered all potential risks to people. We found not all radiators around the home had covers so put people at risk of burning themselves.
- A relative said their family members care needs and support were discussed with them via the telephone prior to admission to the home due to the COVID-19 pandemic.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person explained this was because, "The staff on duty were very kind and treated me well."
- Staff understood the meaning of abuse and how to keep people safe. One staff member told us, "I would go and report it straight away to the manager and report to the Care Quality Commission (CQC)."

#### Learning lessons when things go wrong

- The provider showed us they collated information regarding any accidents and incidents in the home to monitor any trends, so lessons could be learnt.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- This is the second consecutive inspection where the effectiveness of the provider's systems to monitor the quality of service has failed to identify concerns.
- The provider's quality audit systems were not operated effectively, and actions were not always identified and implemented to mitigate the risks and promote people's safety. Audits in place were not robust and did not give the provider adequate oversight of the service.
- The provider's checks had failed to identify a number of areas for improvement that came to light on inspection. Specifically, those related to identifying actions to improve medicines management, staff recruitment practices and files, staffing, environmental deficits and infection control practices.
- We found some of the checks and audits in relation to the environment and infection control were ineffective. The fire door to the laundry was being held open and not all radiators had covers to protect them.
- Broken paving slabs in the courtyard and a rotting wooden patio doorstep all presenting a trip hazard for people and staff. All these issues had been previously identified at our inspection on 27 February 2020 and had not been addressed.

The provider failed to ensure the systems in place to monitor and measure the service were fully effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us due to COVID-19 restrictions it had been difficult to find suitable maintenance contractors to undertake the necessary repairs.
- Since our last inspection on 01 June 2020 the provider had appointed several different managers. However, all managers left their post after short periods of employment with the provider. Therefore, the home had been without a registered manager since May 2020. It is the provider's responsibility to ensure that they keep their registration up to date and that includes the position of the registered manager status. At this inspection there was a recently appointed manager in post.
- Following the last inspection, the provider made us aware of a new system they had implemented to aid the provider's overview of staff performance. However, the provider told us at this inspection they had decided not to implement this system because they felt it did not meet their needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager had only been in post for a few days at the time of our inspection and told us they needed to make improvements.
- When we discussed with the manager the communication of information between staff shifts, they told us handover sheets had been introduced. However, when we asked to see the completed handover sheets the last one completed by staff was the 17 July 2021. Staff did not use a communication book, to record general aspects of their work. Therefore the provider could not assure themselves information and changes in people's needs were being met.
- Staff we spoke with told us they enjoyed working at the home.
- Following the site visit the provider sent us the results of a customer survey and residents meeting minutes which indicated positive outcomes for people.

Working in partnership with others

- Feedback from health care professionals suggested there was room for improvement in the communication between themselves and the management of the home. They suggested instructions and information was not always followed or passed on to the care staff.

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

- The provider notified the Care Quality Commission (CQC) of serious incidents and safeguarding concerns that took place in the home as is their legal responsibility to do so.
- The provider was displaying their last CQC ratings in the hallway of the home.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Sufficient staff were not always deployed to meet people's needs.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence that people had been harmed however, the service was not kept clean to help avoid the risk of infection and cleaning audits did not identify this. Staff did not always wear PPE correctly The management and administration of people's medicines required improvement This placed people at risk of harm.</p>

**The enforcement action we took:**

Warning notice issued

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's quality audits were ineffective they failed to identify shortfalls in medicine management, infection control measures, staff recruitment recording</p>

**The enforcement action we took:**

warning notice