Rosclare Residential Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on 24 October 2018 and was unannounced.

Following the last inspection of 21 and 26 March 2018, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, responsive and well-led to at least good. This is because the service was not meeting some legal requirements.

At this inspection we found that the provider had made the required improvements, and was no longer in breach of the regulations.

Rosclare Residential 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.

Rosclare Residential Home accommodates up to 19 people in one adapted building. At the time of our inspection 18 people were residing at the home.

There was 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.

At this inspection we found some improvement was needed to ensure that staff recruitment checks were obtained prior to them commencing their role. One staff member was supervised whilst the registered manager awaited the return of their recruitment check, and the day after inspection this was returned as satisfactory. We will check on the provider's staff recruitment processes at our next inspection.

We also made two recommendations to the registered manager. One was in relation to the delivery of training for behaviour that challenges, and to streamline the recording of quality assurance audit findings.

People felt the home delivered safe care, and there were enough staff to meet their daily needs. Medicines were managed safely, and staff ensured people received them at the right time. Any risks to people were assessed and steps were in place to mitigate any identified risks. Measures were in place to prevent the spread of infection and the premises were kept clean. Improvements had been made to ensure that the premises were fit for purpose. Incidents and accidents were appropriately investigated, with staff aware of how to report any safeguarding concerns.

People's care needs were assessed in line with best practice. Access to healthcare professionals was arranged at times that people needed them. The cook sought people's food preferences and people were supported to receive food of their choosing. Staff received training, supervision and appraisal to support

them in their roles.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to make decisions in their best interests.

Staff knew how to care for people, and meet their individual needs. People's privacy and dignity was respected when staff were supporting them. People were supported to express their views and receive care in line with their preferences.

People's independence was promoted and they were encouraged to undertake tasks for themselves. People were supported to undertake a range of activities both inside the home and in the community. Where necessary, people were supported to express any end of life wishes. A suitable complaints policy and recording system was in place to address any concerns raised.

The registered manager had taken action to improve the service following our last inspection. Quality assurance systems were in place to review people's care plans and actions taken to improve the care received. People, staff and other stakeholders were encouraged to feedback on their experience of the home. The registered manager took steps to work with other agencies to share learning.

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 as safe as it could be.
Staff recruitment checks were not always fully completed prior to staff commencing their role. There were enough staff to meet people's needs. The safety of the environment had improved and infection control was well managed. Risks to people were appropriately assessed. Any incidents, accidents or safeguarding concerns were investigated, and staff received appropriate training in relation to this. People's medicines were managed safely.

Is the service effective?

Good

The service was effective.
People were supported to access healthcare professionals, as well as maintain a diet in line with their preferences. Staff received appropriate support to enable them to carry out their roles. People were supported to make decisions in line with the MCA.

Is the service caring?

Good

The service was caring.
Staff respected people's privacy and dignity and supported them to be independent. People felt that staff treated them kindly.

Is the service responsive?

Good

The service was responsive.
People were consulted about their care needs. A range of activities were on offer to people. People were asked about their end of life wishes. A suitable complaints policy was in place.

Is the service well-led?

Good

The service was well-led.
Management took steps to check the quality of the service, and had made improvements to how the home was run. People and staff were encouraged to share their views.

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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 24 October 2018 and was unannounced.

The inspection was carried out by two inspectors 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.

We also observed the way staff interacted with people living in the home and performed their duties. During lunch on the second day of the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with ten people who lived at the home, a visiting relative, a visiting local authority housing professional, the registered manager/owner, two support workers, which included a senior member of staff, and the cook.

Throughout our inspection we observed the way staff interacted with people living in the home and performed their support worker roles and responsibilities.

Records we looked at included five people's care plans, 15 staff files and a range of other documents that related to the overall management of the service.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection of the service on 21 and 26 March 2018 we found various issues in relation to the safety of the premises. Hot water temperatures exceeded safe levels, meaning people were not sufficiently protected from the risk of scalding from hot water. Substance's hazardous to health had been left unattended in an unlocked cupboard in the ground floor laundry room, meaning people living in the home were not sufficiently protected from the risk of drinking hazardous substances. Step free access to the building was not suitable for people to negotiate independently. The door to the basement food storage area was kept unlocked, and there was a risk that people could have fallen down these stairs. Food items were not always stored correctly or labelled with date of opening, so were not always fit for consumption.

At this inspection we found that the provider had taken action to improve these inadequacies. Weekly hot water temperature checks showed that levels were within a safe range, and the provider had installed new boilers within the home. Substances hazardous to health were now securely stored. Step free access to the building had greatly improved with a suitable ramp to access the home from the front, and a robust safety barrier had been fitted to the exposed side of the ramp to the rear of the building, to prevent people falling off it. We found the basement door to be locked throughout inspection, with an additional lock inside the door to ensure that there was no risk to other people. We checked the provider's storage of food items and found them to be appropriately labelled and in date.

At our previous inspection, risk assessments did not always include sufficiently detailed guidance about the action staff needed to take to mitigate identified risks. We reviewed five people's risk assessments at this inspection, and found that they were now detailed in providing guidance to staff to ensure they were clear on how to support each individual to mitigate risks. Where one person required supported with mobility, their risk assessment detailed how staff needed to support the person to move around the home. Risk assessments covered the likelihood of each potential risk occurring and the steps to take to attempt to prevent the risk from happening.

At our previous inspection of this service we found medicines we not managed safely. This was because medicines that needed refrigeration were not always securely stored and records of fridge and room temperatures where medicines were kept and staff's competency to handle medicines safety were not always appropriately maintained.

At this inspection we found the provider had improved the way they managed medicines. We saw medicines that required refrigeration were now kept in a dedicated lockable fridge and controlled drugs were stored in their own separate lockable cabinet, which only staff authorised to handle medicines could access. We saw a controlled drugs register was being appropriately maintained, which two staff countersigned each time they administered a controlled drug. Furthermore, daily records of minimum and maximum fridge and room temperatures where medicines were stored were now being appropriately maintained by staff.

People's care plans contained detailed information about their prescribed medicines and how they needed and preferred them to be administered. We saw medicines administration records (MARs) were correctly

used and we found no gaps or omissions on MAR charts we looked at. Checks of medicines stocks and balances, including controlled drugs, indicated people received their medicines as prescribed. Staff authorised to handle medicines had completed training on the safe management of medicines and records showed their competency to continue doing so safely continued to be routinely assessed by their line manager. Audits of staff's medicines administration, recording, storage and disposal practices were carried out weekly by a senior member of staff who was in overall charge of medicines held in the home.

In addition to the improvements described above, we saw protocols for managing 'as required' medicines were in place. This meant staff had clear instructions about when and how to administer 'as required' medicines. However, although staff always signed the relevant MAR chart when they administered 'as required' medicines, staff did not always clearly record why they had done so. We discussed this issue with the registered manager who agreed to introduce a system for staff to record why they had used 'as required' medicines. This would help staff and other relevant external health and social care professionals monitor the use of 'as required' medicines and minimise the risk of it being over used. We will review the provider's progress at our next inspection.

The provider did not always operate safe staff recruitment practices. Although records indicated most pre-employment checks had been undertaken by the provider in relation to new staff's proof of identity, eligibility to work in the UK and their character through professional references from their previous employers; we found a Disclosure and Barring Service check (DBS) had not been carried out for one new member of staff the provider had recruited since our last inspection. A DBS check identifies whether a prospective new member of staff has a criminal record and helps a provider assess their suitability work with older people living with dementia.

We discussed this staff recruitment issue with the registered manager who confirmed this new member of staff had applied for a new DBS and was never left unsupervised with people living in the home. Satisfactory references had also been obtained for the staff member. The registered manager nonetheless acknowledged allowing new staff to commence working in the home, supervised or not, contradicted their own staff recruitment procedures and recognised best practice. The registered manager agreed to obtain this individuals new DBS check as soon as they can and ensure in the interim period they continue to be supervised during their shifts. The day after the inspection, the registered manager provided us with confirmation of the person's suitable DBS check.

People told us they felt safe living at the home. Comments included, "I feel very safe living here. I know staff are always about to help us if we need them", "I walk with a frame and I can get out of the chair but a carer walks with me in case I fall as I can shake sometimes" and "I do feel safe, the staff are very kind."

Staff had received up to date safeguarding adults at risk training and were familiar with the different signs of abuse and neglect, and the appropriate action they should take immediately to report its occurrence. One member of staff said, "If I saw anyone being abused here I would tell the manager straight away and if they didn't take me seriously I would tell Kingston Council or the CQC."

During a tour of the premises, although we saw all the communal and en-suite toilets in people's bedrooms had functioning call bell alarm systems fitted, none of these devices had call bell cords attached to them. This meant people would be unable to activate the alarm and call for staff assistance in the event of them falling whilst in the toilet. We discussed this issue with the registered manager who agreed to immediately fit all call bell alarms throughout the home with accessible cords people could activate even if they had fallen. We will check the provider's progress with this at our next inspection.

The home was adequately staffed. People living in the home and staff working there told us there was always enough staff on duty in the home. Throughout our inspection we saw at least one member of staff was always visible in communal areas, which meant people could alert staff whenever they needed them. We also saw numerous examples of staff responding quickly when people requested assistance to stand or have a drink.

People continued to be protected by the prevention and control of infection. People told us the home always looked clean and tidy. The service was free from any unpleasant odours. We observed staff using appropriate personal protective equipment. For example, we saw staff always wore disposable gloves and aprons when providing personal care to people. Records indicated all staff had received up to date infection control training and there were clear policies and procedures in place. Appropriate systems were in place to minimise any risks to people's health during food preparation. We saw the kitchen was kept hygienically clean, and the cook used colour coded chopping boards when preparing different food groups and checked fridge and freezer temperatures daily. The home had been awarded the top food hygiene rating of 5 stars by the food standards agency. Records indicated all staff had completed basic food hygiene training.

The registered manager ensured that any incidents were appropriately investigated. Records showed that action was taken to ensure that any allegations were reviewed and recorded. We observed one occasion where a person presented with behaviour that could be considered challenging, and we saw that staff handled this well.

Good

Is the service effective?

Our findings

At our previous comprehensive inspection of this service, we found not all staff were suitably trained.

At this inspection records indicated staff training had improved. We saw there was a rolling programme of training in place which helped ensure staff knowledge and skills remained up to date and reflected current best practice. New staff were required to complete an induction before supporting people unsupervised and achieve the competencies required by the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Other mandatory training staff had to complete included, dementia awareness, fire safety, first aid, moving and handling, falls prevention, catheter care, prevention and management of pressure sores and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff spoke positively about the training they had received. One member of staff told us "The training I've had since working at the home has been excellent. I've learnt a lot and feel a professional carer now."

The positive points made above notwithstanding, we saw staff had not received any positive behavioural support training, despite the fact some people living in the home might display behaviours that could be perceived as challenging. This meant staff might not have the right mix of knowledge and skills to effectively prevent and/or manage behaviours that challenged the service. We recommend the provider finds out more about positive behavioural support training for staff, based on current best practice.

Staff continued to have sufficient opportunities to review and develop their working practices. There was a well-established programme of regular supervision meetings, competency assessments and annual appraisals where staff were encouraged to reflect on their work practices and identify their training needs. Records indicated staff attended regular individual or group supervision meetings with the registered manager or the former deputy manager. This included annual appraisals of their overall work performance during the past 12 months. Staff told us they were encouraged to talk about any issues or concerns they had about their work. One member of staff said, "I do feel supported by all the staff who work at Rosclare."

At our previous inspection we found people were not offered much choice at mealtimes. At this inspection we saw the meal choices people were offered had improved. People told us the cook always asked them in the morning what they would like to eat for their lunch, which we observed during our inspection. One person remarked, "The cook always asks me we I would like to eat for my lunch", while another person said, "The food is always good. Whatever I'm given I have enjoyed and I've never refused a meal." During our inspection we saw people were offered a choice of either chicken casserole or curry for their lunch. The cook told us if people did not like any of the dishes for lunch that day they would prepare an alternative hot meal of spaghetti bolognaise or sandwiches.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. Records showed that any DoLS applications had been applied for in a timely manner, and that people were supported appropriately. The provider had recently implemented a new MCA assessment form and was in the process of reviewing everyone's assessment to ensure that these were specific to each individual decision. We will review their progress at our next inspection.

As recommended at the services last inspection we saw the provider had researched how to make the homes environment more 'friendly' for people living with dementia. For example, we saw signage and profile photographs of people living in the home were now consistently used throughout the home to help people orientate themselves and identify different rooms, such as their bedroom, toilets, bathrooms and communal areas. In addition, we found red toilet seats had been fitted to all the communal toilets, which were easier for people living with dementia to see and use. We discussed with the registered manager further action they could take to make the services environment even more dementia friendly, and they told us they planned to visit other homes within the area for further inspiration.

People were supported to access healthcare professionals at times that they needed them. Records showed that people received support from occupations therapists, falls prevention team and Speech and Language Therapists (SALT). One person said, "Staff cut my toe nails. When I had a cough, the doctor came and gave me some antibiotics. A nice girl comes in and does a blow dry and cuts my hair, and she does it nicely." Referrals were made in a timely manner to ensure that people's needs were attended to.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion by staff working at the home. People and a visiting community professional spoke positively about the staff and typically described them as 'caring'. Feedback included, "It's alright living here. I think the staff are all very good", "The staff are lovely…That's what makes the home so good" and "I've been really impressed with the friendliness, professionalism and caring approach of the staff. They've always made us feel welcome every time I've visited."

People also told us, "I have to use discretion. I have to think of the staff; they have a lot of people to look after. They are not lazy, they are very kind. I try not to call staff in the night as I don't like to wake people", "My clothes keep very clean. I can do most things myself. I can dress myself. People are very polite, you don't ever hear a cross word" and "My friends visit when they can manage it and staff don't mind when they come."

Staff understood and responded to people's diverse cultural and spiritual needs in an appropriate way. One person told us, "I've got a keyworker who came from my country of birth, which is great because they can speak my language. Sometimes they [keyworker] takes me to festivals in London to celebrate my country's food and music." The registered manager confirmed they had matched this person with a keyworker who spoke their first language and understood their cultural heritage. Information about people's spiritual needs were included in this person's care plan. People representing various Christian denominations regularly visited the home and held communion or other religious services with people who wished to take part.

People's privacy and dignity continued to be respected. Throughout our inspection we observed staff knock on people's bedroom doors and ask their permission to enter before doing so and always address people respectfully and by their preferred name. Staff were very aware of each person and their individual needs.

Good

Is the service responsive?

Our findings

At our last inspection, activities did not always meet people's needs and were not conducted in line with people's choices. At this inspection, we found people had opportunities to participate in meaningful social activities. Since our last inspection the provider has employed a part-time activities coordinator. During our inspection we observed staff initiate a quiz in the main communal lounge and several people take advantage of the good weather and sit in the garden. Care plans contained detailed information about people's social interests and details of their hobbies and interests. Staff gave us several good examples of activities that regularly happened both inside and outside the home, which included bingo, dancing, arts and craft sessions, gardening, visits from children from local school, walks in the local park and shopping.

The provider had sought guidance from the National Activity Providers Association (NAPA), that supported the delivery of meaningful activities for older people. The registered manager regularly reviewed activity content, and sought feedback from people to ensure that delivery was person-centred. It was clear from the detailed information included in people's care plans staff had actively encouraged people to express their views about the social activities they enjoyed doing.

Care plans were personalised and centred on people's needs, strengths and choices. There was detailed information about what was important to the person. People's life histories and the names of family members and friends who were important to them were recorded in their care plan. Staff knew people well and could tell us about what certain individuals liked to do, their social interests, preferred routines and background. For example, staff could tell us about the country of birth, the professional careers and hobbies of several people we spoke with.

The provider had an Accessible Information Standard policy, that outlined how they would support people with a sensory impairment. One person had a visual impairment and was assisted by providing coloured plates to enable them to see food more clearly. Staff also guided the person to find the food on the plate.

People were supported to express their end of life wishes. Their care files included 'my wishes' forms were people were able the important people they wished to be notified, any funeral preferences and any religious needs.

The provider told us they had not received any formal complaints. A log for compliments and complaints was kept should they need to respond. One person said, "There's not too much to complain about, we are well looked after." People's day to day concerns were dealt with as they arose. People had access to the provider's complaints policy and knew how to raise any issues if they needed to.

Good

Is the service well-led?

Our findings

At our last inspection quality assurance systems were not always operated consistently by the provider, which meant people were not protected from risks that can arise from ineffective audits of the service. Although the provider had some relatively new quality monitoring systems in place; we found these arrangements had failed to pick up a number of issues we identified during our two-day inspection.

At this inspection the provider had made improvements to quality assurance systems, and had maintained premises and equipment issues well. The registered manager undertook regular checks of premises and equipment maintenance to ensure that any issues were promptly identified and fixed. Regular checks of people's care plans had been conducted to ensure that they were up to date and fully reflected people's personalised needs. We spoke with the registered manager about streamlining their audit findings to ensure that the baseline for the quality checks were clearly recorded.

The registered manager told us they were in the process of looking to recruit of a deputy manager to support with the day to day running of the home. Both the registered manager, and other staff told us that the registered manager was at the home daily to offer support.

Since our last inspection the registered manager had made efforts to seek guidance and support to enable them to improve the service. This included a visit from an external auditor to review any quality compliance issues, we saw that the provider was working through the actions arising.

Staff attended regular team meetings where they discussed the needs of people at the home, and were encouraged to express their views. Residents were invited to regular resident's meetings and minutes showed that they regularly discussed their views on activities or meals. An annual survey was due to take place in November 2018, and we will review the provider's findings at our next inspection.

The registered manager attended regular forums to share best practice from other home managers. They had also made links with local schools and a nursery to arrange visits and shared activities.