R C Care Rosehill Ltd

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Inspection report

Robins Hill
Raleigh Hill
Bideford
Devon
EX39 3PA

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service:

Rosehill Rest Home is a residential home registered with the Care Quality Commission (CQC) to provide personal care for up to 17 older people.

At the time of the inspection, there were four privately funded people living at the service. A fifth person was in hospital.

People's experience of using this service:

Systems and processes to monitor the service were not effective and did not identify areas for improvement, together with poor oversight of the service. There was a management team who did not have clear lines of responsibility or a shared vision of how to improve the service. The statement of purpose, along with the vision and values of the care to be delivered, was not clear within the management team.
Although staff were aware of some risks, other risks were not monitored, recorded or managed effectively. This put people at continued risk of avoidable harm. Accidents and falls were not monitored to identify any trends or patterns.

The requirements of the Mental Capacity Act 2005 (MCA) were not adhered to and mental capacity assessments and Deprivation of Liberty Safeguards were not always completed as necessary.

The provider had not ensured any prospective staff underwent a robust recruitment process to ensure they were safe to work with vulnerable people.

The provider did not notify the Care Quality Commission (CQC) of all incidents or accidents which affected people.

People had care plans in place. Whilst these contained pertinent information, they did not always reflect people's current needs, contain the right information and were duplicated in places.

People were cared for in a respectful, kind and caring way. Staff had built up relationships and knew people well. People were relaxed and were comfortable with staff.

People received a varied diet which reflected their choices on the meals served. People had access to snacks and drinks throughout the 24 hours.

People received their medicines safely and on time.

Some activities took place in the home, but these were limited and based in group settings which did not

reflect people's individualised hobbies or interests.

The home was kept clean and was homely and welcoming in appearance.

Rating at last inspection:

At the last inspection in November 2018 the service was rated as inadequate in safe, effective, responsive and well led. It required improvement in caring. The overall rating was inadequate.

Why we inspected:

This comprehensive inspection was scheduled based on the previous rating. We received an action plan following the previous inspection. However, this did not address all the improvements required and timescales for completion.

Enforcement:

At the last inspection in November 2018, six breaches of regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009 were found.

Following the last comprehensive inspection in November 2018, the service was placed in special measures by the CQC. The purpose of special measures is to:

• Ensure providers found to be providing inadequate care significantly improve
• Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made
• Provide a clear timeframe within which providers must improve the quality of care they provide, or we will seek to take further action, for example to cancel their registration.

The service was placed in whole service safeguarding by Devon County Council (DCC) on 2 November 2018. As a result of persistent contractual default, DCC also cancelled their commissioning contract with Rosehill Rest Home in January 2019; they no longer place state funded people at this service. The provider placed a voluntary suspension on admitting any further privately funded people to the service. This was still in place at the time of this inspection.

We asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection sufficient improvement had not been made and the provider was still in breach of regulations.

During this inspection, we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the CQC (Registration) Regulations 2009. People were still at risk of harm because the provider's actions did not sufficiently address the ongoing failings. Our findings do not provide us with confidence in the provider's ability to bring about lasting compliance with the requirements of the regulations.

The overall rating for this service is 'Inadequate' and the service remains in 'Special Measures' by CQC. This means we will keep the service under review and if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Follow up:

The service is still being followed up by the whole home DCC safeguarding process which includes multidisciplinary safeguarding strategy meetings being regularly held.

CQC will follow up by ongoing monitoring, reviewing the service improvement plan, meeting the provider and working with partner agencies.

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 safe.

Details are in our Safe findings below.

Inadequate

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 caring.

Details are in our Caring findings below.

Good

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.

Inadequate

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Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 over two days. On the first day, an inspector and expert by experience began the inspection (an expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service). On the second day, an inspector and an assistant inspector completed the inspection.

Service and service type:
Rosehill Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service also provided day care. This is an unregulated activity and was not part of the inspection.

The service had a CQC registered provider who was also the CQC registered manager. A registered manager is a person who has registered with the CQC to manage the service. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced on the first visit and announced on the second visit.

What we did:
Before the inspection we spoke with the local authority safeguarding team, commissioners, quality assurance and improvement team, care home education team and health and social care professionals.

During the inspection, we spent time with all four people living at the service. Some people using the service were living with dementia or illnesses that limited their ability to communicate. 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 speak with us and share their experiences fully.

We spoke with the nominated individual, the manager, the deputy manager, the cook and four care workers. We had a tour of the premises and we looked at the following records relating to the running of the service. These included:

- The Statement of Purpose
- Notifications we received from the service
- Two staff recruitment, training and supervision records
- Policies and procedures
- Risk assessments
- Medicine records
- Two people's complete care records
- Mental Capacity Assessments and Deprivation of Liberty Safeguards
- Records of accidents, incidents and falls
- Audits and quality assurance reports

Following the inspection, we spoke with the nominated individual who sent us updated documents and records. We also attended the sixth whole home service safeguarding meeting which concluded the service remained in whole home safeguarding for the time being.

Inadequate

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 in November 2018, this key question was rated as 'inadequate'.

At this inspection, this key question remained 'inadequate': People were not safe and were at risk of avoidable harm. Some regulations were not met.

Assessing risk, safety monitoring and management
•Whilst some improvements had been made since the last inspection, further work was still required to ensure risks to people's health, safety and wellbeing were fully completed, recorded and the required measures put in place to remove or reduce the risks. The service had not embedded systems to deal with potential risks to people's safety.
•Information within the risk assessments and care plans was not consistent, was unclear and could be confusing to staff. For example, one person who was at risk of falling, had a recent safe moving and handling plan completed on the 21 February 2019. The plan stated the person was "independent" and at "low" risk of falls. However, the care plan also stated the person required the assistance of staff as "I can be unsteady at times and may fall over". On two recent occasions, this person sustained witnessed falls. Whilst staff acted, the person's care record, moving and handling and falls risk assessments were not reviewed.
•A staff member had carried out a bed rail risk assessment on another person. The assessment showed they were not at risk of falling out of bed and "independent". Therefore, it was unclear why bed rails were being used.
•Guidance within another document relating to the use of be rails stated "… are usually carried out by the community occupational therapist or the district nursing service" which was incorrect. We discussed the inconsistencies in recording with the manager and deputy manager at the time of inspection. We also discussed this with the nominated individual following the inspection who all agreed they understood the concerns. The service sought the advice of the local authority Quality Improvement and Assurance team for further guidance and professional advice on risk assessing.
•One person had a pressure relieving mattress in place and used a pressure relieving cushion. There was no risk assessment in place to relating to the prevention of skin damage to show why these pieces of equipment were being used. However, the impact on the person was low as all staff were aware they were in place and being used appropriately. Following the inspection, the provider stated no pressure relieving mattresses were in use.
•People's weights were being recorded regularly. However, these were not monitored by a senior member of staff to decide on any further action to be taken. For example, one person was classed as being 'overweight' and at risk of further weight gain. Whilst the staff were aware of this, they had not worked out a plan to address the risk appropriately and seek the advice of professionals.
•There were some general environmental risk assessments in place, however they did not consider all aspects of risk that the environment might present. For example, those relating to making the building a safe place for people to live.
•Where risks had been identified, they did not always contain the necessary methods to minimise risk. For

example, a Control of Substances Hazardous to Health (COSHH) identified that cleaning chemicals might pose a risk to people's health but did not identify the means to mitigate the risk, such as storing in a secure cupboard. However, following the inspection the provider informed us all COSHH substances were kept secure at the service."
•The service had linked all exit doors in the property to the main call bell system following an occasion when one person left the building unnoticed. They were brought back by a member of the public. The service had made a Deprivation of Liberty Safeguards application for this person. Since then, they had left the building again. The last occasion was recorded on 23 February 2019 when they also sustained a fall. We found the alarm was turned off from two exit doors. When we asked one staff member why the alarm was off, they said, "It is only (person) who is able to get out and we can hear her when she moves." One staff member said the door had to remain open as the area got excessively hot. They ensured the doors were locked late on an evening but remained open during the day. This meant people were at potential avoidable risk to the safety by being able to leave the home unseen.
•The majority, but not all, windows above ground floor level were safe. One person's bedroom window on the upper floor had no restrictor applied. This posed a risk for other people as it was accessible to them. Following the inspection, we were informed all windows now have restrictors in place.
•A fire risk assessment had been carried out and actions required had been completed. The exit door from the laundry room was a designated 'Fire Exit' in the risk assessment. It had no signage and was partially blocked by a laundry trolley. Other fire safety documents relating to this area did not state this was a fire exit. In order to clarify, we have requested the service contacts Devon and Fire Rescue Service to confirm the designated fire exits in the building.
•Although systems were in place to ensure the fire alarm system, emergency lighting and firefighting equipment were working and in good order, checks were not made to ensure fire doors closed effectively in the event of a fire occurring. The management team told us they would rectify this.

The provider had failed to ensure people were consistently protected against avoidable harm. This was a continued breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

•In the event of an emergency, or an accident, people had personal emergency evacuation plans (PEEPs) in place. This showed the help or support required to remove them safely from the service.
•Staff had receiving training in relation to fire safety and all the appropriate fire safety checks were regularly carried out. A fire drill for people living at the service took place in January 2019.
•Equipment checks were carried out as per their individual maintenance and service contracts, such as those relating bath hoists, wheelchairs and stairlifts.
•Other required safety checks were carried out, such as those relating to gas safety, electrical testing and Legionella testing.

Staffing and recruitment
•Two staff recruited since the last inspection had not been safely recruited. The provider did not ensure the necessary pre-employment checks had been undertaken, such as a completed application form, suitable references, interview and Disclosure and Barring Check (DBS).

The provider had failed to ensure staff were recruited safely. This was a breach of Regulation 19, schedule 3 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

•At the last inspection people were at risk of not having their needs met due to the lack of staff on duty to support them. At this inspection, improvements had been made and there were sufficient numbers of staff on duty to meet people's needs fully. However, the service did not routinely use a tool to work out the staffing levels required to meet people's changing dependencies.

•People told us they did not have to wait long for staff to help them and staff were always visible. People in the lounge area were not left unsupervised for long periods.
•Any gaps in the staff rota were covered by an agency member of staff who worked a 12-hour day shift three days week. The service had ensured the same agency care worker came to the home for continuity of care. They knew people well and were able to describe each person's care and support needs.

Learning lessons when things go wrong
•Learning from lessons was not consistently applied, such as analysing accidents and incidents to look for any trends or patterns to avoid these happening again. For example, following one person leaving the building unaccompanied, the exit doors were then alarmed to the alarm system. However, we found these were switched off, so the risk had not been mitigated and remained an avoidable risk.
•There was no management overview or clear lines of delegation to routinely monitor and review this process.

Systems and processes to safeguard people from the risk of abuse
•All staff spoken with understood how safeguarding vulnerable adults applied to their practice but could not tell us when their last training took place.
•The manager and deputy manager had not received training at the level they required to manage and lead on any safeguarding concerns raised at the service. Following the inspection, the provider informed us they had approached Devon County Council to undertake the comprehensive safeguarding vulnerable adult's course at the levels required.
•People told us they felt safe. Staff interacted with people in a warm and friendly manner. People responded to staff in a comfortable and relaxed manner, suggesting that their relationship with carers was both meaningful and positive. For example, there was playful banter exchanged throughout the morning.

Using medicines safely
•At the last inspection people were at risk of not receiving their right medicines at the right time. At this inspection, improvements had been made and these were now managed in a safe way.
•The deputy manager had ensured staff had been trained to give out medicines. They told us staff had received on line training and were then assessed as being competent by themselves. However, no records were kept of these competencies checks and what they covered. The deputy manager acknowledged there was a gap in record keeping and intended to record all competencies in the future.
•Medicines were ordered, received, stored, signed and dispensed of safely.
•Specimen signatures of staff and photographs of people were displayed in the medicine administration record.
•Routine checking of the temperature medicines were stored at were undertaken.
•Regular checks on the medicines that require extra controls were carried out.
•There were no restrictions on the times people could have their medicines as there was always a care worker trained to do this.
•People had their appropriate skin creams applied and this was recorded on the medicine administration charts.
•A medicine audit was in place which ensured medicines were being managed safely

Preventing and controlling infection
•At the last inspection people were at risk because staff did not follow recognised infection control procedures. At this inspection, improvements had been made and appropriate practices were followed.
•There were adequate hand washing facilities available.
•Staff wore protective equipment when needed, such as aprons and gloves.
•There was a policy and procedure in place to guide staff on best practice in the prevention of infectious

disease.

Requires Improvement

Is the service effective?

Our findings

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

At the last inspection in November 2018, this key question was rated as 'inadequate'.

At this inspection, this key question had improved to 'requires improvement': The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found they were not working in accordance with the MCA.

•At the inspections in July 2016, February 2017 and November 2018 the provider had not fully adhered to the principles of the MCA and the (DoLS). At this inspection, we found there had been some improvements, but the breach of regulation was not fully met. Further improvements were still required to ensure the MCA and DoLS were fully embedded in staff practice.
•MCA assessments were not carried out to establish if people had the ability to make informed decisions for themselves. Where people had capacity to make decisions for themselves, their choices and consent had been gained and respected, such as how they wanted to spend their day.
•Despite staff training, there was a lack of management understanding of the MCA, it's implications and how it applied to practice. For example, whose responsibility it was to carry out an MCA assessment and the process to do this.
•Despite a lack of MCA taking place and best interest decisions (BID) being made, staff were aware two people were unable to make decisions for themselves in relation to their safety and were restricted to the home for their own safety. Senior staff had applied for a DoLS to the authorising authority for this person and this had been acknowledged. The other person's DoLS application was in the office ready to be completed. Following the inspection, we were informed this had now been applied for.
•Staff told us BID had been made for people, such as regarding their personal care. One BID was in the process of being made in relation to one person's nutrition. They had liaised with the family member,

agreed a course of action but had not yet contacted any professionals in the process. There was no evidence to of the person's ability to consent or not to the decision making. Any best interest decisions made were not recorded in the care records.

The provider had failed to ensure all staff worked within the principles of the MCA was a continued breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
•People had assessments of their needs completed in the past, although these had not always contained the information required. However, we were shown the new assessment documentation packs which would be used for people in the future.
•There had been no new people admitted to the service since our last inspection.
•Care and support plans were in place but not always routinely reviewed. However, the management team assured us they would be doing this in the future.
•People had a choice of care workers to support them. One younger care worker said, "(Person and person) prefer older carers to help them, so we respect that and I don't do it".
•Throughout the inspection, we saw care staff gave people choices in their day to day living, such as where they wanted to sit, what they wanted to do and what they wanted to eat. One person said, "I can't grumble, they do the best they can. If you ask for anything they try and get it for you".
•The statement of purpose stated people had a choice of "…whether to bathe daily."
However, people were unable to choose whether to have a bath or shower due to the fact the service had only one assisted bath for people to use and no shower facilities. One person, who was unable to immerse in a bath, would have been able to have a shower.
One staff member told us, "People do not like showers" and another said, "Older people prefer baths"; no records were in place to demonstrate this had been their choice made.

Staff support: induction, training, skills and experience
•At the inspection in November 2018, the provider had not ensured staff received appropriate training, supervision and appraisals. We issued a breach of regulation. At this inspection, we found there had been some improvements and the breach of regulation had been met. Further improvements were still required to ensure staff training and supervision were fully embedded in practice.
The service had changed their training provider and most of the staff training was electronic. However, there were no competency checks in place to ensure staff were competent and fully understood the training. The deputy manager had undertaken some competency checks, such as those related to medicines, but these were not recorded.
•Safe moving and handling training consisted of electronic learning and no practical training updates. No staff member was trained to deliver this training. If one of the people living at the service suddenly required equipment to safely move them, such as following a fall, they may be at risk because staff may be inadequately trained on the equipment necessary to safely move them. Following the inspection, the provider stated staff had received this training in the past from the care homes education team."
•Individual training records were inconsistent. Training records varied greatly and were wide ranging. For example, one staff member showed 23 areas of learning undertaken, whilst another one showed only one. From discussions with the management team and staff, staff had undertaken training required but the recording of this was incomplete. The deputy manager was in the process of updating staff training records.
•Two care workers told us how they were enthusiastic to undertake any training to do their jobs properly. One commented, "We have computer training on safeguarding, manual handling and fire. Last year we had dementia training on the bus (reference to specialist dementia training delivered by a travelling bus). Last month we had training on delirium and next week it is sepsis training."
•The deputy manager was aware the cleaner had not undertaken the necessary training and updating

required for their role. For example, infection control and safe moving and handling. They were addressing this by organising further training.
•Specialised training had been given by the care homes education team on subjects, such as infection control, sepsis and daily record keeping. They said staff "positively engaged" in the training sessions.
•All people spoken with said they considered their needs were met by staff who knew what they were doing.
•No staff member currently fit the criteria to undertake the Care Certificate training (recognised as best practice induction training). The deputy manager told us if new staff came to work at the service and were suitable for this training, they would ensure it was undertaken. It was not clear, however, how this would be set up and who would be responsible for the supervision required.

Supporting people to eat and drink enough to maintain a balanced diet
•At the inspection in November 2018, we recommended the provider reviewed the lunchtime experience for people living at the service. At this inspection, improvements had been made.
•All four people enjoyed the lunchtime experience and sat with others at the dining table.
•People had a choice of food each day and if there was nothing on the menu they liked, they were offered an alternative meal. Menus were changed if people said they would prefer something else. For example, a hot meal changed to a cold meal on warmer days.
•All four people told us they enjoyed the meals. One person said, "… lovely food, nicely cooked, they give you something else if you don't like what is being served". Another person said, "The food is always piping hot. They know I don't like onions so if its mince they cook mine separately".
•Menus had been redesigned considering people's food choices and placed on the dining tables. A selection of difference choices of food had been added. However, this was confusing for people as the menus were double sided and related to two different days.
•Dining tables were set up nicely with serviettes and cruet sets available.
•Snacks, fruit and hot and cold drinks were now available to people 24 hours a day.
•Care workers left people to eat their meals but regularly asked if everything was "OK" and if they needed anything.

Adapting service, design, decoration to meet people's needs
•Since the last inspection, communal areas of the home had been redesigned to make it a more appealing and comfortable home for people to live in. This included changes in the layout of the small lounge and dining room areas.
•Staff told us people had been involved in making decisions, such as where to place furniture and whether they wanted any personal items placed in the communal areas; these discussions had not been recorded.
•A second sitting area had been designed for people to sit quietly, away from the television and radio.
•Room doors were personalised with people's names and a picture they would recognise as their own room.
•There were grab rails in toilets and raised toilet seats to assist people with mobility and balance issues.
•The service was very clean, and people's rooms personalised to their own choices, tastes and preferences.

Supporting people to live healthier lives, access healthcare services; support and staff working with other agencies to provide consistent, effective, timely care
•There was evidence staff contacted health professionals, such as GP's and community nurses and supported people to attend hospital appointments. However, due to the low-level needs of the people currently living at the service, health care professional visits were currently only occasional.
•People were encouraged and assisted to attend opticians and dentists and escorted to their appointments.

Good

Is the service caring?

Our findings

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

At the last inspection in November 2018, this key question was rated as 'requires improvement'.

At this inspection the rated had improved to 'good'. People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; ensuring people are well treated and supported; respecting equality and diversity

• At the last inspection in November 2018, people were not treated with privacy and dignity. There was a lack of respect and choice for people. People were not given choices in their day to day lives.
• At this inspection, improvements had been made in the way people were cared for. All staff were motivated and cared for the people they supported.
• All four people were spoken with appropriately and in a kind and caring manner by staff. People were addressed appropriately and in a respectful way. People
• There were positive interactions between people and staff which showed how well they got on together.
• There was a homely and relaxed atmosphere at the home. One person said, "There are less people, so it's more quiet, the staff are very efficient, just as attentive, nothing has deteriorated, just the same caring standard".
• People had choices in their daily lives and staff described their daily routines. One person said, "I'd like to go home but it's alright living here."
• People were nicely dressed and wore clean and matching clothes. They had make up and jewellery on if they wished which aided their wellbeing. One care worker said, "(Person 1) likes to wear her set outfits and (Person 2) chose their own top to wear today."
• Staff enjoyed working at the service. One said, "I love working here, people receive care just how they want it now." They went on to say, "I go home smiling because I have had time to sit and chat with residents and they get choices in everything."
• We saw positive interactions between staff and people who used the service. Care staff chatted with people about general interests and topics. People were greeted warmly when new staff arrived on duty.
• One person said, "Staff are nice, pleasant, they listen to you". Another person said, "It's cosy, friendly, people are kind".
• However, some areas still required improvement. For example, each settee and chair throughout the communal areas in the home had incontinence covers on them, even though only four people lived at the home who did not require them. This displayed a lack of dignity. When we discussed why these were in place, staff removed them as they were not necessary.
• Another example was that one person told us they enjoyed reading their daily newspaper but were not allowed to read this in the lounge due to the risk of "getting ink on the furniture". When we asked staff about this, they said this was a 'rule' from the past but was not applicable now. We did not see anyone reading a

newspaper in the lounge.

Supporting people to express their views and be involved in making decisions about their care
• Management and staff expressed a commitment to treating people with respect.
• There was effective interaction between staff and people who used the service when decisions were required. For example, a staff member involved people in what sort of music they would like to listen to. They went through the music CDs to help people with their choices. They put the music on and people then sang, tapped and danced to the songs. It was clear they obviously enjoyed the experience.
• Staff had effective skills in communicating with the four people who lived at the service, people, for example in explaining the different choices of food at mealtimes and when people needed assistance. They showed empathy, kindness and spent time with people in an unrushed and patient way.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection in November 2018, this key question was rated as 'inadequate'.

At this inspection, this key question had improved to 'requires improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
•At the last inspection, care was not planned in a way which met people's choices, preferences and individual needs. At this inspection, we found there had been improvements and the breach had been met. However, further improvements were needed to ensure they were fully embedded in staff practice.
•Care records had been updated and reviewed since the last inspection. The service had been supported by the local authority quality and assurance improvement team (QAIT) to improve these documents to reflect the personalised care being given.
•Individual care records contained some good, relevant information but did not always reflect the current needs and preferences of people using the service. They were contradictory in places and, whilst signed to say they had been reviewed, were not up to date.
•At the inspection, there were three sets of care records in place for each person; one set was kept in the person's file in an office in the garden, one set was kept secured in the office in the home and a shorter 'daily routine' list kept in people's bedrooms. Due to the fact there were three sets of care records in use, some of the information was contradictory and had not been reviewed (refer to evidence in 'safe' section of report). The care records had been put in place by the nominated individual. It was obvious the manager and deputy manager had not been part of the care planning as they were unaware of what had been recorded.
•People's care plans were not routinely used, and the information held within them not shared to other staff. When we first arrived at the service, there was difficulty in finding where the care records were kept. From discussion, the manager and deputy manager were unfamiliar with the information contained within them. This was because they had been completed by the nominated individual and not shared. Staff did not regularly read care plans but used the daily record book for essential information.
•Records of people's daily care and support were kept separate from the care records in a communal 'daily record book' for all four people. Whilst these contained some useful information, a lot of the information was not required. This made looking for the pertinent information difficult. For example, those people who were independent, self-caring and not at any risk, it was unnecessary to record pages of information. Also, some other people's information recorded in the daily record book, required to be written in the person's care records but was not transferred, such as changes in medicines. There was a risk information was not transferred and recorded appropriately.
•The need to keep people's care records together was discussed with the manager and deputy, along with the other issues. On the second visit procedures had been reviewed. Daily care records were now held securely in the home for staff to access. Daily records were now part of these records and the daily record book discontinued. The manager and deputy manager assured us they would review each person's personalised care plan between them. They felt the changes in their record keeping had already improved

their practice. However, we could not be confident staff would refer to care plans when needed as these had not been common practice in the past. This would take further time to embed this in everyday practice.
•People's care needs were effectively communicated to agency staff who were regularly working at the service. An agency care worker said, "I can always ask if I don't know something. Staff have been welcoming and it's one of my favourite places to work because it's so organised."
•At the last inspection, there were limited social activities at the service. There were some activities happening in the service; these were random and planned on an ad hoc basis. For example, singing, art and crafts, games, quizzes and puzzles. Whilst there were only four people living at the service, this was not an issue. However, if more people lived at Rosehill this practice would need reviewing.
•The activity records showed people took part in small group activities and watching television. There was no evidence people took part in activities individual to their own interests, although these interests had been recorded in care records.
•People were actively engaged on our visits which included games, singing, dancing and listening to music.
•There were plans to take people out more in the future to visit the local cafes, shops and landmarks. There was colourful and attractive bunting and decorations around the home relating to Easter which people had made.
•At the last inspection the service did not comply with the Accessible Information Standard. At this inspection improvements had been made. We looked at how the provider complied with the Accessible Information Standard (AIS) The AIS is a framework put in place from August 2016 which requires the service to identify; record and meet communication and support needs of people with a disability, impairment or sensory loss.
Care plans provided information about how people were able to communicate and if people had a sensory or hearing impairment. People had their glasses on and hearing aids in place if required.
•One person had a hearing aid in place which was heard whistling over the two days of our visit. When we asked why this hearing aid was doing this, a staff member told us "(Person) fiddles with it." Whilst music was playing, we saw the person trying to adjust the aid as the music was too noisy and their facial expression showed they were distressed at the volume. A person said of the whistling, "It always does that". We were told this person also asked for the television to be turned down. All staff were aware of the problem, but no follow up action had been taken, such as whether a different type of hearing aid would be suitable. The deputy manager assured us they would follow this up and seek an appointment.

Improving care quality in response to complaints or concerns
•At the last inspection in November 2018, complaints were not always dealt with in an open and accepting manner. However, as no complaints had been made since that date, we were unable to review the way complaints were investigated. However, there was a policy and procedure in place to support complaint investigations and guide staff.
•People were satisfied with the service and had no complaints.

End of life care and support
•Nobody was receiving end of life care during the inspection.
•People had Treatment Escalation Plans (TEP) in place, which recorded important decisions about how they wanted to be treated when their health deteriorated. This meant the person's preferences were known in advance. However, care records did not contain contingency plans, wishes or choices for people at the end of their lives. For example, funeral arrangements and who to contact. After the inspection, the provider informed us some people had discussed their end of life care with their solicitor.

Inadequate

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 in November 2018, this key question was rated as 'inadequate'.

At this inspection, some improvements had been made but the service remained 'inadequate': There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

•At the last inspection in November 2018, there were concerns about the leadership and management of the service. Since the last inspection, there had been changes in the management and the running of the service. However, due to the continued lack of effective management and service oversight, people were still at continued risk of harm.

•Devon County Council (DCC) had cancelled their contract with the provider. The service had agreed to voluntarily suspend admission of privately funded people at the service. This has continued at the time of writing this report.

•The provider had changed the name of the service from Rosehill Rest Home Limited to R C Care Rosehill Limited, with the addition of two directors. This had been registered with Companies House. Since the inspection, there had been a further subsequent change in the directorship of the service.

•A new nominated individual (NI) had been appointed to oversee the quality of care delivered. They were also a director of the company.

•The registered manager had previously lived at the service. They had now moved out of the service. They had no more input into the oversight of the running of the service.

•There was a new manager in place who was supported by the previous deputy manager. They were in the process of applying to the CQC to become registered. The application had been returned due to being incorrectly completed.

•The manager had worked at the service previously as a senior care worker and left due to personal reasons. They had recently come back to be the manager. They had achieved an NVQ 3 in care but had no relevant management or leadership experience or qualifications. They displayed a lack of knowledge in how the service was run and various documents and systems required to run the service. However, the deputy manager had increased their knowledge and confidence since the last inspection and was supporting the new manager in their role.

•There was a lack of understanding of legislation and how it applied to the running of the service. For example, the manager and deputy manager had expressed a desire to take all the people together for trips in the local area. They had not done this as they thought they were not allowed to under their CQC registration.

•There was a lack of clarity regarding roles and responsibilities of the management team with no clear definition of the management team's roles and responsibilities. Whilst the nominated individual had given

the manager and deputy manager a list of tasks to undertake, there was a lack of overall insight and working together to embed systems into the service. The management team was not yet cohesive and each other was unsure of the other's duties. Following the inspection, we received a flowchart showing the lines of responsibility.
•Not all the systems in place to monitor the quality of the service were used effectively. For example, a nutrition audit designed to monitor the overall effectiveness of the service had been used as a tool on individual people. Therefore, this did not show the information required. Also, a care plan audit did not identify which care plans had been checked, reviewed and amended.
•Due to the lack of environmental audits taking place, any deficits such as the lack of a window restrictor and alarm systems turned off, had not been highlighted or addressed.
•There was a continued lack of essential record keeping throughout the service which included documents such as risk assessments, training records, staff recruitment records and audits.
•There was a lack of understanding on how the records required to be kept at the service were essential to reflect the care and support delivered by the staff at Rosehill. For example, there was a lack of understanding of the relevance of risk assessments being in place; not just because they were required by law, but because they were required to maintain people's safety.
•We were told the nominated individual provided oversight and governance for the provider. However, there was nothing in place to indicate what form this took, how often checks on the service and how their findings would be recorded and used.

The provider failed to ensure there was robust management oversight at the service and systems were not established to monitor the service for compliance. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
•On our first day we asked to see the service's Statement of Purpose (SoP) (this is a document which describes the type of service delivered and is a required document by CQC. This was not available until the second day and was a new and revised document following the change of company name. This document was not complete, inappropriate and was written in a manner difficult to follow. When we read this document, we found it to be discriminatory and unlawful. It read "… we are unable to provide adequate services for the ethnic population" and went on to say, "we are unable to meet the needs of ethnic, cultural and religious groups." When we discussed this with the manager and deputy manager, they were shocked with the contents of the SoP and felt it was discriminatory. They both said they would welcome people from different cultures in to the home and had not seen the SoP before.
•The SoP also referred to the current regulatory body as "The Commission for Social Care Inspection which ceased in 2008 when it became CQC.
•When we discussed the implications of the SoP with the NI, who had written and provided it to us, they told us they had not noticed it written in the SoP.
•Following the inspection, the NI forwarded a revised SoP which adhered to anti-discrimination law. However, practice at the service did not follow the SoP. For example, "All new care Staff has to obtain their DBS check and two References before starting employment" and "All outer doors are fitted with alarms, to alert staff if wandering Residents try to leave the building." We found that both statements had not been followed.

How the provider understands and acts on duty of candour responsibility
•In line with their CQC registration, the service is required to inform us of significant events and safeguarding concerns which affect the running of the service. We had not received these. For example, those relating to the management arrangements since the registered manager had moved out of the service and information

in relation to people's falls and injuries.
•There had been no recent concerns, complaints or incidents so we were unable to determine how these would be dealt with by the service. The management team were unaware of how the duty of candour applied to their practice. However, there were policies and procedures in place to provide guidance.

The provider had failed to inform us of significant events as required by law. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Planning and promoting person-centred, high quality care and support
•The manager and deputy manager were unable to identify the vision or values for the service. There was no real understanding of who the service was aiming to support. The manager and deputy manager said they felt they had made lots of improvements since the last inspection and were hoping to admit more people to the service. However, there was a lack of understanding or planning as to how this process would be managed. They were unsure when staffing would be recruited, what type of people's needs they would be able to meet or the timescales for ensuring they could safely meet these needs.
•We needed to make sure the culture of the service had changed as practice seen at the last inspection was outdated, disrespectful and not appropriate. We did not see any of this practice. One person said, "It was better when there were more people here, now it's got a bit quieter, no changes, it's just got quieter". One staff member said, "There was nothing wrong with things before".

Working in partnership with others
•Since the last inspection, resident meetings had not taken place and people had not been invited to give feedback about the overall service they received. Staff told us this was because there were only four people at the service and the staff knew them well.
•No other feedback was available on the day of inspection relating to the running of the service. However, following the inspection, the provider informed us feedback had been sought from staff, relatives and visiting professionals from February to March 2019; we had not viewed this feedback.
•Staff meetings were not held but again we were told it was because all the staff knew each other well and had their breaks together each day when they could discuss issues. However, this would not provide a forum for staff to challenge practice and discuss concerns about people's individual care. Notes of these conversations were not kept.
•There was limited partnership working with other services and bodies due to the removal of the local authority commissioning of services at Rosehill.

Continuous learning and improving care
•At the last inspection in November 2018, we also had concerns about the way people were being cared for by receiving outdated and institutionalised practice. We needed to be sure this practice was no longer happening. However, with only four people living at the service, we saw that whilst care and support had improved, this would need further time to be embedded in practice.
•To improve their practice, the service had been supported by the local authority Quality Assurance and Improvement Team (QAIT). QAIT shared information, records, guidance, legislation and documents to assist the service to improve. They had also helped to develop a service improvement plan (SIP) to identify deficits in practice. However, this had not been kept up with since the last QAIT visit and was unable to be found during the inspection.
•The care homes education team had also visited the service to deliver training sessions to the staff.
•Following the last inspection, an action plan was sent in to the Care Quality Commission. This did not cover the concerns and did not include timescales for action. Despite repeated requests for a service improvement update, this was not received.
•Evidence found in this inspection shows a lack of continuous learning, understanding of regulation and

improvement in practice. Any improvements made have not yet been fully embedded in practice.

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 Registration Regulations 2009 Notifications of other incidents The provider was not acting in accordance with the need to inform the Care Quality Commission of notifiable incidents and significant events. Regulation 18

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider was not acting in accordance with the Mental Capacity Act (2005). Regulation 11 (1-6)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure care was delivered to people in a safe way with risks identified and mitigated. Regulation 12 (1) (2) a,b,d

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not ensure effective governance of the service and did not have systems in place to manage this. Regulation 17 (1) (2) (3) a, b

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not ensure people who were employed to work at the service were suitable to work with vulnerable people. Regulation 19 (1) a,b (2) 3 a, Schedule 3 1, 2, 3, 4, 5, 6, 7