

Miss Sonya Wase

Rosier Home

Inspection report

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Essex
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Tel: 01255427604

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30 July 2018

31 July 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced inspection of this service in May 2017 and found breaches of legal requirements. The provider submitted an action plan about how they would make improvements to the service and ensure compliance.

Following concerns raised by the local authority, we carried out a comprehensive inspection in October 2017 and found continued breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3). The service was rated 'Inadequate' and placed into special measures. We took immediate enforcement action to restrict admissions to the service and sent an urgent action letter regarding the seriousness of our concerns. The provider submitted an action plan to address our concerns and to ensure compliance with the regulations. We met with the provider and placed conditions on the provider's registration to encourage improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosier Home on our website at www.cqc.org.uk

We undertook this comprehensive inspection on 25, 30 and 31 July and 1 August 2018 to check that the registered provider had made the required improvements and to confirm they now met legal requirements.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Rosier 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 care home accommodates up to 16 older people who may have dementia.

Rosier Home is situated in a quiet residential area and is close to the seafront and amenities. The premises is on two floors with each person having their own individual bedroom and communal areas are available within the service. At the time of our inspection, nine people were using the service.

There was a registered manager in post. The registered manager was also the provider. 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.

Since our last inspection of the service, some improvements had been made, however, we found a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3). Further improvements were still required to ensure the quality assurance arrangements were robust and effective to drive and sustain improvements; and to achieve compliance with regulatory requirements.

The managerial oversight in the service had improved and the registered manager was more pro-active. However, the auditing and monitoring systems had not been effective in identifying the concerns found during this inspection and these needed to be improved, embedded and sustained.

Staffing levels had been reviewed and there were sufficient numbers of staff on duty to support people and meet their needs and people were provided with adequate supervision, stimulation and meaningful activity.

Safe processes were in place for the administration of medicines and there were procedures and processes in place to ensure the safety of the people who used the service. However, improvements were required around cleanliness and ensuring that equipment was fit for purpose.

There were systems in place to safeguard people from abuse and the recruitment of staff was safely completed to make sure that they were suitable to work in the service. Staff were aware of their responsibilities and knew how to report any concerns, although they had not received any recent training.

Training for staff was still not managed effectively. The training that staff had received was not always recorded and some training updates were required. Staff did not demonstrate an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS.)

People were supported to have maximum choice and control of their lives and staff did supported them in the least restrictive way possible, although the recording of best interest decisions required improvement.

People were supported effectively with their nutritional needs and received personalised care from a staff team who respected their privacy and dignity and promoted their independence.

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 consistently safe.

Equipment had not been checked or maintained and the cleanliness of the service needed improvement.

Staffing levels were adequate to meet the needs of those living at the service.

Medicines were stored and administered safely.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Training and development was not sufficient to equip staff in the delivery of safe and effective care.

People were supported effectively with their nutritional needs.

Improvements were needed regarding the recording of decisions made in people's best interests and in the understanding of the Mental Capacity Act 2005.

Requires Improvement ●

Is the service caring?

The service was caring.

People's privacy and dignity was respected and their independence was promoted.

People's preferences were documented to ensure that support was provided according to their wishes.

Good ●

Is the service responsive?

The service was not consistently responsive.

Care plans contained inaccurate information and did not always provide sufficient guidance.

People were engaged in meaningful activity to ensure their

Requires Improvement ●

wellbeing.

A complaints policy was in place.

Is the service well-led?

The service was not consistently well-led.

Audits did not always identify where improvements were required.

The manager was not fully aware of their responsibilities.

The registered manager had worked with outside agencies to improve.

Requires Improvement ●

Rosier Home

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 unannounced inspection took place on the 25, 30 and 31 July and 1 August 2018. The first day was undertaken by one inspector and one assistant inspector and the second day was undertaken by one inspector. As part of the inspection, we spoke with relatives, visitors and professionals.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and the safeguarding team.

During our inspection, we looked at the care records of five people, recruitment records of three staff members and records relating to the management of the service and quality monitoring. We spoke with two people living at the service, two relatives, one visitor and three professionals. We received feedback from the local authority and the local fire service.

Where people were unable to speak with us directly we used informal observations to evaluate their experiences and help us assess how their needs were being met. We also observed how staff interacted with people. We spoke with five staff including the registered manager and assistant manager.

Is the service safe?

Our findings

Safe was rated as 'Inadequate' at our last inspection in October 2017 and we found a breach of Regulation 12 (Safe Care and Treatment) and a breach of Regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was due to concerns with staffing levels, risk management and the cleanliness and maintenance of the environment. At this inspection, we that found that while some improvements had been made, further improvement was still required and safe has been rated as 'Requires Improvement'.

The lack of checks on moving and handling equipment went undetected and placed people at risk of harm from using equipment that may be damaged or unsafe. Improvements were needed to ensure that all risks from faulty equipment were identified and addressed. There were walking frames and wheelchairs being stored in the front lounge. The rubber feet [ferrules] on the walking frames stored here were worn and the ferrules on two of the frames had worn right through to the metal. This posed a risk to people of slipping and falling if used. Two of the wheelchairs were missing the rubber band on the footplate to stop people's feet from sliding back which placed them at risk of getting their feet trapped. The deputy manager told us that the frames and most of the wheelchairs were not used, however they were in a communal area and could be accessed by people.

Improvements were required to ensure that bedrooms were clean. In one bedroom, there was a side table with old food encrusted around the wooden top and on the metal stand. There were some cobwebs in the stairway and the carpet in this area had a build-up of debris and required vacuuming. The floor in the downstairs bathroom required sealing as did the edge of the bath to prevent any build-up of bacteria.

On the second day of inspection, the worn ferrules had been replaced, and the frames and wheelchairs that were not being used had been removed. The registered manager confirmed that a system would be put in place to check the safety of this equipment.

Further improvement was required regarding food safety processes. While most items in the fridge were dated, there were items which were opened and not dated including soft cheese which had gone mouldy. Whilst the service had received a food hygiene rating of 5 at their last inspection, this left people at risk of being served food that was out of date and not fit for consumption.

Some improvements had been made regarding the cleanliness and maintenance of the building. Concerns we had identified at our previous inspection of October 2017 had been addressed. Some carpets, a broken bath panel and missing tiles in the bathroom had been replaced. Improvements had been made to the assessment of environmental risks. The stairs between the ground floor and the first floor were no longer accessible and a door had been put in place to mitigate the risk of people falling down the stairs.

Risks to people's personal safety were assessed and measures to reduce these risks were recorded and implemented. Where people were having their bowel movements monitored, there was still limited guidance in place to tell staff what action to take if the person did not have a bowel movement for a

prolonged period. However, we could see that where this had happened, action had been taken as required. Pressure care records had improved and people at high risk of developing pressure ulcers were regularly repositioned.

On the day of inspection, outside temperatures were high and the registered manager was not aware of the heatwave guidance that had been issued by Public Health England. However fans were in place and curtains were shut to keep rooms as cool as possible. People were offered regular fluids and ice lollies. On the second day of inspection staff had read the heatwave guidance and the registered manager had purchased thermometers to monitor the temperature of the rooms so they could take action as required.

Moving and handling practices were mostly managed safely, although we observed one person being supported to stand with guidance whereas their care plan stated that a handling belt should be used. The registered manager told us that the person would sometimes stand without the handling belt. They acknowledged that the care plan needed to be updated to reflect this.

At our last inspection, we found that staffing levels were not sufficient to support people effectively. At this inspection, improvements had been made. One staff member said, "There is enough staff and there are always plenty on the floor and there is enough time to spend with people and to check everyone." Another staff member said, "There is enough staff at the moment but there could have been more in the past." We checked the rotas covering a four-week period. The registered manager was now recorded on the rota and we found that the staffing numbers that were required were provided. We saw that staff had time to sit and spend with people, were always present within the communal areas and available to provide support to people as needed.

At our last inspection, we found that improvements were needed to ensure people received their medicines on time. At this inspection, we found that action had been taken to address our concern. The service had safe systems in place to order and administer medicines. There were sufficient quantities of medicines available and medicines were administered on time. Where people were on controlled medication, a system was in place to ensure transdermal patches were rotated to prevent the risk of skin irritation. Fridge and room temperatures were recorded. Where people received 'As and when required' (PRN) medicines, there was clear guidance in place for staff to follow.

Staff were aware of their responsibilities with regard to safeguarding people from abuse and told us they felt comfortable reporting concerns to the management team. They told us that they had received training and could describe the different types of abuse and the actions they would take if they had any concerns someone may be at risk. Records demonstrated the service notified the appropriate authorities of any safeguarding concerns and had also notified the Care Quality Commission.

Safe recruitment practices were in place to ensure staff were of good character and suitable to work with those living at Rosier Home. Relevant checks had been completed prior to new staff starting work at the service. These included undertaking a criminal record check with the Disclosure and Barring Service (DBS), obtaining references, and proof of identity.

Is the service effective?

Our findings

Effective was rated as 'Inadequate' at our last inspection in October 2017 and we found a breach of Regulation 11 (Need for consent) and a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was due to concerns with the understanding and application of the Mental Capacity Act 2005 (MCA), training, the assessment of dietary needs and the suitability of the environment for people living with dementia. At this inspection, we found that some improvements had been made but further improvements were required and effective has been rated as 'Requires Improvement'.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Improvements continued to be required regarding the understanding and application of the MCA and the best interests' decision-making process. At our last inspection, we found that mental capacity assessments had not been completed correctly and covered numerous decisions. At this inspection, we found this had improved and assessments covered one specific decision. However, where people did not have capacity, decisions taken in people's best interests had not been recorded appropriately.

The registered manager continued to lack understanding of the MCA and best interests process. While they had completed some further training in MCA, this had not been effective in improving their knowledge and understanding of the MCA, or the knowledge and understanding of the staff team despite this being a recommendation from a previous inspection. There were old assessments on file that did record some best interest decisions, however there were three different forms in use and information was confusing and required organising. This made it difficult to see that decisions had been made as required.

At the previous inspection, some consent forms had been signed by the registered manager following discussion with the person's family but it was not clear if the person's family members were lawfully able to make the decision on the their relatives behalf. Discussions were now documented and where family members had given consent, there were copies of any Lasting Power of Attorney that was in place to evidence that decisions had been lawfully made. Throughout the inspection, we saw that staff gained consent before supporting people with any care tasks.

Training for staff was still not managed effectively and there continued to be shortfalls in mandatory training. Despite some staff confirming that they had received training, the training matrix that we were given had gaps and no training was recorded for safeguarding, infection control, first aid or MCA. The registered manager had sourced a review of the training needs following the last inspection and recognised that additional training was still required and training was booked in safeguarding and mental health for August. They assured us that they would use online training to provide an additional refresher to staff in the interim.

There were people in the service who were diagnosed with dysphagia (difficulty swallowing) and were at risk of choking and aspiration (where food or fluid enters the lungs). Since the previous inspection, staff had received dysphagia training from the Speech and Language Therapist (SALT) so that staff were able to provide the correct support. The registered manager had also recently requested some sepsis training to help them identify warning signs and how to recognise if a person is unwell.

New staff now received a comprehensive induction which covered subject areas such as dignity and respect, confidentiality, effective communication, nutrition and hydration, pressure care and infection control. The induction involved regular meetings between the staff member and the registered manager to discuss performance and any support required or additional training needs. Observations of practice were undertaken to ensure that staff were competent in moving and handling and the administration of medication.

Staff felt supported and had staff meetings and supervision. Supervision is a one to one meeting between a staff member and their manager and includes a review of performance and an opportunity for discussion around any problems and achievements. Subjects discussed at staff meetings included supporting people with their mental health and the importance of record keeping.

Improvements had been made since the last inspection and people were supported to maintain a balanced diet and their dietary needs were assessed. One relative said, "People have a mix of everything and get a balanced diet." Care plans stated which foods were suitable for individuals and how people needed their food to be prepared. The cook had a good knowledge of people's likes and dislikes and could describe exactly how people needed their food presented. Where people required their fluids to be thickened due to swallowing difficulties, there was clear guidance available and staff were preparing the fluid to the correct specification.

The meal time experience was relaxed and people were chatting to each other and enjoying their meal. People were complimentary about the food. One person said, "The food is excellent." When asked about their meal, another person said, "It was very nice and I enjoyed it." People's food and fluid intake was monitored and where any concerns were identified action was taken to involve other professionals for further support, for example, the dietician. One relative said, "It has improved a lot since the CQC came here. They [staff] were not acting quick enough before but they are now monitoring the food and fluid intake better and keeping an eye on it."

Where changes in people's wellbeing were identified, action had been taken to seek guidance and treatment from health professionals. One professional said, "Rosier Home do call if they need extra support and they follow the advice given and request clarification where they don't understand."

At our inspections of May and October 2017, we found that the service required development to ensure that it was suited to people with dementia. At this inspection, we found that improvements had been made. The deputy manager and some of the staff team had recently had training in dementia which included using a

GERT suit. A GERT suit simulates the experience of older age so that staff understand how it can feel and can adapt how they support people due to a greater understanding. The deputy manager was also planning to deliver dementia training to the staff team. Improvements had been made to the signage in the service and some bedroom doors now had photographs to provide a visual prompt to people to recognise their bedrooms. However, further improvements were still required to ensure the needs of people living with dementia were met. For example, the lunch menu continued to be written on a chalk board which was not very visible to people.

Sensory and comfort items such as musical instruments and dolls were accessible to people and we saw one person using a dementia muff to provide stimulation. People were now provided with time from the staff team to ensure that all aspects of their physical, emotional and psychological needs were met.

Is the service caring?

Our findings

Caring was rated as 'Requires Improvement' at our last inspection of October 2017. This was due to people's privacy not always being respected by staff. At this inspection we found that improvements had been made and the rating has improved to 'Good.'

People were treated with respect and dignity and their right to privacy was protected. At our last inspection, handover books and activity records were stored on the desk in the hallway. These contained personal information about people which could be read by those who did not have a right to see it. At this inspection, we found that these records were now locked away.

Where people required support with their personal care needs, for example, to go to the toilet, they were asked if they wanted support discreetly to protect their privacy and respect their dignity and staff checked that people agreed with any actions before taking them.

People's preferences were now documented within their care plans and care was provided according to their preference. Plans contained information about when people wanted to go to bed and when they wanted to get up. At the previous inspection, some people's bedroom doors had been wedged open and this was not recorded as a preference in care plans. At this inspection, where bedroom doors were wedged open, this had been discussed with the person and with the fire officer. One care plan said, 'I cannot be trapped in a small room as I get scared.' The discussion with the person was documented and their views and choice were recorded in the care plan.

People and relatives told us that the staff were kind and caring and were complimentary about the service provided. One person said, "They [staff] are very kind and very caring. It is nice." Another person commented, "I am happy here and staff are nice to me." One relative said, "All of the staff are lovely and bubbly with a breeze of happiness. All of the staff are good, there is no-one that I could say that is not." Another relative said, "I am happy with the care, it is very good."

Staff knew people well and the atmosphere was calm and relaxed. There were positive interactions between staff and people and we overheard conversations and laughter as staff stopped to chat. Staff were not rushed and spent time talking and sitting with people, sharing conversation. One staff member asked a person what they would like to watch on the television. They choose to watch a film and the staff member spent time going through the channels with them to find something that interested them.

People were dressed in clean clothes, with clean finger nails and brushed hair. We observed a member of staff brushing a person's hair back into place after helping them to stand. One member of staff said, "If I'm on in the afternoon, I will paint nails and do their hair." One relative said, "I think the personal care has got better and they [staff] do their best."

People were supported to maintain their independence by staff. We observed a person being supported to walk to the lounge. The staff member who was supporting them gave them space and positive words of

encouragement. This allowed them to walk to the lounge independently. Care plans provided guidance to staff on what the person could do for themselves and what they required help with. One care plan said, "Encourage my independence by letting me wash and dress myself."

People's bedrooms were decorated to reflect their choice and individuality. One person had flowers painted on their wall and people had personal items such as ornaments and photos to personalise their rooms.

Relatives were involved in the planning and review of people's care. Where appropriate, relatives had signed to agree to care that was being provided. Relatives told us that they often spoke with the registered manager when they visited about the care that was being received. Where appropriate, people had been involved in the writing of their care plan. One care plan said, 'I am satisfied with my care plan and I have nothing to complain about. I think all of it is great.'

People were encouraged to give their views on the service they received and to voice their feelings to ensure that they could be supported with their emotional needs. One care plan said, 'Encourage my well-being by letting me express myself freely.'

People had access to feedback forms which were in large print to making them easily accessible and there were easy read guides available for safeguarding and how to make a complaint. Where one person had a sensory impairment, their care plan provided clear guidance for staff on how to ensure that they were supported to access any information that they required and staff supported them in their preferred way.

Relatives told us there was no restrictions on visiting and that they were always made to feel welcome. People were supported to maintain relationships with their families and friends.

Is the service responsive?

Our findings

Responsive was rated as 'Requires Improvement' at our last inspection in October 2017 and we found a breach of Regulation 9 (Person centred care) of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was due to concerns with care planning and activities. At this inspection, some improvements had been made but further improvements were required and we have rated responsive as continuing to 'Require Improvement'.

At our last inspection, we found that care plans lacked detail, contained conflicting information and had not been updated when people's needs changed. Care plans were now more detailed and organised. However some old care plans contained information which was not accurate. For example, one person had been recorded as being at high risk of developing pressure ulcers following the completion of a waterlow assessment. However, this assessment had not been scored correctly as confirmed by the registered manager which meant that the information was not accurate.

Where people had bowel monitoring in place, there was still limited information provided to staff within the care plans of the action to take if a person did not have a bowel movement. Staff at the service knew people well and we saw that action had been taken where people did not have bowel movements for a prolonged period, however this could be further developed to ensure that clear guidance was documented for staff to follow to ensure that action was taken promptly when required.

We recommend that the service consult a reputable source for best practice guidance regarding bowel care for older people.

Opportunities to participate in activities had improved since the last inspection. Staff had time to engage in activities and spend time talking to people to enhance their wellbeing. A new activities co-ordinator had been employed but had recently left and staff had taken on this role due to the small number of people at the service. We saw that people were engaged, relaxed and laughing with staff and were receiving one to one time. Activities that people took part in were now recorded and previous activities had included balloon games, using sensory items, watching films, manicures and quizzes. One staff member said, "We try and do activities in the afternoon as it is more relaxed and get people involved in doing stuff." A visitor to the service said, "Rosier Home encourage one person to enjoy their hobbies of bird watching and try to keep them interested in this."

People received personalised care to suit their needs and preferences. One visitor told us, "Staff treat [person] as an individual and they have adapted the care style to suit [person's] particular needs. I never thought [person] would settle but they have and I feel this is down to the hard work of the care staff."

People's care records detailed their basic preferences and choices for their end of life care, however these could be further developed to ensure that people's end of life wishes were fully understood. There was no one nearing the end of their life at the service currently. Some staff were completing a training session on

end of life care.

The service had a complaints policy and this was displayed in the service. Where complaints had been received, these had been dealt with appropriately. Relatives knew how to raise a complaint and said they would feel comfortable doing so.

Is the service well-led?

Our findings

Well-led was rated as 'Inadequate' at our last inspection in October 2017 and we found a breach of Regulation 17 (Good governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was due to concerns with monitoring and audit systems, a lack of continuous improvement and the registered manager not being up to date with best practice. At this inspection, some improvements had been made but further improvements were required and we have rated well-led as 'Requires Improvement'.

Audits by the provider were not always effective and had not identified all of the concerns we have identified at this inspection. Whilst there had been an improvement in the managerial oversight of the service and a range of audits were now completed to check the quality of the service provided these required further development to ensure that they were embedded and the quality was sustained.

The registered manager was still not fully up to date with their responsibilities under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. While the ratings of the previous inspection were now displayed, notifications had not been received where people had DoLs authorised. The registered manager was not aware that a notification was required. Notifications are required by law to ensure that the commission can monitor the service and ensure that people are receiving safe care. The registered manager also demonstrated a continued lack of understanding of the MCA 2005.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations: Good Governance

The registered manager been working closely with the commission and the local commissioner's quality improvement team had been providing support to the service as the provider was failing to meet the terms of their contract with the local authority. They had completed an action plan to make improvements to the service. However, we found some shortfalls at this inspection which demonstrated that improvements were still required and action was needed to ensure that systems were robust, embedded and sustained.

Staff were now effectively deployed and were focused on supporting people in a person-centred way to meet their individual needs. The atmosphere was relaxed and filled with chat and laughter and we received feedback that the service had improved. One relative said, "I have noticed that [person] is walking a lot better and the last few times we have visited they have looked lovely. They [staff] know that the best time to support [person] is in the afternoon." Relatives told us that the registered manager was approachable and dealt with any concerns that they had. One relative said, "Everything I raise they take on board and deal with." Another relative commented, "[Registered manager] is really open and a caring woman which is why we choose Rosier Home. [They] do sort things out and things have improved for those who are cared for in bed."

No further feedback regarding the service had been sought by the service from relatives since the previous inspection, however the registered manager and relatives confirmed that they discussed any issues as they arose.

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 12 HSCA RA Regulations 2014 Safe care and treatment Monitoring and audit systems were not effective in highlighting issues within the service. The registered manager was not up to date with current best practice to ensure that they were competent to manage and run the service. 17(2)