

Mrs P R & Mr R F Fillingham

# Rose Park



## Inspection report

4 Park Avenue,  
Bridlington, YO15 2HL  
Tel: 01262 672720  
Website: Not applicable

Date of inspection visit: 18 March and 16 April 2015  
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### Ratings

#### Overall rating for this service

|                            |  |
|----------------------------|--|
| Is the service safe?       | Good  |
| Is the service effective?  |  |
| Is the service caring?     |  |
| Is the service responsive? |  |
| Is the service well-led?   | Good  |

### Overall summary

We carried out an announced comprehensive inspection of this service on 28 November and 1 December 2014. Breaches of legal requirements were found. We took enforcement action in the form of a 'warning notice' regarding the safety and suitability of the premises and we made compliance actions for cleanliness and infection control, recruitment of staff, staffing levels and quality assurance.

After the comprehensive inspection, the provider wrote to us with an action plan to say what they would do to meet legal requirements in relation to the Health and Social Care Act (Regulated Activities) Regulations 2014, regulations 15, 12, 19, 18 and 17 (previously 2010 regulations 15, 12, 21, 22 and 10).

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rose Park on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

We found that action had been taken to improve the safety of the premises, infection control practices and staffing levels. Areas of the premises that needed repairs, redecoration or replacement of furniture had been improved. Infection control practices were changed

## Summary of findings

though more still needed to be achieved, and staffing levels had been increased with the introduction of more care hours and the acting manager's hours becoming solely supernumerary.

We could not evidence that improvements had been made regarding the recruitment of staff because no new staff had been recruited since the last inspection.

However, the acting manager demonstrated an understanding of the requirements of the legislation and assured us legislation would be followed in all future staff recruitments.

We found that action had been taken to improve the quality monitoring systems used by the service, but more time was needed for the service to embed these and to consistently demonstrate how shortfalls were identified.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to improve the safety of the premises, infection control practices and staffing levels. We could not evidence that improvements had been made regarding the recruitment of staff but the acting manager demonstrated an understanding of the requirements of the legislation and assured us legislation would be followed in all future staff recruitments.

This meant people that used the service benefitted from a safer environment, improved hygiene, and had more staff available to meet their needs.

Good



### Is the service effective?

Not assessed.

### Is the service caring?

Not assessed.

### Is the service responsive?

Not assessed.

### Is the service well-led?

We found that action had been taken to improve the quality monitoring systems used by the service, but more time was needed for the service to embed these and to consistently demonstrate how shortfalls were identified.

This meant people that used the service would benefit from more effective systems to seek their views and opinions of the service.

Good



# Rose Park

## Detailed findings

### Background to this inspection

We undertook an unannounced focused inspection of Rose Park on 13 March and 16 April 2015. This inspection was done to check that improvements had been made to meet legal requirements planned by the provider after our 28 November and 1 December 2014 inspection. The team inspected the service against two of the five questions we ask about services: is the service safe and is the service well-led. This is because the service was not meeting some legal requirements.

The inspection was undertaken by one Inspector across two days. One visit was to assess if the service was meeting the requirements of a 'warning notice' that had been

issued regarding the safety of the premises. The other visit was to assess whether regulations were being met for 'compliance actions' that had been issued. The warning notice and compliance actions had been issued under the previous Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. However, we checked them using the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which replaced these.

During our inspection we spoke with one person that used the service, the acting manager, the registered provider and one staff member.

We looked around the premises, assessed infection control standards, and looked at two people's care plans and systems for monitoring the quality of service provision.

# Is the service safe?

## Our findings

At the last inspection on 28 November and 1 December 2014 we identified four breaches of the Health and Social Care (Regulated Activities) Regulations 2014. One was in relation to the safety of the premises.

We saw that everyone, including people that used the service, who accessed the dining room, conservatory and office walked through the kitchen. This was an unsuitable situation because people that used the service and others were at risk of injury from any accidents that may occur, resulting in burns, scalds, cuts and broken limbs following slips, trips and falls.

One shared bedroom had broken wall lights, a badly fitting carpet and an en-suite toilet with exposed pipes. This meant the occupants were at risk of tripping over the carpet and had a poorly lit environment in which to see properly.

Another bedroom had exposed pipes in the en-suite toilet, which were unsightly for people. A further bedroom en-suite toilet smelled of damp and had a damaged floor covering. This meant the occupant had an unpleasant toilet to use and was at risk of tripping.

A communal toilet near to these bedrooms had exposed pipes and bricks where plaster had fallen off the wall. It also had no lock on the door and a hole, the size of a one pence coin where a lock had once been. This did not ensure people's privacy or dignity and was an unpleasant facility to use.

On the first floor of the premises we saw that the bathroom had a damaged bath panel which was sharp and posed a risk to people's safety when using the bathroom. They could easily have sustained cuts on the sharp edge. There was also damage to the wall where the door closer had been pushed into it. This was an unpleasant facility to use.

One first floor one bedroom had a cold and damp smelling en-suite toilet and there was evidence of damp on the ceiling. The occupant was at risk of poor health from penetrating damp and using the facility was an unpleasant experience. Another first floor bedroom (although unoccupied) was unlocked and had exposed wiring in the en-suite toilet, which posed an electrical shock risk to staff and people.

On the second floor of the premises we saw that the bathroom had damaged walls, floor covering and tiles. This meant that people had an unpleasant experience using the facility and could have been at risk of harm from tripping or from poor infection management. We had concerns about three bedrooms; one was damp and the occupant was at risk of poor health from penetrating damp, one had a damaged floor that created a trip hazard and one had exposed wires in the en-suite toilet that posed the risk of an electric shock.

We saw there were other problems with old and worn beds, wardrobes, chest of drawers, carpets and curtains in all bedrooms. These did not help to ensure people had a pleasant or comfortable environment in which to live. The three settees in the lounge were damaged in the seating area so that they offered no comfort to anyone sitting on them. The registered provider, replaced two of the settees during the weekend between our visits, but a third still needed to be replaced. Therefore people had an uncomfortable environment in which to live.

A second breach of regulation was in relation to infection control. We saw that the main bathroom on the ground floor had a dirty bath seat and the bathroom smelled of damp. Waste bins and clinical waste bins in the service had lids missing from them, there were no disposable paper towels for drying hands and the laundry was difficult to keep clean due to damaged surfaces. This meant people were at risk of infection from poor hygiene standards.

A third breach of regulations was in relation to staff recruitment. Files did not contain all of the evidence listed in the regulation as being necessary to demonstrate staff were suitable to care for vulnerable people. One file showed a staff member had started working without a Disclosure and Barring Service check and another had insufficient references. These concerns had been discussed with the acting manager.

A fourth breach of regulations was in relation to staffing levels. We found that one care staff and the acting manager or two care staff and the acting manager were on duty all through the working week. We found that two 'sleeping' night staff were on duty every night. We saw from information on staffing rosters that care staff worked an average of 193 hours per week, plus sleeping hours of 110 per week which totalled 303 hours. This did not equate to the minimum 336 hours that would be covered by two staff on duty all of the time in a working week. This

## Is the service safe?

demonstrated that the manager was supplementing care hours each week. We assessed that there were insufficient care staffing hours provided to meet people's needs. We found the impact on people that used the service was that they were not having their needs met because they could not easily take part in social activities in the community.

At our inspection visit on 18 March 2015 we saw that work had been carried out to relocate the kitchen sink to the same side of the room as the cooker and food preparation area. This meant that while people still accessed the kitchen there was reduced risk of accidents from burns, scalds, cuts, slips and trips because all cooking was carried out to one side of the kitchen and away from the line people walked when they went through the kitchen. People that used the service still refrained from going through the kitchen when staff were preparing hot meals. This meant risks to people having accidents had been reduced, though not completely eliminated.

The ground floor bathroom had a clean bath seat and the smell of damp had been eradicated, which meant the risks to people of cross infection were reduced.

We saw that the wall lights in one bedroom had been repaired, the carpet replaced and furniture repositioned so that the risks of harm to people were removed and people's comfort was enhanced.

We found that pipes were boxed in and floor coverings were replaced in en-suite toilets and the communal toilet with no lock and a hole in the door had been fitted with a new lock and the hole repaired. Both bathrooms which needed repairs to make them safer and more pleasant to use had been attended to so that people were no longer at risk of harming themselves and could bathe in more pleasant surroundings.

Damp and exposed wiring in bedrooms and en-suites had been eradicated and removed so that people had safer and more pleasant facilities to use. We saw that damaged furniture was repaired or replaced, some beds were replaced with new ones and some new linen and curtains were purchased to improve the environment for people.

We saw that some bedrooms had been redecorated, a shower was replaced with a new one, floor coverings in bathrooms were replaced and new extractor fans were fitted in en-suites. Some toilet seats were replaced with new ones. There was only one bedroom that still required some redecoration. The occupant required time to accept that some changes were to be made to their bedroom and the provider was assisting them to adjust to a steady programme of alteration to their environment. This would be redecoration and replacement of furniture in due time. However, the occupant's wishes on the subject had been respected in the meantime.

We saw that all of the settees in the lounge had been replaced and people had a comfortable place to sit and relax in front of the television.

At our inspection on 16 April 2015 we found that paper towels were supplied to staff only. We were told that this was because people that used the service tended to dispose of these in toilets, causing them to block. The laundry room had been fitted with new flooring and redecorated. Staff had reorganised the space so that there was a better flow of dirty to clean laundry through it. Hygiene risks to people that used the service were reduced because of staff actions and practices.

At our inspection visit on 16 April 2015 we were unable to assess whether or not the service had improved its procedure on staff recruitment, as no new staff had been taken on since the service had been found to be in breach of the regulation in November 2014. However, discussion with the acting manager demonstrated they had an understanding of what was required to ensure new staff were employed with the right security checks in place to evidence they were suitable to work with vulnerable people.

At our inspection visit on 16 April we found that staffing numbers had been increased. Two staff were on duty throughout the 24 hour period, seven days a week. The acting manager's hours were supernumerary to the care staffing hours. This meant people had more opportunity to engage in community based activities and social events.

# Is the service effective?

## Our findings

Not assessed at this inspection.

# Is the service caring?

## Our findings

Not assessed at this inspection.



# Is the service responsive?

## Our findings

Not assessed at this inspection.

# Is the service well-led?

## Our findings

At our last inspection on 28 November and 1 December 2014 we identified a breach of the regulations. This was in relation to assessing and monitoring the quality of service provision.

We saw that some audits and satisfaction surveys had been carried out and isolated actions had been taken to correct issues for people on a personal level. However, we saw there was no analysis of information gathered in surveys or audits, no action plan in place to improve the service where shortfalls had been identified and no feedback to people that had contributed information in the seeking of people's views.

At our inspection visit on 16 April 2015 we found the service had a yearly plan for assessing the quality of service provision and staff had been given responsibility for auditing certain areas of the home. For example, one staff

member was appointed the role of auditing health and safety within the premises. There was a health and safety checklist with an action plan template in readiness for the year's audits.

The plan showed that quarterly checks would be carried out on the safety of the premises, care plans, staffing and training. Care plans had already been audited in January 2015. Satisfaction surveys were due to be issued to people that used the service and their relatives later in April 2015, and audits on accidents, notifications and safeguarding incidents were due to be undertaken. The satisfaction survey was still in the process of being updated.

While some improvement had been made in this area the service was still not in a position to demonstrate it had analysed information and set up action plans to address the identified shortfalls and there was still no means of feeding back outcomes to people. The systems in place at this visit needed to be embedded and further developed to ensure they identified and addressed shortfalls in the service. This is an area we will concentrate on at our next comprehensive inspection.