Stockton-on-Tees Borough Council

Rosedale Centre

Inspection report

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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

This inspection took place on 9 May 2016, 11 May 2016 and 18 July 2016. The first day of the inspection was unannounced which meant that the staff and registered provider did not know that we would be visiting. We informed the registered provider of our visit on 11 May 2016. We made a further unannounced visit to the service on 18 July after information was received from the local coroner regarding the death of a person who had previously used the service.

We last inspected the service on 12 June 2013 and found there to be no breach of regulations at that time.

Rosedale Centre provides accommodation and support for up to 44 people to receive short-term intermediate care of up to six weeks. It is a multi-disciplinary integrated re-enablement and assessment service providing both assessment and rehabilitation for adults over the age of 18 including older people. People are referred from local hospitals and from the community via GPs, social workers and therapy staff. The service is situated in a residential area close to local amenities and public transport.

The service was divided into four units. Willows (12 beds) and Poplars (10 beds) were assessment units. Oaks (12 beds) and Laurels (10 beds) were rehabilitation units.

The home had a registered manager in place. 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.

People and their relatives told us they felt that care was delivered safely.

We saw that people had some individual risk assessments within their care files that covered areas specific to the individual's needs however some identified risks had no corresponding risk assessment in place.

Staff were able to tell us about different types of abuse and were aware of the action they should take if they suspected abuse was taking place. Staff were aware of whistle blowing [telling someone] procedures and said they felt confident to report any concerns without fear of recrimination.

At the time of our visit individual personal emergency evacuation plans (PEEPs) were not in place for each person. We have been told by the registered manager that these have been put in place since our visit.

The service had policies and procedures in place to ensure that medicines were ordered, stored and administered safely. People received their medicines as prescribed but one of the records we checked had not been correctly completed.

Accidents and incidents were recorded but there was no procedure in place to analyse this information for

trends and patterns.

Safe recruitment and selection procedures were in place and appropriate checks had been undertaken prior to staff starting work. Staff received support via one to one supervision and annual appraisal. Staff had not received supervision as often over the past year due to a review of the service being undertaken.

Staff rotas indicated that the service was correctly staffed according to the required levels identified by the registered provider. Some people who used the service felt there were enough staff on duty, others told us they felt staff were over worked and they sometimes had to wait for assistance. Our observations during the inspection indicated there were sufficient staff available to meet people's needs.

Training was up to date and staff had the required skills and knowledge to provide support to the people they cared for. New staff underwent a structured induction process.

DoLS authorisations were being correctly applied for but not always recorded on support files. Staff had a limited understanding around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Care staff had not received training in MCA and we did not see evidence of consent within support files.

We saw that people were provided with a choice of healthy food and drinks to help ensure their nutritional needs were met. Staff demonstrated knowledge of people's likes, dislikes, cultural and medical dietary requirements. The service worked with a dietician where necessary. The care records we viewed also showed us that people had appropriate access to health care professionals such as district nurses and chiropodists.

We looked at support plans and found that they were not always correctly completed and did not contain a sufficient level of detail.

We observed that people were encouraged to be as independent as possible and were engaged in therapy sessions to assist their rehabilitation. Although activities outside of the therapy sessions had been scheduled these were not happening on a regular basis and people commented they would like more to do.

The staff had a caring approach. People were treated with respect and their privacy and dignity was protected.

There was a complaints procedure in place and this was given to every person on admission. This had also been produced in an easy read format. There had been one complaint in the current year that was being investigated by the registered provider.

Quality assurance checks were taking place but there were no clear protocols around the level or frequency and different working practices had been adopted by senior staff across the four units. There was no clear management overview of the quality of the service.

Some of the staff we spoke with felt supported by the registered manager and that they were approachable but one staff member felt that it was not currently possible to have their say. The registered manager recognised that the recent review of the service and changes to working patterns had caused some upset to staff.

The home was clean, tidy and free from unpleasant smells. We saw staff using personal protective

equipment (PPE), for example gloves and aprons, appropriately.

We found the provider was breaching three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the safe care and treatment, need for consent and good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People did not have all of the necessary risk assessments in place to ensure their safety.

Staff we spoke with knew how to recognise abuse and reported any concerns regarding the safety of people to senior staff. There were up to date procedures in place for safeguarding and whistle blowing.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had limited knowledge of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Evidence of consent to care was not apparent within support plans.

People's nutritional needs were being appropriately met.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good

The Service was caring.

People and their relatives were happy with the standard of care being delivered.

People were treated with respect and their privacy and dignity was protected.

Independence was promoted and we received positive comments regarding the success of the rehabilitation programme.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's support plans were not always completed and did not always contain sufficient detail.

People were engaged in activities linked to their rehabilitation but other social activities were not taking place.

The service had an up to date complaints procedure that was made available to all those using the service.

Is the service well-led?

Requires Improvement

The service was not always well led.

The systems in place to monitor and improve the quality of the service were not clearly defined and varied from unit to unit.

People using the service and relatives told us the registered manager was approachable.

The majority of staff we spoke with said they felt supported in their role however regular staff meetings had been disrupted due to a service review.

Rosedale Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 11 May 2016 and 18 July 2016. The first and third day of the inspection were unannounced.

The inspection team consisted of two adult social care inspectors, one specialist professional advisor and an expert by experience. A specialist professional advisor is someone who has a specialism linked to the service being inspected, on this occasion a nurse. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all of the information we held about the service, such as notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

Following the first two days of the inspection we received information from the local coroner's office regarding the death of a person who had previously used the service. Consequently we returned for a third day to follow up some of the points raised in the coroner's report.

The provider was asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The completed form was received by Care Quality Commission on 7 April 2016.

During our inspection we spoke with seven people who used the service, five family members and a visiting district nurse. We also spoke with the registered manager, assistant manager and nine other staff including occupational therapists, therapy assistants, support workers and kitchen staff.

We undertook general observations and reviewed relevant records. These included five people's care

records, six staff files, audits and other relevant information such as policies and procedures. We looked around the home and saw people's bedrooms, bathrooms, the kitchen, laundry and communal areas.

Requires Improvement

Is the service safe?

Our findings

The third day of our inspection took place after receipt of information from the local Coroner. The Coroner has a legal power and duty to write a report following an inquest if it appears there is a risk of other deaths occurring in similar circumstances. This is known as a 'report under regulation 28' or a Preventing Future Deaths report because the power comes from regulation 28 of the Coroners (Inquests) Regulations 2013. The report is sent to the people or organisations who are in a position to take action to reduce this risk. They must then reply within 56 days to say what action they plan to take. We saw that a report had been sent to the service and within it the Coroner had questioned why staff had not been alerted that a person was out of bed either by hand held buzzer or bed alarm. A detailed response had been completed and returned to the Coroner within the necessary timescale; two adult social care inspectors went out to the service to check the information that had been provided in this response.

We saw that the service provided different levels of technology support to assist staff with the care of people, dependent on level of need. Every person had a nurse call bell in place and all rooms were fitted with bed sensors that operated between 9pm and 6am. When the bed sensors were activated staff were alerted via a telephone call from a 24 hour Care Call control centre. This system was activated after a person has been out of bed for 20 minutes and was intended to replicate the service people would receive once back in their own home. Those people most at risk of falls had a 'care assist' alarm in place on their bed and chair, monitoring them 24 hours a day. The care assist monitors alerted staff directly via a portable pager. Some actions had been put in place to ensure the effectiveness of these systems but we found that they were not adequately establishing the systems were in full working order. We were also told that call bells were tested every Monday but there were not records of this present for every unit. Care was taken to ensure that the batteries in staff pagers were regularly charged and we were told that the bed sensors were checked every Monday, although this was just a visual check to see that they were correctly plugged in. No tests were being undertaken to ensure that the sensors were in full working order and would alert staff correctly. This meant that people were at risk of harm due to adequate checks not being undertaken of equipment put in place to safeguard them.

The service had a fire emergency file in place that included information such as emergency contact numbers, a plan of the building and a list of people currently using the service. Separate personal emergency evacuation plans (PEEPs) were not in place for each person. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. At the time of our inspection there were three generic PEEPs in place. These were categorized for people who were able to walk, people who were weight bearing but whose mobility was poor and people who were non weight bearing. We discussed with the registered manager the potential hold up that could be caused in an emergency situation by having to identify to emergency services which person fell into which category. We were told that individual PEEPs would be put in place and following our inspection we received confirmation that this has been done.

The registered manager told us that the fire alarm was tested every week and that there was a note in the diary every Wednesday for this. We looked at the fire safety log book which seemed to have been incorrectly

completed as the dates for the tests did not run sequentially. The entries made did not indicate that weekly testing was being undertaken. We saw that two fire drills had taken place within the last twelve months and these involved day and night staff.

A fire risk assessment had been carried out on 10 August 2014 with a review due on 10 August 2015. The date 25 October 2015 was written at the bottom of the document along with 'next date 25 October 2016' but there was no signature and no evidence that the actions from the original assessment had been addressed. The deputy manager informed us that the date had been written on to indicate a review had taken place but it was not clear who had undertaken this review or what the outcome was.

In one of the case files we reviewed we observed that a person had lost significant amount of weight within a nine day period. After we brought this to the attention of the registered manager the person's GP was contacted and agreed to visit the next day. The registered manager suggested that the scales may not be recording accurate weights and told us that they would arrange for them to be recalibrated. No action had been taken when the significantly lower weight was recorded earlier in the day and the person's health and wellbeing was therefore placed at risk due to a potential delay in medical attention.

We saw that people had some individual risk assessments within their care files that covered areas specific to the individual's needs such as moving and handling and falls. However, we saw that one person had a risk of falls highlighted in their support plan record but no corresponding risk assessment had been prepared to look at ways of mitigating this risk. We saw another person had a risk assessment in place for falls but did not have other risk assessments in place relevant to their needs. For example areas of skin redness had been identified on admission and marked on a body map but there was no skin integrity risk assessment. They had also been identified as having a poor diet and had been admitted with a prescription for fortified drinks but had no nutrition risk assessment in place. We found that some identified risks had no associated record of the measures and interventions to be taken to ensure people were protected from the risk of harm and their safe care was therefore compromised.

The findings detailed above constitute a breach of Regulation 12(1) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service told us they felt safe. One person said, "I feel so safe that I sleep with my door open all night." Another person said, "I feel safe but was a little nervous at first."

People's relatives were also happy that their family members were kept safe. One relative told us they liked the security feature on the door as it kept their family member safe without restricting their sense of freedom.

We looked at the way medicines were managed. Systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately. Medicines were securely stored and were transported to people in locked trolleys when they were needed. Three of these trolleys were stored in the locked medication cupboard with another being stored in a cupboard on the Laurels unit due to lack of space. Fridge and room temperatures were monitored and recorded to ensure medicines were stored within the recommended temperature ranges. Records showed that these temperatures were mostly within the safe ranges however there had been an issue at times with the temperature becoming too high in the cupboard on Laurel unit. We discussed this with the staff member in charge of the unit who told us it would be investigated.

Appropriate arrangements were in place for the administration, stock check, storage and disposal of

controlled drugs. Controlled drugs are medicines that may be at risk of misuse. The controlled drug book had been completed appropriately and we observed controlled drugs being administered correctly and witnessed by two staff members as per policy.

Relevant staff had undertaken the safe handling of medication training. We saw people received their medicines at the time they needed them and in most cases the administration was correctly recorded on their medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. On one of the MAR charts we looked at we found that a medicine had been prescribed for the person to be taken three times a day for three days. The MAR had been signed to say the medicine had been administered three times a day for four days with a further dose administered on the morning of the fifth day. The MAR was then marked 'complete'. As the person had not received sufficient stock of the medicine to have received this many doses it was evident there had been an error in the recording. We highlighted to the registered manager the importance of accurate recording to ensure people were receiving their medicines as prescribed.

Some people using the service self administered their medication. Risk assessments were in place for this and a weekly review and audit was undertaken, including a stock check. People were assessed for their capability to self administer. A locked drawer was used for storage in people's rooms and staff would check to ensure that medicines had been taken.

Staff had received up to date safeguarding training and could demonstrate a good knowledge of the principles. They knew the various types of abuse and what signs they would look for to indicate someone may be a victim of such abuse. One member of staff told us, "I'd look for signs of low mood or depression. I'd look for bruising although some people do come in with bruises so it can be difficult." Staff told us they were confident to report any safeguarding concerns. One member of staff said, "I would feel comfortable reporting anything. Better safe than sorry." Another member of staff told us, "I would inform my line manager and they would definitely do the right thing." The home had a safeguarding policy that was reviewed regularly and last updated in January 2016 and a safeguarding information leaflet was included as part of the welcome pack provided to people when they were admitted to the service.

In one of the case files we reviewed it was recorded that a safeguarding alert had been raised by the hospital prior to their admission. When we checked this no further information was available and no follow up had been done. The deputy manager telephoned the local authority safeguarding department during our visit and was informed the issue had been investigated and case closed. If information relating to existing safeguarding alerts is not followed up on admission staff may not be aware of existing risk and therefore unknowingly place people at risk.

The service had an up to date whistleblowing policy known as the confidential reporting policy. Whistleblowing is when an employee tells someone they have concerns about the service they work for. Staff were aware of the procedures and said they would report any concerns they had without fear of recrimination. One member of staff told us, "I would go to [registered manager] and if I had to I would take things further."

We looked at six staff files and saw that safe recruitment processes and pre-employment checks were in place. We saw fully completed application forms along with evidence that identification had been checked and references had been received. Any gaps in employment that had been identified were fully investigated. Disclosure and Barring Service (DBS) checks had also been undertaken for all staff. The DBS carry out a criminal record and barring check on individuals who intend to work with children and/or vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people from

working with children and vulnerable adults.

Most people who used the service said there were enough staff on duty. One person told us, "There is always someone about." However one person told us they felt staff were overworked and they needed more. They said that sometimes they had to wait for assistance for up to 15 minutes after pressing their call bell.

During our inspection we observed there to be sufficient staff to meet the needs of people who used the service. Staff were visible in all areas of the service, people were appropriately supported at mealtimes and there were no call bells ringing for prolonged periods. We were told that if cover was needed for holiday or sickness then bank staff were available.

We saw notes within supervision records from April 2016 regarding staff levels. One member of staff had aired concerns regarding workload and people not getting to the dining room in time for breakfast due to shortage of staff. One staff member we spoke with told us, "If everybody was working there would be enough staff. Sometimes it's hard to cover sickness."

The registered manager told us that as part of the registered provider's ongoing review rotas had been changed and staff hours had increased.

We observed staff using correct moving and handling techniques. Appropriate equipment was used to assist people transferring between dining rooms, toilets and bedrooms.

The service had an up to date business continuity plan in place, last reviewed in January 2016, that contained information on how to deal with emergency situations such as denial of access to the building, unavailability of staff, loss of utilities and failure of IT services. This file also contained emergency contact details of staff, GPs, hospitals and utility services. This meant that people would receive appropriate support in emergency situations.

Accidents and incidents were appropriately logged. Accident forms contained details of the event, the cause if known, what action had been taken and any outstanding actions. We could not see any evaluation or analysis of this information to identify pattern or trends and the registered manager confirmed that this was not being done at present but would be introduced in the future.

We saw maintenance records which confirmed that the necessary checks of the building and equipment were regularly carried out. Portable appliances testing (PAT) had been completed on all relevant electrical items and the home had an up to date gas safety certificate.

We looked at the arrangements that were in place for ensuring cleanliness and infection control. We found that the main communal areas of the home were clean and free from unpleasant smells. The bathrooms and toilets we looked in had a supply of hand wash and paper towels, dispensed from wall mounted containers. This meant that appropriate hand washing facilities were readily available. Staff were instructed not to wear false nails or any jewellery other than a wedding band and we observed that this was being adhered to. We saw that gloves and aprons were available throughout the home and used appropriately by staff. However we were informed that one person was being barrier nursed and there was no sign on the door to alert staff or visitors to this. This could have placed people at risk of cross infection if they had gone in and out of the bedroom without taking appropriate precautions.

Requires Improvement

Is the service effective?

Our findings

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).

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We looked at whether the service was applying the DoLS appropriately. The service had a clear and detailed policy on DoLS. Applications had been correctly submitted to the supervisory body for authorisation to restrict a person's liberty when a need to do so had been identified. The registered manager kept a record of those people who were subject to DoLS authorisations and when they were due for review. However this information was not always documented on people's support plans and we found some authorisations had not been correctly placed on the DoLS file. This meant that it was not always easy to monitor which people had up to date authorisations in place.

Staff had a limited understanding around MCA and DoLS. One staff member we spoke to told us, "DoLS? It's to do with soft food and things." Another member of staff said, "We have to make the decisions for [person using the service] to keep them safe."

Staff understood the signs that may indicate a change in someone's capacity. One staff member told us, "We can tell if our clients become confused and we'd alert the managers." Staff told us how they obtained consent prior to delivering care. One staff member told us, "We would always ask. 'Can I get your pyjamas on? Would you like to go to bed?'" Support plans were signed by people but there was nothing to specifically indicate their consent to care. Every person had a bed sensor in place but there was no evidence that people had consented to this. We did not see evidence of capacity assessment or best interest decisions on people's records.
One staff member told us they had received DoLS training but had not had any training on MCA. We saw that DoLS training had not been delivered since 2013 and only senior staff received MCA training. We discussed this with the manager and following our visit we received confirmation that MCA and DoLS training was being scheduled for all support staff.

The findings detailed above constitute a breach of Regulation 11 (1) (Need for Consent) of the health and

Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they received training and updates appropriate to their role. One staff member said, "We're always going on courses and the training is pretty good. I'm going on catheter care training in November, the option came round so I signed up for it." Another staff member said, "The training is good. I'm due to go on first aid, incontinence awareness and stoma care."

We saw that staff had undertaken a range of training considered to be mandatory by the registered provider. This included safer people handling, emergency aid, safeguarding, health and safety and infection control. Staff had also undertaken training specific to the needs of the people they supported, for example dementia awareness. The training records were not held centrally in a matrix which meant that it was not easy to see at a glance which staff had undergone certain training and when refresher training was due.

New staff underwent a half day corporate induction outlining the registered provider's visions and values, followed by a six week induction programme which included training modules in areas such as health and safety at work, fire safety and manual handling. New staff also spent time shadowing more experienced staff.

Staff told us they received regular supervision and annual appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff said they felt these meetings were useful. One staff member told us, "We have regular supervision. You get to have a moan and if there's something we feel unhappy about we say."

The registered manager informed us that there had been an impact on the frequency of supervision meetings caused by the review of the service that the registered provider was currently undertaking. The review had begun in June 2015 and a high number of consultation and information meetings had been held with all staff as part of this review which had resulted in less time being available for one to one meetings. Despite this we did see evidence of supervision meetings having recently taken place and staff did not express concerns regarding the temporary disruption.

Due to the short duration of people's stay at the service bedrooms were not very personalised but they were seen to be clean and tidy and to contain the necessary items of furniture to be comfortable.

Some parts of the service had recently been decorated and this was an ongoing project. We were informed that a private donation had been received that was being used to create a more dementia friendly environment. We saw that redecoration had already begun in some areas of the service. We also saw documentary evidence that enquiries had been made regarding appropriate signage and one of the occupational therapists had been liaising with the manager of a local dementia day centre for advice on best practice.

It was apparent when walking around the service that storage was an issue. We saw large items of equipment such as hoists, walking frames and wheelchairs were being stored in lounge areas and at times these were obstructing people from accessing communal areas easily. The registered manager acknowledged this issue but stated that they were restricted by the size of the building and found it difficult to accommodate all of the specialist equipment needed.

We looked at how the service met people's nutritional needs. Most people we spoke with said that they enjoyed the food provided. One person told us, "Everything seems to be fresh and beautifully cooked – especially the mince and dumplings." Another person said, "I can't fault it, there are two main meal choices

each day, the amount is sufficient and hot meals are served hot." They explained that if they missed a meal when out with a relative staff would prepare something for them when they returned.

Most people told us their food preferences were catered for. One person told us they didn't eat red meat and this preference was accommodated. Another person said, "I think they would get you whatever you want." However, one person said that they didn't like having soup or sandwiches every day for lunch. They told us, "You get a bit sick of it every day." We saw on the menu that soup and sandwiches were offered every lunchtime but staff told us that alternatives were available if people asked. The main meal of the day was served at 4:00pm.

One person commented on the positive mealtime experience. They said "I have a good chat with people at mealtimes." We observed lunch in one of the dining areas and saw six people sitting around a table with some conversation taking place. Staff chatted to the group as they served them and people appeared to enjoy their meal. However, in the same dining room two people were sitting side by side at a separate table that was pushed against a wall. This seating arrangement made social engagement for these two people very difficult.

Kitchen staff were aware of any special dietary requirements. They told us that the type of things they catered for were linked to people's medical need such as low potassium and gluten free, or their cultural needs such as obtaining halal meat or preparing vegetarian options. A diet sheet from the hospital was given to the kitchen for each new arrival. Food of a different consistency was also prepared for people, and kitchen staff could describe the difference between soft and pureed diets.

The service was no longer responsible for creating their own menu. The local authority's Direct Services had taken over control of the menu preparation and the cook said that they now felt less able to cater for people's preferences but that they did their best to offer as much choice as possible.

The monitoring of food and fluid intake was not being done effectively. Diet and fluid intake charts were part of the support plan record on each case file but there were no recommended daily intakes entered and daily totals were not being calculated. These forms were being completed for every person regardless of whether a specific need had been identified and the way the information was recorded meant nothing was being learned from the data.

People's records showed visits by healthcare and social professionals, for example GPs, district nurse teams, mental health workers, social workers, falls team, dietician and speech and language team (SALT). Care plans reflected the advice and guidance provided. This demonstrated that staff worked with various agencies and sought professional advice, to ensure that people's individual health and wellbeing needs were being met. A visiting district nurse told us, "Staff do their best to get everything right even if discharge from hospital hasn't gone well. Staff are all pretty good, it's a really good service."

Good

Is the service caring?

Our findings

People were happy with the care they received. One person who lived in the centre said "I couldn't fault them here. The carers are very kind and caring, they always say hello to you." Another person said, "I like them all. They are all kind and genuine."

Relatives also spoke highly of the care being delivered. One relative said, "The staff are attentive and caring, it's not like a production line and staff have time for you." Another relative said, "On the whole they do well looking after people." Another said, "The staff are good and seem to know their job, the carers are very helpful."

Some of the people we spoke with said they had been involved in planning their care. Others told us that relatives dealt with that side of things.

The service had a dignity in care policy which incorporated the 'ten dignity dos' launched by the Social Care Institute for Excellence. We observed staff talking to people in an appropriate manner and for the most part saw that people's dignity was maintained.
Staff had a positive attitude towards their work. One staff member said, "I like to look after the people here. I like to see them happy, clean and happy. You have to be patient as the first week can be difficult for them. I've had people shout and say 'don't tell me what to do' but we've had training on how to handle that." Another staff member said, "I enjoy working here, the staff here all do their best to look after the clients and their families." Another told us, "You have to love the job to do it, you don't do it for the money."

Staff told us ways in which they encouraged people to retain independence. One staff member said, "We remind people that if they want to go home they have to try to do things while they're here. Of course it's their choice." Another staff member said, "We try very hard to encourage people to walk or to wash themselves."

We received mixed feedback regarding the level of support given whilst trying at the same time to promote independence. One person felt they were left to do a lot for themselves when getting out of bed and going to meals. "I'm not saying that they are not caring but I feel that they are expecting me to do more than I can actually do. I feel I need that little bit extra help". Conversely a relative told us they felt that there wasn't enough encouragement for their relative to get dressed by themselves. They said "[person using the service] is of the opinion that they (staff) are here to do it, that's what they are getting paid for, so she'll let them do it."

We received positive comments regarding the success of the rehabilitation programme. One person who used the service said, "I couldn't walk unaided when I arrived but now I'm on my feet with a frame." Two family members described how their relatives' walking had greatly improved since coming in to the centre.

Nobody was using an advocate at the time of our visit but we saw that information on advocacy services was available. An advocate is someone who supports a person so that their views are heard and their rights

are upheld. Due to the nature of the service people were not admitted to receive end of life care and at the time of our visit nobody was on an end of life pathway.

Requires Improvement

Is the service responsive?

Our findings

People were referred to Rosedale Centre directly from hospital for a maximum of six weeks assessment and rehabilitation. The discharge liaison team from the local hospital contacted the service daily and the registered manager told us that the handover process generally worked well. We were told that each person underwent a review after two weeks to monitor progress, review goals and plan discharge. Before people were discharged they were reassessed to determine any future care needs.

Because of the short term nature of the service a support plan record booklet had been devised to briefly cover aspects of care including activities of daily living, morning and bedtime procedure and the level of assistance required. We saw that the discharge information that was received from the hospital was also kept on care files and this, along with a fully completed support plan record would have been adequate for the needs of this type of service. However the support plans we looked at had not been completed to a satisfactory level.

We saw that some changes to a person's mobility and the equipment needed to correctly support them were referred to in daily notes but this information had not been updated on the support plan. Similarly another person had recorded in daily notes that surgical stockings were to be worn but this had not been added to the support plan. Details for next of kin were sometimes only partially completed, for example giving a name but not stating what relationship they were to the person. A section in the support plan about informing family of a fall or medical intervention was not answered. We saw that the support plan for a person who had been at the service for eleven days was still mostly blank with no information at all on morning rising procedure, assistance required with personal care or routine for bedtime. Those sections that were completed contained very little detail, for example the continence management section of the form merely stated 'doubly incontinent' without any further information about how this was managed. The lack of detail within the support plans meant that staff did not have the necessary level of information to ensure care was delivered in a personalised way.

Information on each person was not held centrally in one place. We saw that there were support plans that the care staff had access to and in which daily notes were made, however notes on people were also kept on a managers file and therapists daily records. We found that there were often inconsistencies between these sets of information. One person had a DoLS authorisation and do not attempt resuscitation (DNAR) paperwork in place but this was not recorded anywhere on the support plan used by care staff. Another person had recorded on the manager's file that following a GP visit they were to wear surgical stockings for a couple of hours each day. In the support plan daily notes for the same day it stated that staff were to 'elevate legs and rotate feet' without mention of surgical stockings. This lack of consistency meant that some information was not readily available to care staff and we highlighted this during feedback. The registered manager stated they would look at ways of incorporating information into one place however one of the unit managers commented that this would mean them having to go on to the unit to update records.

A handover meeting was held daily with managers, care co-ordinators and therapy staff. We observed the meeting during our visit and saw that every person was discussed during this process so that a full overview

of the service was obtained, any issues raised and possible actions discussed. Handover sheets were completed by care staff but these were tick box documents that did not include any detailed description and were of little value. We saw that in their supervision meeting a member of staff had commented, "The handover tick box isn't working. Information is not getting passed on."

As highlighted earlier in the report we had also found errors in medicine records and fire emergency file. These inconsistencies and omissions in the support plans and other records kept by the service meant that they were not always fit for purpose.

This was a breach of Regulation 17(1) (Good governance) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Due to the re-enablement therapy that was undertaken by people using the service, visiting times were restricted to between 1.00pm and 2.00pm in the afternoon and between 5.00pm and 8.00pm in the evening. We were told by the registered manager that the service did try to accommodate visiting outside of these times on occasion. One relative who lived in a different area would have liked to speak with his relative on the telephone but was told this wasn't possible.

People we spoke with said that they spend the majority of their time in their own room either reading, watching TV, listening to the radio or sleeping. Most people go to the allocated dining room for their unit, have their meal and then return to their room immediately afterwards.

One staff member explained that some group activities took place in the lounges with the therapy assistant. The therapy assistant confirmed that this did happen but that it wasn't a daily or regular occurrence. Staff members explained that some people do get involved in kitchen therapy, shopping etc. and whilst these appeared to be assessment-based rather than part of daily living activity they would counteract the risk of social isolation.

The therapy assistant told us that some activities were incorporated into therapy sessions where possible. Some people told us they had physiotherapy and would go to the gym but no-one spoke of regular supported social activity either individually or in a group.

One person said they spent most of their day listening to the radio in their room. They told us they got bored and did chat with staff sometimes but they didn't always have time. Another person said that there were no regular activities available. They said, "There was dominoes once but no one wanted to play". When asked what could be improved in the centre they told us, "Have something for the residents to do."

We saw that a programme of activities had been proposed by the occupational therapist in January 2016. They had highlighted the important role meaningful activities played in mental wellbeing. A weekly activities schedule had been prepared for each unit and at a meeting in March 2016 it was stated that a rolling programme of activities was to be undertaken and monitored by assistant managers. Other than therapy sessions there were no activities going on at the time of our visit. Staff told us, "When we've got time we will do dominoes or something but we don't have time to do it regularly." We found that outside of therapy activities people were at risk of social isolation.

Staff told us that people were involved in their two week review. The review involved the person using the service, relatives, social worker and therapist if they have taken part in therapy. People we spoke with seemed aware of the two week review process. Some relatives felt that they had been fully involved in the reviews but others felt that they hadn't had sufficient involvement. In particular one relative felt that the

review had upset her as she disagreed with some of the assessments of her relative's abilities. Another relative said they had no communication "I've had no conversation with anybody here about [person using the service]." This mixed feedback indicates an inconsistent approach to people's involvement and communication with relatives.

We spoke to staff about the ways in which they offered people choice. One member of staff told us, "If people don't want a shower they don't have to have one, it's their choice." Another person said, "We have one lady who says she doesn't like sandwiches but she can't always picture things so we will take one to her when offering it. When she sees the sandwich she does sometimes want it."

Staff also gave an example of people being allowed to take risks if it was their choice to do so. They told us, "One person will sit in the sun all day and that's his choice. We worry about him and offer him sun cream but he can decide for himself and we can't take away that independence."

The service had a complaints procedure in place and information on this was included in the support plan record that was completed for every person. A simple to follow leaflet was provided to people as part of the information pack given on admission. This was also available in an easy read format. All those spoken with who live at the centre said that they felt they would be able to complain or give feedback and be listened to. One relative said "I've no complaints about the place but would know what to do if I did - everybody's nice and friendly." We saw that the service had received one complaint to date in 2016. This was logged within the service but had been passed to the registered provider for investigation and no update or outcome was recorded. This meant that the registered manager had no oversight of complaints outcomes.

Requires Improvement

Is the service well-led?

Our findings

We looked at the systems for monitoring the quality of the service and saw that support plans had been audited every weekend until March 2016, with one plan from each unit being checked. However, each unit was now responsible for their own checks and there was no clear protocol in place for the number or frequency of checks. This had resulted in each unit taking a different approach and some auditing far less frequently than others. There was nothing on the audit sheet to say exactly what was being checked but we could see that some errors were being picked up such as 'no grading to sore', 'missing day's food chart' and 'no discharge notification.' There was a note to say that 'written and verbal information given to staff' but there was no clear record of what had been done to rectify these issues or prevent similar omissions occurring in the future.

As highlighted earlier in the report there were no effective checks being carried out on the bed sensors and no clear audit trail of call bell tests.

A new system of medicine audits had recently been introduced and the earliest audit sheet we were able to check was 26 March 2016. We saw that the audits were picking up issues such as MAR sheets not being counter signed and allergies not being listed on MAR charts, again however there was no protocol for the number or frequency of the checks undertaken. We found that there was no regular or effective programme of auditing the service in place and therefore insufficient management oversight of the quality of the service. This meant that any errors may not be identified in a timely way.

This was a breach of Regulation 17(1) (Good governance) of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with an assistant manager and an occupational therapist who told us they felt supported by the registered manager and the registered provider. Staff we spoke with gave a mixed view of the support from management. One staff member told us, "[Registered manager] is firm but fair. She looks after the staff really well. We have good managers in here." Another said, "The manager's door is always open, I can approach them if there is anything I'm not sure about and they have always got time for me." However a further staff member we spoke to was of a different opinion. They told us, "It's not possible to have your say. You feel like their mind is already made up. I don't really feel like we've got a voice at the moment. We don't even have proper staff meetings very often at the moment, they are all linked to the review." We discussed this mixed response with the registered manager who acknowledged that it had been difficult for staff to adapt to the changes being introduced following the review but they were hopeful things would settle down again once staff became used to new rotas and working patterns.

People using the service told us they felt able to give feedback to management and that they would be listened to. Relatives also told us they felt comfortable approaching both staff members and managers should they need to.

A district nurse we spoke with told us they felt the registered manager did their best even when a person

admitted was not appropriate for the service. We discussed this issue with the registered manager and they told us that they had been more proactive recently regarding unsuitable admissions. They said, "I have been toughening up lately and saying no to taking people who are not appropriate."

The registered manager told us they felt proud that all of the people coming in now got the same assessement regardless of which unit they went on to and the number of people returning home had risen from 48% to 60%. They also told us how they supported those people who were returning home by finding out about befriending services and liaising with a local voluntary group who had knowledge of benefits etc.

We looked at the records of staff meetings and saw that although the regular unit meetings had not been taking place as frequently in recent months a number of workshops had been held with staff as part of the review of the service. These workshops included staff from all areas and of all grade. Opinion was sought from those present and we saw that at one meeting a member of the management team had said, "The new system is not working, we're getting no breaks, still staying back and still not doing supervisions." The registered manager had responded to this stating that the new systems had been trialled since January 2016 and were due for review.

The registered manager told us ways in which the service was working to integrate with the local community. They had recently offered their services as a polling station, hosted a local council ward coffee morning and employed volunteers from a local young people's charity to maintain the garden.

CQC received statutory notifications from the service however we saw evidence of one fall resulting in a head injury and hospital admission that we were not notified of. Other notifications had been received for incidents we did not need to be notified of, for example a person who was subject to a DoLS authorisation leaving the service. We discussed this with the registered manager and referred them to our website for further information relating to notifiable incidents.

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 11 HSCA RA Regulations 2014 Need for consent People who used the service were not protected against the risks associated with receiving care and treatment they had not consented to and care staff did not have sufficient knowledge of the principles of the Mental Capacity Act 2005.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who used the service were not protected against the risks of unsafe or ineffective care because a number of identified risks had no associated record of the measures and interventions to be taken to ensure people were protected from the risk of harm.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who used the service were not protected against the risks of inappropriate or unsafe care because effective quality assurance of the service was not taking place and records were not being correctly completed.