

Rosclare Residential Home Limited

Rosclare Residential Home Limited

Inspection report

335 Ewell Road
Surbiton
Surrey
KT6 7BZ

Tel: 02083904183

Date of inspection visit:
14 May 2019

Date of publication:
27 June 2019

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Rosclare Residential Home is a residential care home that was providing personal and nursing care to 18 people at the time of the inspection.

People's experience of using this service:

Prompt and suitable action was not always taken to ensure the people were protected from the reoccurrence of significant risks. Incidents and accidents were not always appropriately investigated. The premises required improvement to ensure that window restrictors were in place on the ground floor. The registered manager had also failed to notify us of significant events as they occurred. We have made a recommendation in relation to improving staff knowledge of MCA and DoLS and the review of staffing levels.

At our last inspection one staff member had started prior to the receipt of their Disclosure and Barring Service (DBS) checks. Recruitment processes had improved to ensure staff were safe to work with people. Training for staff had improved so that they were able to access training in positive behavioural support.

People felt that staff cared for them well and ensured that their cultural and religious needs were met. People's meal preferences were met and they were supported to access healthcare services when they need them.

There was a newly developed programmes of activities that ensured people received appropriate stimulation. Complaints were responded to appropriately.

The registered manager continued to improve quality assurance systems so that they had better oversight of the quality of care delivered.

Rating at last inspection: At our last inspection of the service was rated 'Good'. (Published 21 November 2018)

Why we inspected:

This inspection was conducted following the receipt of whistleblowing concerns and intelligence received in relation to recent incidents.

Enforcement:

At this inspection we found breaches of the regulations in relation to the notification of incidents. Details of action we have asked the provider to take can be found at the end of this report.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Rosclare Residential Home Limited

Detailed findings

Background to this inspection

The inspection:

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

The inspection was prompted in part by intelligence about an incident that occurred at the service.

The information shared with CQC about the incident indicated potential concerns about the management of risk of absconsion. This inspection examined those risks.

Inspection team:

This inspection was carried out by one inspector and an inspection manager.

Service and service type:

Rosclare Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Rosclare Residential Home accommodates up to 19 people in one adapted building.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

We looked at information we held about the service including notifications they had made to us about

important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

On the day of inspection we spoke with four people living at the home. We spoke with one senior worker, four carers and the registered manager.

We reviewed five people's care files, three people's medicines records and a range of other documents in relation to the care people received. We reviewed four staff files and other relevant documents relating to the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We identified concerns in relation to the supervision and monitoring of people at the home, as one person had recently absconded on multiple occasions.
- Each window on the first floor had a window restrictor, however these were not in place for the windows on the ground floor. Each person who lived on the ground floor had a risk assessment relating to these, however vacant rooms were kept unlocked and were accessible to all leaving people at risk of climbing out of the ground floor window.
- We were not assured that suitable action had been taken to ensure risk assessments were promptly reviewed for the person after their first period of absconsion; and that the magnitude of the risk of reoccurrence had been adequately considered.
- The above points notwithstanding; risks relating to people's support were assessed and plans in place to mitigate those risks. We observed support being provided in ways that followed the strategies in place to mitigate risks, such as using a hoist to support a person to move.
- One person had an assessment by an occupational therapist that resulted in a very clear, step-by-step moving and handling plan that we saw staff follow. Another person had a history of leaving the service without support and they had a very clear plan for staff to follow should this occur.

Learning lessons when things go wrong

- We had been notified that recent incidents had occurred in relation to an individual absconding from the home. The registered manager had told us staff had been advised to increase monitoring of the person. However there was no record of this incident being investigated or written evidence of the measures in place to mitigate future reoccurrence.
- A communications books was used to hand over important information in relation to individuals each day. However, we found that records were not always clear enough to highlight important details to staff.
- Other accidents and incidents were reviewed. The registered manager analysed trends relating to falls for certain people, to reduce the likelihood of these occurring

Staffing and recruitment

- At our last inspection we found that safe recruitment processes were not always followed. One staff member had commenced their role, although supervised, prior to the receipt of their Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- At this inspection we found that staff had suitable checks on file to determine their suitability to work at the home, including their DBS check.
- People raised some concerns in relation to staffing at the home. Comments included, "I have to wait quite

a while for staff" and "The staff are kind but sometimes they are very busy – they will tell you 'just go in there' (pointing to the lounge) as they have too much to do."

- We also observed people sitting in the lounge for 23 minutes before the activities started in the morning, with no staff checked on them for that period
- We recommend that the provider take prompt action to review people's dependency levels to ensure that staffing levels are sufficient to meet people's needs.

Preventing and controlling infection

- The service was generally clean, however we saw some unlabelled toiletries kept in the bathroom cupboards. Staff told us the toiletries were not shared between people and they knew which toiletries belonged to which people, however new/ agency staff wouldn't be aware of this.
- Staff wore appropriate PPE when supporting people (aprons and gloves when serving food and supporting people to eat).

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to report any potential safeguarding issues. A staff member told us, "When there's a concern about abuse we have to report it to the safeguarding" and "If I had any concerns I would tell the manager straight away, or phone safeguarding or the CQC if I had to."
- We reviewed the provider's records and saw that where a safeguarding incident had been identified appropriate action had been taken to contact the appropriate authority and investigate the incident.

Using medicines safely

- The provider ensured that medicines were managed safely. Medicines were kept in a secure cabinet where the temperature was checked regularly.
- Suitable protocols were in place for 'as required' (PRN) medicines, which had been signed off by a doctor. Records showed that the provider had a positive relationship with the local pharmacist which helped to ensure medicines were received in a timely manner.
- People's medicines administration records (MAR) were up to date and accurately reflected when people had received their medicines.

Is the service effective?

Our findings

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

RI: ☐ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance

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

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's records contained assessments of their capacity to make decisions and noted where people had a deputy or attorney appointed by the Court of Protection to legally make decisions on their behalf. DoLS were applied for when necessary.
- We received mixed responses from staff as to their knowledge of individuals and whether they were subject to DoLS. One staff member told us that no-one was permitted to leave the home, whilst another informed us of an individual that could leave when they wanted to; but they would check they were safe to do so.
- Following a recent incident of absconsion where one person had left the building, we could not be wholly clear that staff were always clear on which individuals were subject to DoLS. We received mixed responses from staff on the day of inspection.

We recommend that the provider review MCA and DoLS training with all staff, as well as ensuring staff are up to date with individual requirements.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed for suitability prior to the commencement of their placement. This included a suitable assessment of potential risks to people and a care plan to highlight specific areas of need.

Staff support: induction, training, skills and experience

- Following our findings at our last inspection published on 24 November 2018 the provider had taken steps to ensure that staff were being trained in positive behavioural support.

- Records showed that staff were due to undertake training in care planning and medicines administration.
- Staff had regular supervision meetings with their line manager. One staff member had not been supervised in 2019 however all other staff had supervision recorded at least once in the first four months of 2019, with most staff having supervision monthly.
- The registered manager had ensured that staff had received their annual appraisal and that staff competency was assessed.

Supporting people to eat and drink enough to maintain a balanced diet

- On inspecting the food storage areas we found that some out of date food had been stored. This included some frozen leftovers past the safe recommended date of expiration, packets of noodles and two cakes. We raised this with the registered manager who ensured the foods were removed and told us regular checks would be further implemented.
- People were supported to eat and drink according to their needs. One person needed mashed food as they were at high risk of choking and we saw them provided with this. Staff supported people to eat in ways that maintained their dignity, telling them what they were eating and chatting with them, complimenting them.
- We observed the breakfast service and the atmosphere in the dining room was open and jovial, with staff joking and chatting with people as they ate. People had some choices about what they ate for breakfast (toast and jam, cereal or porridge).
- People told us they enjoyed the food, however one person told us they wished there was more variety and the portions were small. They told us, "I haven't had a salad for years. I love a good bit of salad"
- There was an up-to-date menu with some pictures in the hallway.

Adapting service, design, decoration to meet people's needs

- The provider continued to ensure the environment was suitable for people's needs with dementia friendly signage and equipment.
- We saw evidence of people's rooms decorated to reflect their preferences and personal items.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's weights were recorded monthly and we saw that people were referred to the dietitian if they lost weight. The service otherwise facilitated people's access to health care professionals when they needed them and these visits were recorded with clear instructions for staff documented in their records
- Staff told us how they recognised any changes in people's conditions and alerted the appropriate healthcare professionals. The communication book reflected the timely action staff took to meet people's healthcare needs.

Is the service caring?

Our findings

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us, "They [staff] are absolutely lovely here, look after me very well" and "The priest comes here weekly to give us Holy Communion which is very important to me."
- The service supported people to keep their faith. A Roman Catholic priest and C of E minister visited the service regularly
- A staff member said, "I like to work with older people or I wouldn't be here all these years. To be kind to them, support them as much as I can."
- Where one person's first language was not English the provider had implemented a robust communication plan so that staff were able to understand their gestures and communicate effectively.

Supporting people to express their views and be involved in making decisions about their care

- People's care plans were very person-centred and contained a lot of information about their wishes and preferences for their support. Care plans were reviewed monthly with changes noted.
- A staff member said, "For new residents, we read the care plan and make sure all of the information is passed on at handover."
- People told us they had concerns about the laundry and their clothes going missing. We asked a care worker about this who told us they had changed the laundry system in the last few weeks to try to address this. They told us, "We label each item of clothing with the person's room number now, to try to avoid mix ups. It's helped."

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independent living skills where appropriate and possible. One person told us about how staff supported them to do their own laundry. They told us, "I do my own laundry, the staff help me."
- We observed that staff called people by their preferred name.
- A staff member told us, "We have a system here for personal care. We make sure people are ok throughout the rest of the day, we support them when they need to go. We make sure people have a shower if they make a mess."

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- One person told us, "Staff accompany me when I go for a walk – they help me as I'm a bit unsteady on my feet."
- There was a daily activity timetable with activities that people seemed to enjoy, however the activities coordinator was also training as the deputy manager of the service and staff expressed concern to us about this as previously they had also been responsible for activities and found these hard to fit in around supporting people. We raised this with the registered manager who told us prompt action would be taken to recruit to this post.
- The activities coordinator was very lively and we saw people responded to her very well and enjoyed her being around. Activities included seated exercise, yoga, arts, crafts, painting, visiting entertainers and a monthly disco. We saw that birthdays were celebrated within the service with a party and a special meal
- Each person had a keyworker and staff explained to us what this meant. One care worker told us, "I make sure their appointments are done and their things are in order."
- There was an Accessible Information Standards policy in place which guided staff on how to support those with a sensory impairment. One person was supported with specialist equipment at mealtimes.

Improving care quality in response to complaints or concerns

- One complaint had been received since our last inspection.
- The registered manager had taken action to respond to the complaint and recorded the steps taken to remedy the identified issue.

End of life care and support

- People had their wishes for the end of their lives recorded in their care plans. These included the location of their wills and any personalised funeral choices.
- People had DNACPRs that were appropriately completed and reviewed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The registered manager had not taken adequate steps to ensure that the recent incidents in relation to absconding had been investigated and prompt suitable steps taken to prevent their reoccurrence.
- The registered manager told us they had told staff to increase monitoring of the individual involved. However, we were not satisfied that the full implications of the incident had resulted in a robust plan to prevent reoccurrence.
- Furthermore, the registered manager had not submitted statutory notifications to the Care Quality Commission to advise us that these incidents had occurred.

The above is a breach of Registration Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- Improvements were needed to ensure that lessons learnt from incidents, such as the one above were promptly shared with all staff.
- We did raise the above with the registered manager who understood that better records should have been held and discussions had with all staff.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had ensured that previous identified improvements made to quality assurance monitoring had been maintained. However, they had not identified the need to ensure incidents were effectively monitored.
- People's care plans were reviewed regularly for completeness and accuracy. A senior member of staff was regularly responsible for ensuring that medicines records were reviewed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were consulted on their views, however additional views had not been sought since our last inspection. We will review this at our next inspection.
- A compliments book held records of visiting relative and professional views, as well as feedback cards

being available for visitors to complete.

Working in partnership with others

- The service was proactive in working with other agencies to ensure people received appropriate support. One person's records contained information about how the registered manager had sought advice and support from the person's care coordinator to manage a situation which potentially placed the person at risk.