

Rosevilla Care Home Stafford Limited

# Rosevilla Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Rosevilla Nursing Home is a nursing home providing personal and nursing care to up to 49 people. The service provides support to older people some of whom were living with dementia. At the time of our inspection there were 35 people using the service.

### People's experience of using this service and what we found

People's care plans were not always up to date, and safety monitoring was not in place for 1 person's complex needs. The provider had made improvements at our last inspection, however we found further improvements were still required to ensure people received effective and safe care.

People were supported by staff who were trained to recognise and report on the risk of abuse. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by enough staff who were safely recruited to work at the home. People's medicines were managed effectively. Effective infection control practices were in place. Lessons were learnt when things went wrong.

Staff and managers shared a positive culture, and they demonstrated a passion to provide improved care to people. The provider acted on the duty of candour under their legal responsibility. People, their relatives and staff were involved in the running of the service. The provider worked well with other agencies to help achieve good outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 26 September 2022).

### Why we inspected

We received concerns in relation to people's nursing care needs and the quality assurance systems in place. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Rosevilla Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Rosevilla Nursing Home

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 2 inspectors and 1 operations manager.

#### Service and service type

Rosevilla Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rosevilla Nursing home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A manager was in the process of registering with us but had since left the service.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 4 people who used the service and 1 relative of their experiences of the care provided. We spoke with 11 members of staff including the covering manager, who was the lead operations manager, the deputy manager, care and nursing staff, a housekeeper, a cook, and the activities lead. We spoke with an external advanced nurse practitioner (ANP) who was visiting during our inspection.

We also spoke with the registered manager and their deputy for another service under the provider, who were providing additional onsite support and compiling an action plan for required improvements at Rosevilla Nursing Home.

We reviewed a range of records, this included 5 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant 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

- People's care plans were not always up to date, and safety monitoring was not in place for 1 person's complex needs.
- We found 1 person's risk assessment was not being followed for their identified complex needs. Staff sought advice from external professionals to support with the person, however the immediate risk to the person had not been mitigated in line with their care plan. During and following our inspection processes were put in place to ensure the person was safe.
- People's care records contained risk assessments which informed staff of how to safely meet their needs, however these were not all up to date. The provider was in the process of reviewing and updating these to ensure they were accurate of people's current needs.
- Staff made referrals and shared information with external professionals as required to ensure people's needs were met. People's care records also detailed where advice was sought. We spoke with a visiting professional who confirmed, "The staff have been more regular over the last 3 months; I am confident they are following directions as instructed."
- The provider completed checks associated with the environment to ensure the premises and equipment were safe.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- People had MCA records in place, these could be reviewed to ensure they contained decision specific information.

### Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were trained to recognise and report on the risk of abuse.
- People and their relatives confirmed people were safe living at the home. One person told us, "I am safe, I love it here, it is better than my last care home."
- Staff followed a reporting process which included documenting their concerns. They felt able to raise concerns with the covering manager or external agencies if required.

### Staffing and recruitment

- People were supported by enough staff who were safely recruited to work at the home.
- The provider completed pre-employment checks to ensure staff members were suitable for their applied position. These checks included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We found for 1 staff member, references from their previous employers had not been obtained prior to their commencement date. We found no impact of the delayed references and other staff files reviewed showed references were received prior to their employment.
- Staff completed an induction when first employed which provided them with information and skills to start their role.

### Using medicines safely

- People's medicines were managed effectively.
- The provider had identified some issues with their electronic medicine system and had therefore reverted to paper records until the issues were resolved.
- People's medicine administration records (MAR) were completed, and staff had clear guidance to follow to administer people's medicines to ensure they were received as prescribed. The manager planned to review people's MAR charts to include their allergies which were recorded in their care plan.
- People's medicines were stored securely, and temperature checks were regularly completed.
- We found large quantities of stock were kept for some people's medicines. The manager informed us they were aware of this and were in the process of resolving it. They had completed a full stock count and were having discussions with the pharmacy in relation to stock intake and delivery.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- The provider was in the process of moving to an electronic system to store their policies and procedures. Staff has access to policies in the interim including an infection prevention and control policy.
- The provider's visiting approach was in line with government guidance.

### Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Staff completed accident and incident records which were reviewed to ensure required action was taken, including required referrals to health and social care professionals.
- The provider completed a monthly document to ascertain records of the different incidents taking place. Reviews were then completed to analyse the accidents and incidents to identify themes and trends and help reduce the risk of them happening again.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had made improvements at our last inspection, however we found further improvements were still required to ensure people received effective and safe care. For example, the provider's competency checks had failed to identify where a high risk was not being monitored or mitigated as required. When raised, action was taken to ensure the safety of the person, however this had not been identified by staff or managers.
- The provider had not actioned some issues we found during our inspection; however, they informed us they were aware and were in the process of making required improvements. For example, ensuring people's care plans were up to date and being followed as required to keep people safe.
- At the time of our inspection the service did not have a registered manager. The service is required as a condition on their registration to have a registered manager. An application had been submitted prior to our inspection; however, the manager had since left the service. The provider was actively recruiting for a new manager. Staff we spoke with confirmed they had stability with the lead operations manager and the deputy manager providing support.
- The provider had identified areas for improvement and were compiling an action plan to prioritise and address the concerns they found. The provider was working to ensure regular audits were being completed, to make improvements to the service. For example, clinical audits highlighted resident of the day reviews had not been completed as required, the provider put measures in place and were in the process of completing the required reviews.
- Staff completed robust handovers which covered different aspects of people's risks and needs. Staff confirmed they felt supported in their role from staff and managers. They reported information was widely shared to ensure they were kept up to date on people's current needs.
- People and relatives, we spoke with provided mixed feedback about the leadership in the home. One person told us, "The management of the home could be improved, but it has been better in the last month."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Managers were working to ensure they promoted a positive culture and staff demonstrated a passion to provide improved care to people.
- The management team had worked to improve the culture within the staff team. Over recent weeks there had been some disruption with management changes, however staff confirmed things were moving in the

right direction. One staff member told us, "The morale is improving now, it has lifted. It was previously oppressive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider acted on the duty of candour under their legal responsibility.
- The registered manager was aware of their responsibility under the duty of candour and demonstrated an open and honest approach.
- Staff were also encouraged to be open and honest and share information as required. People's care records detailed when their next of kin was informed.

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

- People, their relatives and staff were involved in the running of the service.
- The provider held regular resident meetings where people had the opportunity to provide feedback on their care or make suggestions for improvements. The feedback was then shared with the relevant department to make changes. For example, following a recent meeting, people shared food suggestions. In response, people we spoke with provided complimentary feedback on meal choices.
- Staff were involved in several information sharing meetings across the service. They attended shift handover meetings and department leads attended daily update meetings. Staff we spoke with confirmed they had the opportunity to make improvements to the service.

Working in partnership with others

- The provider worked well with other agencies to help achieve good outcomes for people.
- Staff made referrals to health and social care professionals as and when required to meet people's needs. People's records showed advice and guidance was documented, and staff followed the information provided.
- The provider had recently set up multidisciplinary meetings with their local GP practice. People had the opportunity to discuss any nonurgent needs and a range of external professionals had input.