

Rosemount Care Home Ltd

Rosemount Care Home

Inspection report

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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

This was an unannounced comprehensive inspection which took place on 14 September 2015. The service was last inspected on 30 April 2015 when we undertook a focussed inspection to see if the provider had taken action against the requirement actions and warning notice that was issued. During this inspection we found very limited improvements had been made.

Rosemount Care Home is a care home based in Edgeley, Stockport and is registered for up to 14 older people, some of whom may also have a diagnosis of dementia. There were 12 people living in the home on the day of our inspection.

The service does not currently have 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

Summary of findings

Act 2008 and associated Regulations about how the service is run. There was a manager in place who had applied to CQC to register and their application was in progress.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

During this inspection we found the care records for one person who had sustained four falls showed no evidence of what action was being taken to reduce the risk. Environmental risk assessments had not been subjected to formal reviews to ensure people who used the service were safe.

A number of windows throughout the service did not have restrictors in place to prevent people who used the service from falling out of them.

Fire drills were not being undertaken in timescales identified in the service own policy and procedure. We found the cellar contained a number of fire hazards. These concerns were reported to the local fire officer the day after our inspection.

The management of medicines continued to be unsafe. Medicine audits were not sufficiently robust to identify concerns we found during our inspection. These concerns included, dates not being recorded when creams and liquid medicines were opened and covert medicines were being given without an appropriate care plan in place.

We continued to have concerns in relation to infection control. Policies and procedures in place in relation to infection control did not reflect current practice. We found two rooms had an offensive odour, we saw a soiled bed rail and stained carpets. We also found that the service was continuing to store hazardous substances in an unsafe manner.

Safe recruitment processes were not followed by the service to ensure suitable staff were employed.

Staff employed by the service had not received any formal induction when commencing employment. Some staff were undertaking duties they were not qualified to do and some staff had not received training in moving and handling.

Staff were not receiving supervisions on a regular basis.

We continued to have concerns in relation to consent. We found mental capacity assessments were not completed for those people who may lack capacity to consent.

We continued to have concerns in relation to the fixtures and fittings within the service. We saw carpets that were badly stained, some curtains were hanging off rails and furniture throughout the service was worn and tired.

The quality assurance systems in place within the service were not sufficiently robust to identify issues and concerns we found during our inspection.

We have made a number of recommendations. These are about how to support people living with dementia, the storage of confidential information, the stimulation of people living with dementia and the implementation and reviewing of care plans.

Staff we spoke with were able to tell us how they would respond if they had concerns about the safety of people who used the service.

Records we looked at showed the service involved a number of healthcare professionals to meet the needs of people.

People who used the service told us staff were kind. Relatives we spoke with told us they felt staff were caring.

Records showed that prior to moving into Rosemount Care Home a pre-admission assessment was undertaken to ensure people's needs could be met.

Staff members told us they felt supported by the management at Rosemount Care Home and felt they were able to approach them with any concerns or issues.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use of enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

Summary of findings

- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the

service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Environmental risk assessments had not been reviewed to ensure they continued to keep people who used the service safe.

The management of medicines was not safe. One person did not receive their medicine as prescribed.

Staff had access to a whistle-blowing policy and knew how to escalate any concerns.

Inadequate



Is the service effective?

The service was not always effective.

We found staff had not received any formal induction when commencing employment. Some staff had not received any training.

Staff did not receive regular supervisions to support them in their roles.

We saw that people who used the service were given choices at meal times of what they wanted to eat. Food stocks within the service were plentiful.

Requires improvement



Is the service caring?

The service was not always caring.

Our observations highlighted that almost all the people who used the service sat in the same chair throughout the day.

We saw that people's confidential information was not always protected. Dietary information relating to one person was displayed on a notice board.

Staff members interacted with service users in a warm and affectionate manner.

Requires improvement



Is the service responsive?

The service was not always responsive.

There was a lack of meaningful activities available throughout our inspection, this included stimulation for people living with dementia.

Records we looked at showed that people who used the service did not have health actions plans in place.

Care records we looked at contained 'life story books' which contained detailed information about the person.

Requires improvement



Is the service well-led?

The service was not well-led.

Inadequate



Summary of findings

There was no registered manager in place. We found limited improvements had been made within the service since our last inspection where we served a warning notice and made requirement actions.

Quality assurance systems that were in place were not sufficiently robust to identify the issues and concerns we found during our inspection.

Records we looked at showed that people who used the service had meetings where they could discuss the care and support they received.

Rosemount Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 14 September 2015 and was unannounced.

The inspection team consisted of two adult social care inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. We had also received action plans from the provider informing us of the actions they were taking to improve the service and when this would be completed by. This helped to inform us what areas we would focus on as

part of our inspection. We had not asked the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain views about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The local commissioning team and Healthwatch informed us they had not received any concerns.

We spoke with three people who used the service, three relatives and a visiting professional. We also spoke with the manager, deputy manager and four care staff members.

We looked at the care records for three people who used the service and the personnel files for four staff members. We also looked at a range of records relating to how the service was managed. These included training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

People we spoke with told us they felt safe. Comments we received included, “There is no reason to feel anything but safe”, “I feel too safe” (meaning they did not like the entrance door being locked), “I feel safe here and if I didn’t I would let [staff member] know” and “I feel safe and I’m treated as I should be”.

We also spoke with relatives and friends of people who used the service. Comments we received included, “My [relative] is safe without a doubt” and another person told us “I feel she is safe here and importantly she feels safe here”.

We looked at four care records. The care record of one person showed they had sustained four falls since the last assessment review. There was no evidence to show what action was to be taken to further reduce the risk of falls.

We saw risk assessments had been completed for the environment such as fire safety, moving and handling and slips, trips or falls. All the risk assessments we looked at were dated 2014 with no evidence of a review. Risk assessments should be reviewed periodically to ensure people who use the service are safe.

A risk assessment was also in place in relation to the separate living accommodation above the service. The risk assessment identified that only people who worked for the service were able to reside in the upstairs accommodation and that a condition of their tenancy was that they did not have visitors. This was dated 2012 and was to be reviewed annually; however this had not been subjected to any review. The risk assessment also showed that tenants were to sign a written statement agreeing to the above terms. We did not see any written statements from the tenants and found that two of the three people living in the accommodation were no longer employed by the service. We spoke with the manager regarding this and were informed that the two people were awaiting work permits before they could be re-instated into their roles within the service. In the meantime the tenants could only access their flat through the service, via the main stairs and past some people’s bedrooms.

People’s health and welfare were not protected because risks to their health and safety were not always identified. Risks that were identified were not regularly assessed. In

addition the provider did not do all that was reasonably practical to mitigate the risks. We found there was a breach of Regulation 12 (1) and (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The service had a contingency plan in place instructing staff on how to deal with emergency situations such as flood, gas leaks and fire. This also contained the contact details for people who staff may need to contact in an emergency such as, the emergency services, local authority and pharmacist.

We saw that all the gas and electrical equipment had been serviced and checked. This included the fire alarm system, gas appliances, portable electric appliances, fire extinguishers and emergency lighting. We found that the electrical installations had been inspected and issues noted which were being dealt with by the provider.

We checked a number of windows throughout the service and found that they did not have restrictors fitted. The majority of these windows had openings large enough for people to fall through. Windows that can be fully opened and are a risk of people falling must meet appropriate standards. We spoke with the manager regarding this and at the end of our inspection they informed us that they had purchased the window restrictors and would fit them as a matter of urgency. We were informed the day after our inspection that these had been fitted.

Some of the corridors in the service did not have light bulbs fitted and were dark. This presents as a risk for people who use the service of slips, trips or falls. We spoke with the manager regarding this and were informed these would be fitted as soon as possible. We also saw a number of windows throughout the service were in a poor state; wood was rotting and coming away from the glass. We saw the main aerial on the roof of the service had fallen over and was at risk of falling from the roof.

These matters are a breach of regulation 12 (1) and (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We looked at all the records relating to fire safety. We found that people who used the service had a Personal Emergency Evacuation Plan (PEEP) in place. These detailed how many staff would be required to support the person, any mobility issues and any other special considerations that needed to be taken into account. A traffic light system

Is the service safe?

was also used in order to identify those people who required more support in an emergency. This should ensure that staff members know how to safely evacuate people who use the service in an emergency situation.

A fire emergency plan was also available in communal areas to instruct people what to do if they discovered a fire, escape routes and assembly points. Inspection of records showed that an up to date fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order.

Training records showed that all staff members had received fire safety training. One staff member was identified as having undertaken fire warden training and was responsible for fire safety checks throughout the service.

The service had a fire drill policy in place which stated drills were to be undertaken on a quarterly basis. However, records we looked at and the manager confirmed the service was undertaking fire drills on a six monthly basis not a quarterly basis. This meant that the manager and staff members were not following the service policy in relation to the frequency these should be undertaken.

During our inspection we looked in the cellar of the property. The laundry, food store and a spare room were located in this area. We found the mains electrical installations were in the spare room which also contained a significant amount of old furniture, electrical equipment and paperwork. There was no smoke detector in this room. We found rubbish was being stored under the stairs leading down to the cellar. We checked the laundry and found old equipment, bedding, dust sheets and a pram were being stored in this area. In the main areas of the service there were a number of linen cupboards which did not have a smoke detector installed and one of the bedroom doors we checked did not close into the recess properly. These issues are a fire hazard and place people who use the service at risk. Due to these concerns we contacted the local fire safety officer.

These matters are a breach of regulation 12 (1) and (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our last inspection we found concerns relating to the management of medicines. Continuing concerns were found during this inspection.

The service had a medicines policy and procedure in place which had been completed in May 2015. However we found this made reference to out of date legislation and did not reflect practice followed by staff.

A staff signature list was in place in order to be able to identify who had administered medicines or made an error. However, we noted this was not up to date and contained the names and signatures of staff members who had left the service and did not contain new staff members. This had been identified in the internal audit completed in August 2015 but had not been addressed.

We saw medicine audits were undertaken on a regular basis. However we found these were not sufficiently robust to identify the issues we found in relation to the management of medicines.

Staff had access to reference material such as the British National Formulary and medicine advice sheets to be able to detect possible side effects.

We saw that ten staff had completed training on administering medicines and competency assessments had been undertaken to ensure staff remained competent. However records showed that out of four night staff only one was trained to administer medicines. One staff member told us they would come into the service on their day off to administer medicines at night time if required.

We checked the systems for the receipt, storage, administration and disposal of medicines within the service. The medicine trolley was locked and stored in a locked office when not in use. Surplus stocks of medicines were kept to a minimum and were stored in a locked cupboard. We saw a safe system was in place for handover of medicine keys; this was the responsibility of the person leading the shift for the day who also signed to confirm they had checked the medicines were accurate.

We noted that not all creams and liquid medication had a written record of when it was opened. These should be dated when opened so that manufacturer's guidelines can be followed in relation to discarding medicines after a specific time from the date they were opened. Creams that were prescribed to be given 'as directed' did not have guidance in place for staff to follow.

Is the service safe?

Records were completed to show what medicines were received each month. Stocks carried forward from the previous month were not identified on the records and therefore did not reflect any stocks were in place and accounted for.

We checked the MARs for a number of people who used the service. It was identified that some medicines were to be given 'when required'. We found there were care plans in place to instruct and direct staff in the administration of 'when required' medicines but these were not readily accessible as they were located in care records and not in the medicines folder.

One person who used the service told us "They are always running late in giving out medicines" and they were to take their medicines at specific times. We also saw that one person was prescribed a medicine that was to be taken one hour before breakfast. However a check of the MARs showed that this had not been administered until 11:40am and was therefore not given their medication as prescribed. We also saw that a hand written prescription had not been signed by two people as required.

Records we looked at showed that one person had a note from their GP to state that their medicine was to be given covertly. There was no covert medication plan in place for this person in order to protect them and direct staff.

These matters are a breach of regulation 12 (1) and (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our last inspection concerns were raised regarding infection control. Continuing issues were found during this inspection and significant improvements had not been made.

People who used the service thought the home was clean, however one comment we received included, "There are occasional hiccups in the cleaning". Another person told us their bedding had not been changed for almost three weeks and it was 'making her itchy'. They went on to tell us that it had taken two requests to have it changed before this was completed. We checked cleaning records and found that this did not identify when bedding was changed.

Relatives we spoke to about the cleanliness of the service told us, "On the whole the cleanliness is very good", "Towels and bedding smell clean" and "[Relative] hands are clean, [Relative] is clean and the house is clean, I can't ask for more".

The service had an infection control file in place. This contained infection control audits which had been completed, a certificate in relation to legionella safety and evidence that the service used an external contractor to remove clinical waste. The service had a number of policies in place in relation to infection control such as, linen, waste management, environmental cleaning, hand hygiene and personal protective equipment. However we noted these were policies developed by Stockport Metropolitan Borough Council had been printed off by the manager to use in the service. Some of the policies we looked at did not reflect what the service did in practice and had not been adapted for effective use in the service therefore insufficient to guide staff members.

During our inspection we saw personal protective equipment (PPE) such as aprons and gloves were available throughout the service. We observed occasions where staff wore these, such as when entering the kitchen and when providing personal care. Hand sanitiser was also available in the reception and in the main lounge.

We checked a number of rooms during our inspection and found some concerns. Two rooms had an offensive odour in them, one room had soiled bed rails, the carpet in one room was badly stained and some bedding was stained. We showed the manager the soiled bed rail and the stained carpet and were informed that they would speak with the cleaner and that they had a refurbishment plan in place to replace some carpets. We saw one person had one pillow and a cushion on their bed; the cushion did not have a cover on it. We spoke with the manager to enquire why this person was not provided with two pillows and were informed that this was the person's choice.

Two bedrooms had 'crash mats' which were used for people who were at risk of falling out of bed. We saw that these were very soiled. The service also had a ramp leading from the main lounge into the dining area. We saw this was in poor condition and soiled.

We checked the water temperature in a number of bedrooms and found that this exceeded 50 degrees. This places people who use the service at risk of being scalded

Is the service safe?

by water that is above the recommended temperature. We discussed this with the manager who informed us they would purchase valves to place on all the sinks to ensure this did not continue. Before we finished our inspection we were informed these had been purchased, the day after our inspection the manager informed us they had been fitted.

There were water temperature recording charts located in bathrooms that staff were to complete on a daily basis. We found these had not been completed since the 10 September 2015. The manager could not tell us why these had not been completed. This meant people who used the service were at risk of being bathed in water that was above recommended maximum temperatures.

We looked in one linen cupboard and found hazardous substances were being stored in it. This cupboard was not locked and was accessible to people who used the service. Hazardous substances should be stored safely and where it is not accessible to people who use the service.

During our inspection we checked the laundry facilities. These were situated in the cellar of the property. We found one of the two washing machines had a sluice option for use when laundering soiled linen. Two dryers were also available. The laundry was untidy and contained an old washer and dryer, old bedding, decorating sheets and a pram which were being stored in this area. There was no hand washing facilities for staff to use when they had been dealing with soiled linen.

Also located in the cellar were fridges and freezers for stocks of food. We looked in all these and found the fridge's contained an offensive smell. We checked the food and found this was all in date and recently purchased. We discussed this with the manager as these needed to be cleaned to remove the smell.

These matters are a breach of regulation 12 (1) and (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that staff personnel files contained application forms where any gaps in employment had been explored and checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We looked at four staff personnel files and found the service did not always follow safe recruitment procedures. One file we looked at did not contain any written references and another file contained references that had not been verified; these were typed and not signed by the person providing the reference. This meant the service did not complete the necessary checks to ensure people employed were suitable.

These matters are a breach of regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as appropriate checks were not undertaken to ensure suitable staff were employed.

We spoke to people who used the service regarding the staffing levels within the service. One person told us, "Some days there is more than enough but other days not enough". Another person told us they may have to wait up to ten minutes when they press their call button for assistance, although added "They do come, staff are lovely and do the best they can".

Relatives we spoke to told us, "There is generally enough staff unless three or four people want to use the toilet at the same time" and "I have no concerns about staff numbers".

One staff member we spoke with told us they "Felt under pressure, especially in the mornings" as this was the busiest time of the day. They went on to tell us staffing levels were discussed in the staff meeting but did not tell us the outcome of this.

We looked at the rota's covering a four week period. These reflected the staffing levels we observed on the day of our inspection. On the morning of our inspection we observed that staff were busy, we did not see staff spending time with people other than to undertake personal care. The afternoon of our inspection was quieter and during this period we saw staff spending time chatting with people.

Inspection of the training plan showed most staff had received training in the safeguarding of adults. One staff member we spoke with was able to give us examples of what may need to be reported and who they would report it to. However, another staff member we spoke with confirmed they had received safeguarding training but was not able to give any examples of what to look for. When given an example the staff member told us they would speak to the staff members.

Is the service safe?

Policies and procedures for safeguarding people from harm were in place. These provided guidance on identifying and responding to the signs and allegations of abuse. A copy of Stockport social services safeguarding policy was also in place.

All members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice).

Staff we spoke with were familiar with the policy and knew how to escalate concerns within the organisation. They also knew they could contact people outside the service if they felt their concerns would not be listened to.

The service had a procedure in place for the reporting of incidents, accidents and dangerous occurrences. We saw that accident and incident forms were in place within the service. We found these were reviewed by the manager and advice or actions were documented to show how these had been dealt with.

Is the service effective?

Our findings

One visiting professional told us “One staff member in particular was really good; they had a good one to one relationship with a person and had a person centred approach”. They went on to tell us they had “Observed good interactions from staff” and that “Staff take a real interest in what I am doing”.

One staff member who did not speak English as a first language was not able to answer our questions when asked if they had any qualifications in care. They told us their role involved “Helping to feed, talking and playing”. The manager and deputy manager told us this person could read and write in English and accepted that their spoken English was poor. They informed us they had made the decision to employ this person as they interviewed well and they felt they could support the person to improve their English.

One staff member we spoke with confirmed they had received an induction when commencing employment and this involved shadowing another member of staff for approximately one month. Another staff member told us their induction also consisted of shadowing another member of staff for two weeks and this had included competencies in the use of fire extinguishers and fire exits.

We looked at the personnel files for four staff members. None of these personnel files contained any information relating to inductions that staff had completed. We spoke with the manager regarding inductions and the new care certificate introduced in April 2015. They informed us they were aware of this and were looking to put this in place. Formal inductions which included training were not in place.

We looked at the training matrix in place for staff members. This showed a range of courses were available to staff members such as; dignity and respect, first aid, moving and handling, infection control and pressure area care. However, training in equality and diversity was not available for staff working in the service. This meant that staff may not have the relevant knowledge to meet the diverse needs of people using the service.

We looked at the training in relation to moving and handling. We found that five staff members had not received any training in this area, three staff members had

not had any refresher training since 2012 and one staff member had not received refresher training since 2013. The remaining staff members had received this training in October and November 2014.

Training records in relation to pressure area care showed that two staff members had completed this in 2012 and two staff members had completed this in 2014. However, 14 staff members had not received any training in relation to pressure sores despite people who used the service being identified as at risk of developing pressure sores.

The service employed two cooks who both worked three days per week. On the day of our inspection a care staff member was cooking the lunch due to the cook being on leave. They informed us and records showed that they had completed food hygiene training in 2012. Further inspection of the rotas and training matrix identified that the other cook had not received training in food hygiene. Also two other care staff members (who cooked meals when the cooks were not on duty), had also not received training in food hygiene. Staff members that handle food are required by law to have received appropriate training in relation to food hygiene in order for them to handle food safely.

This matter is a breach of regulation 12 (1) and (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered person did not ensure that person's providing care or treatment to service users had received a formal induction and had the qualifications, competence, skills and experience to do so safely.

One staff member we spoke with told us they received supervisions approximately every three months. Another staff member told us they had only received one supervision and stated “These are vital” but felt they could raise any issues or concerns with the manager.

The service had a supervision policy in place which stated staff were to receive supervisions on a monthly, six or eight weekly basis; dependent upon needs and experience.

We looked at the personnel files of four staff members. There was no evidence that any of these staff members had received supervision. The deputy manager informed us that one staff member was “Working under supervision”, however there was no evidence that this was undertaken on a formal basis. The manager informed us that they were

Is the service effective?

aware that there was a lack of supervisions for staff and they were addressing this. We were shown the hand written notes for one supervision that had recently been undertaken.

These matters are a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) is required by law to monitor how care homes operate the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The registered manager was aware of their responsibilities in making application to the supervisory body (local authority) where people assessed as lacking the mental capacity were potentially being deprived of their liberty. We were told that five applications had been submitted, however the service was still awaiting for the local authority to authorise these.

We saw policies and procedures were available to guide staff in areas of protection, including the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). An examination of training records showed that nine out of 18 staff members had completed the training provided. One staff member we spoke with did not know what the MCA was, another staff member told us they thought they had received the training 18 months ago but could not expand on this and another staff member told us they had not received this training but this had been identified as a need. This meant that staff may not understand what assessments are required to be undertaken to determine if people have capacity to make informed decisions about their care and support, or be able to identify if a person is being deprived of their liberty.

During our last inspection concerns were raised in relation to consent. Continuing concerns were found during this inspection and improvements had not been made.

Three of the care records we looked at showed that people's relatives had signed to consent to the care being provided. However, we found that mental capacity assessments had not been undertaken to determine if these people were able to consent themselves or make their own decisions. One record documented that the person's relative had a lasting power of attorney. There was no evidence to confirm this person had the relevant lasting power of attorney in place. The consent form was signed in

June 2015 by the relative despite the person using the service signing further documents in July 2015. Another consent form was incomplete although had been signed by a relative.

These matters are a breach of regulation 11 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised concerns in our last inspection about the fixtures and fittings within the service. During this inspection we found minimal improvements had been made and further concerns were found.

One visiting professional we spoke with told us, "The environment feels basic". During our inspection we saw carpets that were badly stained or threadbare, curtains were hanging off the rails in some bedrooms, furniture throughout the service was worn and tired and re-decoration was required in many areas of the service.

We looked in one person's bedroom and found they had a sheet on their bed that had a hole in it, their duvet was very thin and their bedside table was broken and damaged. We spoke with the manager regarding this. They informed us that the bedside table was the person's own and they would not replace it. We asked if it could be made safe so the person did not injure themselves on it and were told this would be addressed. We discussed the duvets and that they were unlikely to keep people warm during the night, particularly in the winter months. The manager told us they would purchase thicker duvets.

In the garden area we saw wood and old furniture left around and were told the service was awaiting a skip to throw these away.

The service had a refurbishment plan in place. We saw that a new wet room had been completed and this was modern, bright and accessible for people who used the service. Further inspection of the refurbishment plan showed that some work had been completed, although some not completed within time scales set by the service. There were other areas that had not yet been addressed. The manager and deputy manager showed us a quote they had recently had to replace all the carpets in the downstairs area of the service, although there was no date for these being fitted.

These matters are a breach of Regulation 15 (1) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

During our last inspection we highlighted our concerns regarding adaptations for people who used the service with a diagnosis of dementia. Continuing issues were found during this inspection.

There was a lack of signage within the home to support people living with dementia to orientate themselves to their surroundings, such as signs to identify where the toilets and bathrooms were. Bedroom doors had numbers on them and some had the name of the person whose bedroom it was. However this method of identification does not always support the needs of people living with dementia. The only signage we saw was some wall art (including a picture of a plate containing food) in the dining area. **We recommend that the service considers current best practice in relation to the specialist needs of people living with dementia and how to support them to remain independent whilst using the service.**

We spoke to people who used the service about choices they could make on a daily basis. One person told us “They let me get on with it”, meaning they could choose to sit in the lounge area in the morning, have lunch then go to her room to watch television.

One staff member told us they gave people choices in regards to what they wanted to wear for the day, what they wanted to eat and what activities they wanted to engage in.

Daily handover sheets were in place within the service. These were completed by staff members and identified if people had appointments, any issues in regards to medicines, identified staff duties for the day, activities planned, safety checks and infection control issues. These provided a means of communicating between shifts and had space for staff to provide further information.

There was also a communication book available for staff to use if they needed to pass on any information to other members of staff.

One person we spoke with told us they had an ear infection and they had told a staff member they were feeling unwell. They told us the doctor visited the same day, commenting “The doctor comes as and when we need him”. Another person told us “The doctor comes quickly” if they were unwell. One relative we spoke with told us “They always contact me if the doctor has been called”.

Records we looked at showed that the service involved a number of healthcare professionals to meet the health needs of people who used the service such as, occupational therapists, opticians, speech and language therapists and memory clinics.

We spoke with people who used the service about the meals they received in the service. One person described them as “Good basic food”. Other comments we received included, “I can have what I want for breakfast”, “The food isn’t bad”, “I have some quite nice meals, I can’t fault them, they are quite nice”.

One visitor we spoke with told us their friend who used the service had lost weight prior to moving into Rosemount Care Home and felt that they looked much better, commenting “This is the best I’ve seen them since last November”.

We were informed that whoever was cooking for the day would speak to all the people who used the service in the morning to ask them what they would like for their lunch. We saw that two different meals were being cooked on the day of our inspection. We saw staff supported those people who required assistance with eating their lunch, allowing them time. Portion sizes were good and food stocks were plentiful.

Is the service caring?

Our findings

People who used the service told us staff were kind. Comments we received included, “Oh yes, very kind” and “Staff are fine, I can’t fault them, they are lovely, it’s definitely a good place to be”. Another person told us “Some of them look after you” and said “I can’t give you names” of those people they thought did not.

Relatives we spoke with told us staff were, “Kind and caring”. Other comments we received included, “They look after my [relative], her skin is always nice”, “It isn’t just a job to them, they give them a cuddle”, “Staff are very caring”, “I’m so happy she’s here” and “Time and effort is spent by the staff here to help”.

One visiting professional we spoke with told us they had observed good interactions from staff members on the occasions that they visited the service.

We observed staff members use people’s preferred names and we saw warmth and affection being shown to people who used the service. We saw staff supporting some people to use the bathroom and to eat their meals in the lounge area. However, during the lunchtime period, only two people sat in the dining room. We saw they did not interact with each other and there was no interaction from staff members. One person had spilt their lunch on their clothing as they had not been provided with any protection, such as an apron or napkin. We later observed this person had changed their clothing with support from staff.

We saw that almost all the people who used the service sat in the same chair all day; including eating all of their meals in the same place. Whilst this may have been some

people’s choice, some people who used the service were diagnosed with dementia and may not have had capacity to make decisions. Having defined meal time routines, such as going to a dining table to eat, supports people living with dementia to orientate themselves to the time of day. **We recommend that the service considers current best practice guidance in relation to supporting people living with dementia and how best to support them.**

We found that confidential information was not always protected. We noted one person’s dietary requirements were on display on a notice board in the dining area. This information identified the person. Information relating to people who use the service should be kept securely and only accessible to those people who need the information. Training was not available for staff members in relation to confidentiality. **We recommend that the service considers current best practice guidance and relevant legislation in relation to the storage of confidential information.**

People who used the service told us their privacy and dignity was always maintained. One person who used the service told us “I need my back creaming and they knock before coming in even though I need them to do this”. We saw doors remained closed during times when staff were supporting people with personal care. Staff told us they supported people to be as independent as possible, commenting “Encouraging them to get washed when they get up and get dressed themselves”.

We observed that visitors were not restricted to set times and could attend the service when they wished.

Is the service responsive?

Our findings

During our last inspection we highlighted concerns in relation to the activities being provided for people who used the service. Continuing concerns were found during this inspection.

We spoke with staff members to ask what activities were offered and provided on a regular basis. One staff member told us activities included, “Throwing a ball, board games, memory games and music”. They informed us that the service was looking into having a singer coming in and a company who could bring animals in.

We observed that apart from two people who used the dining room at lunch time and evening, the rest remained in the same chairs throughout the day. We saw the television was on for the majority of the day, apart from a period of time where music was playing instead. In the evening we saw one person was attending the local supermarket at their request.

There was an activity file in place which contained a few ideas of activities that could be undertaken. There was also an activities book in place which identified what activities had been undertaken during the day. This had not been completed since 23 July 2015 and highlighted activities including; drawing, listening to music, colouring, board games, manicures and watching a film.

We spoke with the registered manager about the lack of meaningful activities available within the service. They told us they were addressing activities and looking to support people to access the community more often. **We recommend that the service considers current best practice guidance on providing people with stimulation throughout the day, particularly for those people living with dementia.**

People we spoke with told us they had never had to make a complaint but knew who to approach if they had to. Comments we received included, “I can’t complain about anything”

One relative we spoke with told us “I’ve never made any complaints but if I had any concerns I would”. Another said “I’ve never had to make a complaint but would speak to [deputy manager] or [manager] if I did”.

The service had a complaints procedure in place, a copy of which was available in the entrance to the service for visitors. We saw no evidence to suggest that people who used the service were given a copy of this nor did we see one in people’s bedrooms.

We looked at the complaints file and saw that two complaints from relatives had been received since our last inspection. These were in relation to soiled clothing, food and the decorations in a bedroom. Records showed what action the manager had taken to address the complaint.

Records we looked at showed that prior to moving into Rosemount Care Home a pre-admission assessment was undertaken. This was one created by the home and provided the manager and staff with the information required to assess if Rosemount Care Home could meet the needs of people being referred to the service prior to them moving in.

We looked at the care plans for four people who used the service. We saw that people had a ‘What you need to know about me’ document in place which contained good person centred information and covered all activities of daily living. People also had ‘Life story books’ which contained detailed and useful information about life, hobbies and preferences. One person had a family tree.

In the three of the four care files we saw care plans were in place. These explored areas such as nutrition, mobility and falls and continence care and daily routines. These contained detailed information about the support people required and directed staff. However, on one file there was no plan of care and risk assessments to support the care plans were not up to date reflecting the current needs of people who used the service.

We saw that some people who used the service had health issues; however there was no health action plans in place for these people. **We recommend that the service considers current best practice in relation to implementing and reviewing care plans that are designed to meet the needs of people who use the service.**

Is the service well-led?

Our findings

The service did not have a registered manager in post. A registered manager had not been in post since the 20 November 2014. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a manager in place who had applied to CQC to register and their application was in progress.

During our inspection we asked the manager to identify areas where they felt improvements had been made since our last inspection when we served a warning notice and made requirement actions. The manager informed us that they were now liaising with district nurses through a monthly review where they would discuss anyone they had concerns regarding. They told us they had also made improvements in relation to medicines management and the implementation of a keyworker report which was designed to form a care plan review and update. However we found a number of areas of concern during this inspection that has been highlighted within this report, including safety, medicines and care plans.

We asked people who used the service if they felt the manager was approachable. One person who used the service told us the manager was not in the service often. Another two people told us they did not know who the manager was. Most of the people who used the service and relatives mentioned the deputy manager as their first point of call.

One staff member we spoke with told us they felt supported by the management. Another staff told us they felt able to approach management as they had a good rapport with them.

We looked at the quality assurance systems in place within the service. We saw that audits were undertaken in relation to medicines, health and safety, compliance and staff support. However, we found that these were not sufficiently robust to identify the issues we found during our inspection.

We looked at a number of policies and procedures in place within the service including safeguarding, supervisions,

medicines, recruitment and fire safety. We found none of the policies we looked at were dated; this meant it was not clear when a review was due or if it had been reviewed. Some of these policies contained incorrect information and did not reflect what the service was doing in practice. This also meant that staff did not have access to up to date information that reflected best practice guidance to support them in their roles.

These matters are a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

We found evidence that the service was seeking the opinions of people who used the service, their relatives and visiting professionals. We saw survey's had been completed in 2015. We noted people felt that communication was excellent and that staff were helpful and cheerful. One person felt that safeguarding was addressed positively.

One person who used the service told us "They try very hard to develop resident's meetings, but not enough of the residents are capable".

Two relatives we spoke with told us that the manager was setting up relatives meetings. One person told us they had spoken to the manager two weeks previously and told us they felt included in their relatives care.

We looked at records relating to the service user meeting held in August 2015. We saw that six people had attended and topics for discussion included the care people received, access to healthcare, activities and staffing.

Records we looked at confirmed that staff meetings were held on a quarterly basis as a minimum. We looked at the minutes of the last staff meeting held on 16 July 2015. These showed discussions were held in relation to topics such as, CQC report, safeguarding, medicines, team working, policies and procedures, service user meetings and activities.

From discussions we had with the manager and deputy manager it was acknowledged that improvements were

Is the service well-led?

required throughout the service. We discussed the service putting an action plan together, on a priority basis in order to drive improvement as we had seen limited improvements since our last inspection.