

R C Care Rosehill Ltd

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Inspection report

Robins Hill
Raleigh Hill
Bideford
Devon
EX39 3PA

Date of inspection visit:
11 May 2021

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29 July 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

R C Care Rosehill Limited (Rosehill) is a residential care home and is registered to provide personal care to up to 17 people, including those living with dementia. At the time of inspection there were 13 people living at the service.

Rosehill is an adapted detached house on the outskirts of Bideford. It has bedrooms on three floors with a stair lift to access those on the first and second floor. There are communal areas on the ground floor including a lounge and dining area. There is a secure courtyard for people to enjoy some outside space safely.

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

Most people said they were happy with the care and support provided by staff at Rosehill. Not everyone could give an informed view, but our observations showed people looked relaxed and at ease with the staff team and their surroundings.

Since the last inspection in September 2020 the service had employed a new manager who had worked with the registered provider and staff team to make some significant improvements to the way the home was being run, how care was being recorded and to the general environment. This has impacted positively towards people having a better experience of life with the service.

The service had a new electronic care plan recording system. This had enabled the manager to fully update people's care plans in a systematic way and ensure all relevant details were included. This in turn had helped ensure staff understood people's individual needs and how best to care for them. Monitoring of these plans and daily records had helped to improve the accurateness and timeliness of changing plans as people's needs changed.

Staff recruitment was robust, and staff had the right training and support to do their job effectively. Improvements had been made to the number and skills of staff available on each shift. This had impacted positively for outcomes for people. One staff member said, "We are able to spend more quality time with people."

Care and support was being delivered in a person-centred way. People's choices and rights were fully considered. People said they felt happy and safe living at Rosehill. One person commented "This has been my home for a long time, and I am very settled and happy here."

The manager had worked with the local authority quality assurance team to develop and embed systems for quality audits checks and reviews. This covered all aspects of care delivery, records and the environment and equipment. People, families and staff were being consulted about the running of the service. Staff morale was good, and staff felt valued and listened to.

Medicines were being safely managed and people received their medicines in a timely way.

Infection control processes had improved since the last inspection and we were assured that people, staff and visitors were protected because the registered manager and provider were up to date with all the latest guidance.

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

Rating at last inspection (and update)

The last rating for this service was inadequate (Published 30 November 2020)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. They have also been sending us monthly reports on their quality assurance systems.

This service has been in Special Measures since November 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 29 September 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, protecting people from abuse, safe recruitment, staffing, making notifications and good governance.

In addition, we imposed a condition on the provider's registration as they had failed to comply with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014) - Good governance. This meant the service were required to provide monthly reports to show their progress on meeting these requirements. We also issued a warning notice in respect of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014) - Safe care and treatment

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for R C Care Rosehill Ltd on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

R C Care Rosehill Ltd

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 Care Act 2014.

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

The inspection was completed by two inspectors.

Service and service type

Rosehill is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. The current registered manager was in fact the Nominated individual who took on this role in the interim of finding a new manager. 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. The new manager is in the process of registering with CQC.

Notice of inspection

This inspection was unannounced.

What we did before 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. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six staff including the manager, cook and care staff. We spoke with five people about their experience of living at Rosehill, although only two in any detail.

We reviewed a range of records. This included four people's care records and multiple medication records.

We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at some policies, service improvement plan and quality assurance records. We spoke with three care professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At the last inspection we found the provider had failed to assess the risks to the health and safety of people and do all that is reasonably practicable to mitigate any risks and failed to ensure people received their medicines safely. We issued a warning notice in respect of Regulation 12 - Safe care and treatment.

- At this inspection, and from the provider monthly improvement reports submitted to CQC, there had been a significant improvement in the way the service identified, recorded and monitored risk both for the individual and in the environment. Sufficient improvements had been made to show the warning notice was now met.
- The registered provider and manager had worked closely with the quality improvement team from the local authority to make the necessary improvements to risk management.
- The manager had introduced a set of new risk assessments and safety monitoring audits. For example, these included call bell checks to ensure people were getting their needs met in a timely way.
- The manager had introduced a new written handover document which staff completed to ensure that new or emerging risks were shared with the new staff team coming on duty. For example, if someone's health had deteriorated or there had been an increase in falls for a person. These documents, together with care plans, were reviewed monthly. The introduction of these audits and checks had improved the quality of care and support being provided to people. The quality assurance lead from the local authority said "The improvements have been so significant and positive for people, we no longer need to have in put."
- Weekly and monthly environmental checks were completed on such things as equipment, fire alarms, hot water and call bells.
- Medicine records were regularly monitored by random checking and by a full audit which was completed monthly.
- We randomly checked some medicines against what the medicine records showed. There were no gaps in the records and the totals of medicines tallied up.
- Staff said their competencies were checked and they were expected to complete medicine update training at least annually. Only senior staff administered medicines. There had been no recent errors in medicine administration.
- We observed one staff member administering medicines to people at lunchtime. They followed best practice guidance.
- We noted that medicines which needed additional measures to keep it safe, were not stored in a cabinet which met medicine guidance. We fed this back at the end of the inspection day. The following day the manager confirmed via email that a new cabinet and lockable medicines fridge had been ordered.
- People confirmed they felt safe and they were comfortable in their environment. One person said "This has

been my home for many years and I feel very safe and happy here."

Staffing and recruitment

At the last inspection we found the provider had failed to ensure suitably qualified, competent, skilled and experienced staff were employed. We issued a requirement in respect of Regulation 19 -Fit and Proper Persons Employed. The provider sent us an action plan to show how they intended to meet this requirement.

- At this inspection we found sufficient improvements had been made to show this requirement was now met. Recruitment files showed staff were only employed once the right checks and references had been obtained prior to them commencing employment

At the last inspection we found the provider failed to ensure suitably qualified, competent, skilled and experienced staff worked at the service. We issued a requirement in relation to Regulation 18 - Staffing. The provider sent us an action plan to show how they intended to meet this requirement.

- At this inspection we found sufficient improvements had been made to show this requirement had been met.

- The registered provider and manager had worked hard with partner agencies to ensure staff had the right training and support to provide safe and effective care.

- Staff confirmed they had received a range of training in the last 12 months. This included health and safety training as well as more specific training around people's health needs, such as moving and handling, sepsis, diabetes and falls management.

- One health care professional said "Rosehill have been very happy to take up offers of falls training and advice over the past few months. Staff have been very well engaged during training."

- Training was seen a key to ensuring the right care and support were being provided and staff were therefore being encouraged to complete NVQ and diplomas in care. Anyone new to care completed the care certificate (this is national training on all aspects of care and support).

- In addition to training the staffing levels had increased so that for most shifts there were now four staff on duty. Staff said this allowed them to provide more quality time to people.

- One person commented that they did not feel there was always enough staff on duty, but the rotas and staff themselves said that there were enough staff to meet people's needs in a timely way. Our own observations during the inspection visit supported the fact there were sufficient staff available to meet people's needs. People appeared relaxed and comfortable. When one person became a little distressed, staff ensured they were comforted in a sensitive and appropriate way.

Systems and processes to safeguard people from the risk of abuse

At the last inspection we found the provider had failed to ensure systems and processes were in place to keep people safe from the risk of abuse. We issued a requirement in relation to Regulation 13 - Safeguarding service users from abuse and improper treatment. The provider sent us an action plan to show how they intended to meet this requirement.

- At this inspection we found sufficient improvements had been made to show this requirement had been met.

- Most of the incidents at the last inspection related to a person who kept trying to abscond. This person was reassessed and moved onto another care setting more suitable to meet their needs. The manager said they had recognised that for some people living with complex dementia needs, this environment might not always be suitable. This was being considered when assessing new people's needs.

- The local authority safeguarding and quality assurance and improvement team had worked closely with the manager and had confidence in their skills and ability to identify risks before they became safeguarding issues. The manager was keeping commissioners and the safeguarding team fully informed of any changes in people's needs and risks.
- Staff had received training in understanding about abuse. Staff knew who and how to report any concerns to. They were confident that any concerns would be followed up.
- Staff were aware that there were policies and protocols about keeping people safe and who they could report any concerns to. Policies were kept in a cabinet that staff had access to.

Preventing and controlling infection

At the last inspection we found people were not fully protected against the risk of infection as PPE was not being used correctly. At this inspection we were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

At the last inspection we found where there were records of incidents taking place, there was no analysis of these incidents and no guidance provided to staff as to how to reduce the risk of the same thing happening again. We continued with a positive condition on the providers registration in relation to Regulation 17 - Good governance. This meant the provider sent us monthly audits and action plans to show how they intended to meet this requirement.

- The manager had worked along side the quality assurance team from the local authority to develop and embed systems which allowed them to record and analyse any incidents. For example, where falls had occurred, the manager look at each incident to see if there was any learning or ways further falls could be prevented.
- The monthly reports sent to us showed that there was continuous monitoring and ensuring the right care and support was being delivered to people. The quality assurance team for the local authority were impressed with how well the manager had embedded quality assurance systems into the service everyday practice. So much so they were no longer needing to offer their support.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

In a comprehensive inspection completed in July 2019 we found care plans were not always kept up to date or accurate. We therefore issued a requirement of Regulation 17 - Good governance. At the subsequent inspection completed in September 2020, this requirement was not reviewed as this key question was not inspected.

- At this inspection we found sufficient improvements had been made to show the service had met this requirement.
- The manager had worked closely with the local authority quality assurance and improvement team to review, update and personalise care plans for each person.
- Systems were now embedded to show how people's plans were being monitored and reviewed at least monthly.
- The provider had purchased an electronic care planning system which covered all relevant areas of people's needs and wishes to ensure plans and therefore delivery of care was personalised.
- People said their needs were being met in a way they wished. One person said "They know I like to get up early and the girls help me with this but I can do most things for myself."
- It was clear from our observations care and support was personalised and staff took notice of people's preferences. For example, whether they wished to have a clothes protector on at meal times; how they preferred their medicines to be given to them; where they wished to spend their time at different periods of the day and evening.
- In addition to care plans and daily records, handovers between shifts were being recorded to show people's daily needs and any changes in their health or emotional wellbeing.
- Staff reported the new documents were being used to good effect and the plans were more accessible to them to read but also update when needed. Staff said this had impacted positively on understanding people's needs and wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's plans contained information about their communication needs and whether they required

additional support. For example, whether people needed support to ensure their hearing aid was appropriately placed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff said that since their staffing levels had increased, they were able to spend more quality time engaging with people and doing activities that suited people's interests and hobbies.
- Several staff spoke about how people really enjoyed keeping active with ball games and simple chair exercises. Some people enjoyed quizzes and talking about places of interest local to them.
- Lockdown rules had made it difficult for people to go out and about and one person did talk about feeling socially isolated. As the rules of lockdown ease, the manager said they hoped to get people back out into the local community.
- The service had built a reception hall where visitors could meet and still be socially distanced.
- The service was following government guidance on care home visits and were now enabling people to visit inside the home following testing and wearing of PPE.
- On the inspection visit, the hairdresser had arrived. People were really looking forward to having their hair done to enhance their wellbeing.
- Staff had worked hard to ensure people were helped to keep in touch with friends and family through lockdown using videocall and telephone calls.

Improving care quality in response to complaints or concerns

- Complaints were taken seriously and responded to in writing with recorded outcomes.
- People and their family were given information about how they could raise any concerns.

End of life care and support

- Staff had, or were planned to complete training in end of life care.
- People's wishes for end of life care, where known or if they wished to discuss, were recorded within their care plan.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At the last inspection we checked on a previous requirement in relation to Regulation 17 – Good governance. At the September 2020 inspection we found not enough improvements had been made so we re-issued a requirement in relation to Regulation 17- good governance. The then registered manager resigned and left. We also imposed a condition requiring the provider to submit a report to the Care Quality Commission each month that set out the actions taken, or to be taken, as a result of audits and quality monitoring processes undertaken.

- At this inspection it was clear that the new manager who had been in post since December 2020, had worked hard alongside the registered provider to make significant improvements in the way the service was being run, monitored and the quality monitoring systems were in place. We found there was sufficient improvements to show this requirement was now met.
- Audits and checks were being completed in a range of areas including records, equipment and the environment. These were reviewed and any actions needed to improve were clearly documented with actions for when this would be achieved. For example, the need for a porch/ reception hall so staff and visitors had safe space to test and don and doff their PPE.
- The registered manager had worked closely with the local authority quality assurance team to improve their in-house quality monitoring. They have met at regular intervals to discuss progress and update their service improvement plan. There had been good engagement from the manager and registered provider to ensure good governance was now fully embedded and working to drive up improvements.
- Quality monitoring reports had been submitted to CQC each month by the manager and registered provider as required by the imposed condition of the provider's registration. These reports showed where improvements were being made and how audits and quality monitoring were being embedded into everyday practice. This was supported by our findings at this inspection.
- The manager understood that key to ensuring a quality service, there needed to be good training and support for staff to develop and enhance their skills in caring for and supporting people. This had been implemented. Staff had ongoing training, support and communication as a team to develop their skills.
- At the last inspection we found the previous registered manager did not fully understand their role in Deprivation of Liberty Safeguards (DoLS). Records regarding Best Interest Decisions were not clear, and the registered manager did not fully understand their responsibilities under DoLS. At this inspection we found the new manager had a good understanding of her role and responsibility in relation to DoLS and ensuring best interest decisions were fully documented.

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

- The staff team said the manager was open and inclusive in their approach. They said they felt valued and their opinion and suggestions were listened to.
- There was regular communication with the staff team, manager and provider. Staff said this was very positive.
- People knew who the manager was and said they could speak with her or the provider about anything.
- At the last inspection we found the culture was not always person centred. At this inspection we found staff were working in a more person-centred way. They spoke about people having choice about when to get up and where they wished to spend their day. The new electronic care plan system included more prompts to ensure care plans were written in a person-centred way.

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 manager understood their duty to keep people and their families informed when things go wrong. There was evidence that family members were kept informed via email and phone calls, when someone had fallen for example.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Since the last inspection there had been improvements in the way people, staff and relatives were involved in the running of the service. There were meetings and one to one time with people to gain their views about menus, activities and planned trips.
- Staff confirmed communication was good and they were fully involved in helping make decisions about the day to day running of the service.
- Peoples equality characteristics were being captured within the software being used to develop and review individual care plans. The service were also using 'This is Me' books designed by the Alzheimer's society to help staff understand what is important to each person.
- Two professionals said that there had been good partnership working to develop the service and that Rosehill provided person centred and safe care to people.