

Rosemount Care Home Ltd

Rosemount Care Home

Inspection report

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Date of inspection visit:
18 July 2016
19 July 2016
20 July 2016
21 July 2016

Date of publication:
19 September 2016

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We last inspected Rosemount Care Home on 8, 9 and 10 March 2016, when we undertook a comprehensive inspection, including looking to see if the provider had met the requirement actions made at the previous inspection in September 2015. Both of these inspection reports can be found on the Care Quality Commission website.

During the inspection in March 2016, we found continued breaches of the regulations and one further breach of the regulations. The service was rated inadequate overall, which meant it was placed into 'Special measures.' This inspection found that there was not enough improvement to take the provider out of special measures. CQC is now considering the appropriate regulatory response to resolve the problems found.

Rosemount Care Home is a residential care home based in Edgeley, Stockport. The accommodation is arranged over two floors accessed via stairs or a chair stair lift.

The communal areas include an open plan lounge and dining area. There is a garden to the rear of the property, which is not enclosed and limited off road car parking. No en-suite facilities are available.

Rosemount Care Home is registered to provide care and accommodation for up to 17 older people some of whom may also have a diagnosis of dementia. At the time of our inspection there were 10 people living in the home.

At the time of this inspection the service did not have a registered manager in place. The home had been without a registered manager since November 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of this inspection a manager had been in post since 4 June 2016.

During this inspection we identified eight breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 seven of which were continued breaches of the regulations and one new breach was found.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

Medicines continued to be managed unsafely. We found there were gaps in the recording of prescribed creams and there was not a corresponding plan of care for the use of the prescribed creams. This meant there was a risk that creams had not been applied when required, which could have resulted in unnecessary discomfort to the person.

We continued to have concerns in relation to staff supervision and appraisals, because not all staff had received regular, formal one to one supervision with their manager and none of the care staff had received an annual appraisal. This meant that staff were not being appropriately guided and supported to fulfil their job role effectively.

From looking at the staff training matrix (record) we found there were gaps in staff training. This meant some staff may not be appropriately trained and skilled to meet the needs of the people living at the home.

We found there were still concerns regarding the safe recruitment of staff and ensuring suitable staff were employed because the shortfalls found at the last inspection had not been addressed.

We found that accurate and complete records were not kept in relation to the care and treatment of some people who used the service.

We found risk assessments were not always in place to help manage and reduce the risks to people's health, safety and welfare.

Although some improvements were found for example an audit had been undertaken of people's care files and medication administration we found that robust systems had not been implemented to monitor the quality of service people received.

We saw and staff told us there were enough members of staff to keep people safe. However we recommended that the provider implements the use of a staffing tool to determine the number of staff and range of skills required in order to meet the needs of people using the service and keep them safe at all times.

We recommended that the exposed clinical waste bins directly outside the door entrance to the garden should be stored in an enclosed area. In addition the fridge/freezer should be removed from the outside door entrance to the garden.

We recommended that the registered provider considered making the garden area a safe, enclosed, usable space for people living at the home to access and use in good weather.

We recommend that in order to preserve the dignity of people food is not served on plastic plates, plastic dishes or plastic beakers unless there is an identified need for this.

Staff we spoke with were able to tell us how they would respond if they had any concerns about the safety of people living at Rosemount Care Home.

Visitors we spoke to whose relatives used the service told us they thought Rosemount Care Home was a safe and caring place to live and they thought people were well looked after.

Relatives spoken with told us they had never made a complaint and were happy with the care provided.

We saw that activities were provided by the staff on duty such as a game of dominos and a game of play your cards right.

We saw staff had good relationships with the people they were caring for.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not always safe.

Shortfalls continued to be found in the medication administration processes for prescribed cream.

We found that the registered provider had not done all that was reasonably practicable to mitigate risk to people.

Appropriate checks had not been undertaken to ensure suitable staff were employed to work with vulnerable people.

Is the service effective?

Requires Improvement ●

The service was not always effective.

As identified at the last inspection not all staff had received supervision and no staff members had received an annual appraisal.

There continued to be gaps in the training staff had undertaken which meant people were at risk of receiving unsafe and inappropriate care.

Plans of care in relation to people's nutrition and hydration did not include the specific recommendations made by the speech and language therapist.

People could make choices about their food and drink.

Is the service caring?

Good ●

The service was caring.

Staff were seen to be kind and caring in their interactions with people.

We were told that although nobody was receiving end of life care at the time of this inspection the home had provided end of life care although only one member of staff had undertaken up to date current training in this topic.

People's relatives told us they thought their loved ones were well cared for.

Is the service responsive?

The service was not always responsive.

A system was in place for receiving, handling and responding to concerns and complaints.

Limited activities were provided by the care staff on duty.

Not all people's identified care needs had a corresponding plan of care to make sure their needs were fully met.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

At the time of this inspection the manager was not registered with the Care Quality Commission.

The registered provider has a duty to notify us of certain incidents and this had not been done.

As identified at the last inspection the quality assurances systems in place were not sufficiently robust to identify the issues and concerns we found during our inspection.

Inadequate ●

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out over four days on the 18, 19, 20 and 21 July 2016. Our visit on 18 July 2016 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 care service.

Before the inspection we reviewed the previous Care Quality Commission (CQC) inspection report about the service and notifications of incidents that we had received from the service. We also contacted the local authority commissioners and Stockport Metropolitan Borough Council (MBC) Health Protection and Control of Infection Unit to seek their views about the home. The local authority had currently suspended their funded placements to the service and were working with the service to address concerns.

On this occasion, we did not request a Provider Information Return (PIR) before our visit. A PIR is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

During our visit we spoke with the manager, the cook, a senior carer, two care workers, a member of domestic staff, three visiting relatives and five people living at Rosemount Care Home.

We looked around the building and looked in a sample of bedrooms on each floor, and we looked in all communal areas, toilets and bathrooms.

We examined four people's care records, medicine administration records, the recruitment, supervision and training records for four staff and records relating to the management of the home such as auditing records.

Is the service safe?

Our findings

At our last inspection in March 2016, we found a continued breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, due to shortfalls found in relation to medication administration.

During this inspection on the 18, 19, 20 and 21 July 2016, we looked at what systems were in place for the management of medicines and found the service was still in breach of Regulation 12.

The manager told us that care staff were not allowed to administer medication until they had received training and undertaken a competency assessment. We were told that out of the eleven care staff and one bank member of staff employed at Rosemount Care Home, eight staff currently administered medication. During the course of this inspection we were given two training records (matrix). The first matrix we looked at did not include a record of medication training. The second updated training matrix identified that one member of care staff had undertaken training in August 2015. The manager confirmed that both training matrixes were not up to date. Due to this we looked at staff personal files and saw training certificates to evidence that five members of care staff had undertaken medication training between August 2015 and April 2016. This meant that there was no evidence to support that the three remaining members of staff who also administering medication had been appropriately trained. We saw the training certificate for the senior carer who undertook the competency assessments for staff was dated July 2014 and there was no evidence of refresher training having been undertaken by this senior carer. This meant their training was out of date and there was no evidence to demonstrate they had undertaken a medicines administration competency assessment themselves. This meant people were at risk of medicines error because people were receiving medication from staff who were not suitability trained or competent to do so.

At the last inspection there was a system in place to record the temperature of the medication room and medication fridge twice a day, to monitor that medication was stored at the correct temperature. At that inspection we saw twenty seven gaps in the drug fridge recordings over a two month period and thirty gaps in the room temperature over a three month period. At this inspection we found five gaps in the recordings of the medication room and the medication fridge temperatures over a three month period.

This meant there was still a risk that medication may not have been stored consistently at the correct temperature which could compromise the stability of the medicines stored.

We saw that accurate records were not being maintained of prescribed creams being administered to people on the Medication Administration Record (MAR) or on a 'Topical PRN' chart. There were no clear, detailed written directions for their use, to enable staff to apply the creams as intended by the person's GP. We looked in the care files of four people who were prescribed topical creams and found there were no plans of care in place in relation to the use of these creams.

This meant there was a risk that people may not have received prescribed creams as intended by their GP, which could result in unnecessary discomfort for the person.

Following our last inspection in March 2016 we saw that a monthly 'medication audit' had been implemented. However we saw that in April, May and June 2016 the audit had identified missing staff signatures. It was unclear what the missing signatures related to. The service had recorded they had spoken to staff responsible for the missing signatures. However a record to evidence which staff were responsible and the action taken in response to the missing signatures was not available.

The above examples demonstrate a continued breach of regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were told that nobody was receiving covert medication. Covert medication is the administration of any medical treatment in a disguised form. This usually involves disguising medication for example by administering it in food and drink. As a result, the person is unknowingly taking medication.

We checked the systems for the receipt, storage, administration and disposal of medicines in the home.

There was a small dedicated treatment room on the ground floor that was used to store and lock away medicines, including controlled drugs safely. Medication was stored in a locked medication trolley, in a locked treatment room to ensure only authorised people could access them.

We found that no excessive stocks of medication were being stored.

We found that appropriate arrangements were in place for the storage of controlled drugs which included the use of a controlled drugs register. On the days of our inspection nobody was prescribed controlled drugs.

The home operated a Monitored Dosage System (MDS). This is a system where the dispensing pharmacist places medicines into a cassette containing separate compartments according to the time of day the medication is prescribed.

Since our last inspection in March 2016 we saw a self-administration risk assessment had been implemented by the service. However, at the time of this inspection we were told nobody was self-administering their own medications.

At our last inspection in March 2016, we found a continued breach in Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider had not undertaken appropriate checks to ensure suitable staff were employed.

During this inspection we found the service were still in breach of Regulation 19.

The manager told us that no new staff had been employed since the last inspection. We saw a recruitment pack was in place and contained the necessary blank records to be used when new staff were employed. Following the last inspection in March 2016 the registered provider informed CQC that staff files had been reorganised, ensuring that no information was missing and they were kept organised. The manager confirmed that the files had been reorganised and evidence was seen of this in the four files we looked at. However we were told that the files had not been audited and therefore the shortfalls identified at the last inspection in relation to missing safety checks had not been addressed. For example two files did not contain any proof of employee identification or proof of employee address. One file did not contain employee references, in another file references from the staff member's last employer were sent to personal email accounts rather than company specific email accounts. This meant that appropriate checks had not

been undertaken to ensure suitable staff were employed to work with vulnerable people.

The above example demonstrate a continued breach of regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As identified at the last inspection in March 2016 a number of environmental risk assessments were in place for the following areas; Exit in hallway leading to cellar, COSHH, Electrical safety, Gas safety, Manual lifting. However we saw the information contained within these assessments did not sufficiently direct staff on how to manage risks within the environment.

We saw one person was cared for in bed and had bed rails in situ. A risk assessment had not been undertaken for the use of bed rails. We saw in another care file that the person required the use of the stair, chair lift but a risk assessment had not been undertaken for its use. In addition we saw that a plan of care relating to falls stated that a falls risk assessment was to be completed and reviewed monthly and this had not been done. This meant that all reasonable steps had not been taken to help manage and reduce the risks to people's health, safety and welfare.

As identified at the last inspection although a new carpet had been fitted in the main lounge area of the service it had not been fitted correctly and there were sections of the carpet that were raised and presented a potential trip hazard. During this inspection we found the ill-fitting carpet still to be a potential trip hazard and as identified at the last inspection there was no risk assessment in place to show how the service would ensure people did not trip on the carpet and their safety maintained.

We saw that the edge of the carpet at the top of the stairs where the chair stair lift stopped was not secured to the floor, which presented a potential trip hazard.

A fire emergency plan was in place to instruct staff what to do if they discovered a fire, it also included escape routes and assembly points. We saw fire extinguisher had been checked in March 2016.

The manager told us that the fire alarm system was being checked on a weekly basis however no evidence was provided of these checks. As identified at the last inspection in March 2016 there was no evidence that the fire escape was being checked to ensure these were safe, free from hazards and accessible in the event of a fire.

As at the last inspection in March 2016 we saw evidence of one fire drill that had been undertaken in December 2015. This drill involved four of the seventeen staff employed by the service. We saw no evidence, and the manager confirmed that no further fire drills had been undertaken. This meant that staff who had not been involved in a fire drill may not know how to safely and effectively evacuate people in the event of a fire.

During this inspection we saw that not all appropriate safety checks had been carried out to ensure people were cared for in a safe environment. We saw documentation which indicated they had a clinical waste contract, the stair lift had been serviced, portable appliance testing (PAT) and a legionella test had been undertaken in June 2015. However the mechanical hoist which should be serviced every six months had not been serviced since September 2015 and there was no evidence of any servicing of the bath hoist. This was discussed with the manager who said they were unaware of these shortfalls and organised a local company to service them both. We saw that gas safety certificate were out of date by one month. This was brought to the attention of the manager and the registered provider provided confirmation the week following this inspection that that gas safety check had been undertaken.

During the course of this inspection we saw a baby monitor was hung from a nail on the door frame at the top of the stairs and people could be heard talking on the monitor. Care staff were asked what the monitor was for and told us it was used because there was no call bell station upstairs. Care staff had placed one monitor next to the carers station downstairs and the other monitor upstairs so that when care staff were upstairs they could hear the buzzer through the monitor. However, during the inspection we tested this by going into an upstairs bedroom with a carer and the buzzer could not be heard. This meant people could be at risk if staff could not hear the buzzer should people require help or assistance. The manager acknowledged that this was not acceptable and told us that they intended to upgrade the system and have a call station upstairs.

We looked at the record of accidents within the service. We saw an incident analysis was in place which looked at the number of accidents/injuries that had occurred on a monthly basis. This checked if a person had fallen, if it was in relation to fire or a hospital admission. This would provide the manager with an overview of the types of accidents and incidents that had occurred and what action was needed. We also saw that all accident and incidents had been documented and a copy of the accident sheet was kept in the persons care file. However we saw evidence of two accidents recorded in a person's care file that had not been recorded on the accident/ incident analysis record, which meant that inaccurate information had been analysed and has the potential to put at risk.

We saw that the sluice door located on the first floor of the building was not locked and the cupboard contained hazardous substances such as bacterial deodorisers, hand sanitiser and a bactericidal soap. To ensure the safety of people living at Rosemount Care Home hazardous substances should be stored safely and locked a way to ensure they are not accessible to people who use the service.

At the last inspection in March 2016 we saw Safety Data Sheets in relation to Substances Hazardous to Health had not been obtained from the suppliers of the cleaning materials used in the home, as required by the Control of Substances Hazardous to health (COSHH) Regulations. COSHH legislation requires employers to control substances that are hazardous to health and to ensure their safe use. At this inspection we found two Safety Data Sheets in relation to advanced hygienic hand rub and antibacterial foam hand wash used by the service had been added to the COSHH file. The absence of Safety Data Sheets for all hazardous substances used at Rosemount Care Home has the potential to put people at risk as information on the correct handling, storage, use, disposal and safety information was not available.

The service had an infection control file in place. This contained 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, waste management, environmental cleaning, non-touch techniques, hand hygiene and linen policy.

We were told that the home employed the services of a part time domestic who worked sixteen hours per week over Monday to Friday. Outside of these times at weekends and evenings care staff assumed the responsibility of maintaining the cleanliness of the home.

We asked to see the cleaning schedules in place to evidence that cleaning had taken place. As at the last inspection in March 2016 we saw the schedules for peoples bedrooms were completed using a tick box system and did not describe individual staff responsibilities for cleaning, therefore did not evidence exactly what cleaning was required and what cleaning had been undertaken. We saw there were cleaning schedules on the back of the bathroom and communal toilet doors that had been appropriately completed. However we saw the cleaning schedule for the night staff had not been completed during 2016.

We saw that Stockport MBC Health Protection and Control of Infection Unit had undertaken a recent audit and awarded a total score of 86%. The findings identified in this audit were also found during our inspection. We found scuffed wallpaper and paintwork throughout the home, a fabric chair in the dining area was worn and stained and carpets throughout the home were worn and stained.

There was no evidence of a maintenance or refurbishment plan. We saw the weekly and monthly building maintenance check forms had not been completed.

As identified at the last inspection in March 2016 the service did not undertake any audits or regular checks of cleanliness in the home. During this inspection we looked at the commode pans that were stored upside down on a shelf in the sluice and found one of them to be soiled with what appeared to be faeces. This meant that the service could not demonstrate good infection control and cleaning systems were in place to ensure people were protected from infection and received safe and effective care.

We saw that personal protective equipment (PPE) was available throughout the service. However we saw a member of care staff take used bedding from a bedroom, pick up a soiled continence pad off the floor in the corridor at the top of the stairs and put the bedding in a washing basket at the top of the stairs and although they were wearing gloves they did not have a protective apron on. This meant people were at risk of cross infection.

The above examples demonstrate a continued breach of Regulation 12 (1) and (2) (a) (b) (d) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

People we spoke with told us they were happy living at Rosemount Care home and the staff were nice and kind. One person said "I love it; I am happy really happy; it's caring and we help one another". Another person said "It's was not like my own home but the staff's alright and they look after me; they are fine".

Staff we spoke with had an understanding of their role in protecting people and making sure people remained as safe as possible. At the last inspection in March 2016 we saw from the training matrix that fourteen out of the seventeen staff employed, which included domestic and catering staff, had undertaken safeguarding adults training. However during this inspection the training matrix demonstrated that six out of the seventeen staff employed had undertaken safeguarding adults training. The manager told us that the training matrix was not up to date.

Staff had access to a safeguarding policy, including local authority's multi-agency safeguarding adult's policy, which included details of how to make a safeguarding referral, and a Whistle Blowing policy. The Whistle Blowing policy is a policy to protect an employee who wants to report unsafe or poor practice.

We saw that there was a record of safeguarding incidents that had been sent to the local authority on a monthly basis. The manager told us there had not been any reported safeguarding incidents since the last inspection.

All of the visiting relatives spoken with told us they felt confident that their relative was safe and well cared for. One person said, " People are well looked after, [their relative] has a nice room upstairs, this home is number one." Another person said they felt this was the best place for their relative and said "[their relative] gets the attention she needs and doesn't want for anything." Another comment was "People are 100% safe here."

Care staffing levels in the home consisted of three care staff during the day, two care staff in the evening and

two care staff for night duty to care for ten people.

We looked at the staffing rotas for a four week period which confirmed that levels of staffing were consistent on a day to day basis and from our observations there were sufficient numbers of staff on duty at any one time to provide people with safe care.

One member of care staff we spoke with said "At present the staffing is ok due to the small number of service users and their low dependency needs"; but if this changed more staff would be required to meet people's needs".

We recommended that the registered provider implements the use of a staffing tool to determine the number of staff and range of skills required in order to meets the needs of people using the service and keep them safe at all times. Staffing levels and skill mix must be continuously adapted to respond to the changing needs and circumstances of the people using the service.

As identified at the last inspection we saw that there was not an identified first aider on duty for each shift. To help reduce the risk of harm to people there should be an identified first aider for each shift in case of an emergency, this was discussed with the manager.

Is the service effective?

Our findings

During our last inspection in March 2016 we found a continued breach in regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the registered provider had not ensured that staff were receiving annual appraisals or on-going supervision, which meant care staff had not received the necessary direction and support to carry out their role safely. At this inspection we found no improvements had been made and the service was still in breach.

The manager told us that no staff had received an appraisal or a supervision session since the last inspection in March 2016. The manager told us that an audit or review had not been undertaken to assess or plan required supervision or appraisals sessions. This meant that people living at Rosemount Care Home were at risk of receiving inappropriate or unsafe care and support because staff had not received on-going support to guide them in their roles and responsibilities.

The above examples demonstrate a continued breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our last inspection in March 2016 we found a continued breach in regulation 12 (1) (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider did not ensure that the persons providing care or treatment to services users had received formal induction and had the qualification, competence, skills and experience to do so safely. At this inspection we found the service was still in breach.

From April 2015 new health and social care workers should be inducted according to the Care Certificate framework. This replaces the Common Induction Standards and National Minimum Training standards. The manager told us that he was in the process of accessing the Common Induction Standards, but had not yet implemented any of the modules. In addition the manager confirmed that Rosemount Care Home did not have its own induction process. This meant the provider could not be confident that new staff members providing care had the competence, skills and experience to do so safely.

During this inspection we asked to look at the overall training matrix for the staff employed. We were told that the first matrix we were given was not up to date. On day two of the inspection we were given an updated matrix, however during the course of the inspection we were told that this also was not up to date. We saw there were gaps in staff training. For example out of the twelve care staff and one bank staff employed, two members of care staff had received End of Life training, four members of staff had received equality and diversity training, four members of care staff had received pressure area care and three members of staff had received Health and Safety training. Two members of staff had received infection control training, although we did see a notice stating that infection control training had been planned for August 2016.

The domestic member of staff had not received COSHH training as identified during the last inspection.

Two cooks were employed and only one cook had received food hygiene training.

As identified at the last inspection in March 2016 care staff prepared drinks and snacks at the request of people and served meals. We saw six members of staff had received food hygiene training.

The manager told us that an audit or review had not been undertaken to assess the individual training needs of staff and to identify areas of development to ensure staff had access to the necessary support and training to carry out their job roles safely and effectively. This meant that the registered provider had not ensured staff had the qualifications, competence, skills and experience to meet the needs of people receiving a service and that practices at the home reflected appropriate, up to date best practice guidelines.

The above examples demonstrate a continued breach of regulation 12 (1) (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the care files for two people in relation to nutrition and hydration. In both care files we saw that the plans of care had not been updated to reflect all the specific recommendations made by the speech and language therapist. These recommendations were made to help improve the ease and/or safety of swallowing. This meant that if all of the recommendations were not followed both people could be at risk of choking.

In the second care file we saw that the plan of care had been reviewed and stated 'staff to monitor her food and fluid intake.' We saw there was a record of fluids taken but not an accurate record of food intake. There was a record kept by the cook in 'the menu book,' which was kept in the kitchen of what meal was served to the person but this did not record the amount of food eaten and it did not evidence the consistency of the food i.e. stage 2 blended diet – all food to be of smooth, yogurt consistency with no lumps.

The above examples demonstrate a continued breach of Regulation 14 (1) (2) (b) of the Health and Social Care Act 2008 People we spoke with told us the food was satisfactory.

One person living at Rosemount Care Home said "[the cook] is a lovely person and there are always plenty of drinks." Another person we spoke with told us they had enjoyed their lunch very much.

During the course of the inspection we saw the cook ask people what they would like for their lunch with alternatives to the main meal being offered. As part of our inspection, we carried out an observation over the lunch time period. We saw that since the last inspection the quiet area of the lounge had been converted into a dining area with two dining tables which were covered with table clothes and had bowls of fruit in the centre. We saw that people were asked if they would like to have their meal at the dining tables but everybody asked refused.

All but one person ate all their lunch, which was fish pie (homemade), parsley sauce and carrots with apple crumble and cream for dessert. The one person who did not eat the fish pie was given an alternative of their choice.

We saw that people were given more juice if they wanted it and there was a choice of flavours. The portions sizes varied according to the different appetites of people. It was observed that staff were familiar with people's individual personal preferences.

We tasted the fish pie and the apple crumble both of which were flavoursome and well cooked. People who we asked said that they had enjoyed their lunch.

We saw two members of staff sitting with two people assisting them with their lunch. They did not rush them and gave them time to eat their food.

We saw all the tables were wiped down after the meal had been eaten and the trays removed.

Later we observed the cook asking people in the lounge if they would like Spanish Omelette for tea.

As identified at the last inspection in March 2016 we saw that the meal was served on plastic plates, desserts were served in plastic dishes and drinks were served in plastic beakers.

We recommend that in order to preserve the dignity of people food is not served on plastic plates, plastic dishes or plastic beakers unless there is an identified need for this.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The training matrix evidenced that seven care staff had undertaken MCA training. We observed staff obtaining verbal consent from people during our inspection.

Since the last inspection in March 2016 we saw that the manager had followed up the DoLS applications that had been submitted to the Local Authority and three new applications had been submitted. We saw that one DoLS application had been authorised on 29 February 2016, but CQC had not been notified of this authorisation. Providers must notify CQC about applications to deprive a person of their liberty when the outcome is known about any applications they make under the Mental Capacity Act 2005 (both by use of the DoLS process and by applying directly to the Court of Protection). The manager said they were not aware of the need to notify CQC. The notification was submitted to CQC during the course of this inspection.

There was a garden to the rear of the property. However we noted that the garden area was not a safe, enclosed space, which meant people could only access the garden if directly supervised by staff at all times. The four days of this inspection were particularly hot days, but we did not see anybody being asked if they would like to sit outside and enjoy the nice weather. We asked the manager if there was any garden furniture or parasols for people to use if they did want to sit outside. We were told there were no parasols and we saw the garden furniture was not suitable for use. In addition we saw four large waste bins, two being clinical waste bins, directly outside the door to the garden and an old fridge freezer that the manager told us was waiting to be disposed of.

We recommended that the clinical waste bins should be stored in an enclosed area and the fridge-freezer be removed.

We recommended that the registered provider considered making the garden area a safe, enclosed, usable space for people to use with appropriate garden furniture.

Care records we looked at showed that the service involved other professionals to meet the healthcare needs of people who used the service such as, GP's, speech and language therapists, chiropodists, opticians and district nurses.

We were told by the manager that all staff attended the 'handover' meetings at the start of each change of shift, so that any changes in people's care needs could be passed over. In addition to the verbal handover we saw there was a written handover sheet and a communication book available for staff to look at.

Is the service caring?

Our findings

People living at Rosemount Care Home told us they were happy and the staff were nice. Some comments included "The staff are kind and caring," "This is a nice place" and "The staff are very nice."

One person when asked said the staff always respected their privacy and dignity. We saw evidence of this during the inspection. For example one person had a visit from a visiting healthcare professional and declined to go their room so a privacy screen was used to give some level of privacy.

We saw visitors come and go freely during the course of our inspection. Relatives we spoke with told us they felt confident about the care their relative received living at Rosemount Care Home. One person told us they were happy with the care their relative received and said "The staff are great; they have been lovely with [their relative]." Another comment was that the person's relative always looked clean and nice.

It was evident from the interactions we observed staff knew the people they supported very well.

We observed staff caring for people with dignity and respect. We saw that people living at Rosemount Care Home had good relationships with the staff and felt relaxed and at ease in the company of the staff.

During our inspection we heard staff speak to people in a friendly and kind manner.

There was a relaxed, friendly atmosphere in the home and staff we spoke with told us they enjoyed working at Rosemount Care Home. One member of staff said "I quite like it now the new manager has taken over." Another member of staff said "I am not sure what can be improved it's a good bunch of staff here."

People looked well-groomed and were dressed appropriately. Staff told us that sometimes people did not want personal care at the time it was being offered. When this happened, they would leave the person for a while then go back and ask them again and this usually worked. We saw evidence of this during the inspection. We observed a member of staff entering a person's bedroom at 10:45 and politely asking the person if they wanted to get up. The person said they did not. After trying to encourage the person to get up the member of care staff went back a short time later and the person then agreed to get up and have some breakfast. We discussed with the care worker what would happen at lunch time i.e. 12:30pm if the person was not hungry due to their late breakfast. We were told that that the meal would be saved for a short while or they would be offered something else. We did observe that this person was offered an alternative lunch.

The manager told us they had leaflets relating to local advocacy services. Such a service supports a person who may need help in making decisions about important aspects of their life and to support them in making sure their individual rights are upheld.

We were told it was the manager's intention to create a new open plan office area in what used to be the dining area of the home. Included in this area would be a comfortable seating information/advice area for people to access relevant information and leaflets including advocacy leaflets.

The manager told us that at the time of this inspection nobody was receiving End of Life care but it was a service they did provide. However as already identified in this report we saw that only two members of staff had undertaken End of Life training. This meant that not all staff were appropriately trained to provide this care.

Is the service responsive?

Our findings

During our last inspection in March 2016 we found a continued breach in regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because accurate and complete records were not kept in relation to the care and treatment of people who used the service. At this inspection we found the service was still in breach.

At this inspection we looked at the care files for four people who used the service. The manager told us they had reorganised the care files for easier use and they had undertaken an audit of each individual file. However the action plans produced as a result of the audit had not yet been implemented.

As identified at the last inspection in March 2016 in the care files we looked at we noted that some people were not having baths/showers on a frequent basis. One person had received four showers since 1 April 2016. There was evidence that the person had been offered a shower on sixteen occasions and refused but there was no evidence that the service had considered other ways of encouraging the person to have a /shower. In another file we noted the person had received five showers since 1 April 2016 and again there was no evidence that the service had considered other ways of encouraging the person to have a bath/shower.

We saw in one person's care file that that the person had three medical conditions, angina, osteoarthritis and osteoporosis and there was no corresponding plan of care to direct care staff how to meet those assessed care needs. In another care file we saw the person had a diagnosis depression and another person had a diagnosis of dementia but there were no plans of care to meet these assessed care needs. This meant people were of risk of not having all their care needs met.

We found in all four care files we looked at that each plan of care stated they required a monthly review. Monthly reviews had not taken place for the plans of care we looked at.

The above examples demonstrate a continued breach of Regulation 9 (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us that the care staff on duty provided activities for people but there was no formal structure or planned schedule of activities for people. We did see that from the last inspection in March 2016 an assessment of people's hobbies and interests had been included in people's care files.

During the course of our inspection we saw people enjoying a game of dominoes and a game of play your cards right with a member of care staff. One staff member we spoke with said it would be nice if the activities for people could be improved on and perhaps more variety offered. We saw that the home's Statement of Purpose it was documented 'Our staff are committed to providing a selection of events which include garden tea parties, BBQ evening's, outside production companies, seasonable entertainment and visits from local choirs.' We did not see any evidence or a record to show that these activities were provided.

The manager told us that people had their needs assessed before they moved into the home. We saw evidence of this for the two people who had moved into Rosemount Care Home since the last inspection. All the information gathered helped to ensure the home could meet all of the individual assessed needs of the person.

During our inspection we reviewed the policy in relation to complaints, which was on display in the main entrance of the home and the manager said it was also on the back of people's bedroom doors. We saw that six bedrooms did not have the complaint procedure on the back of the bedroom door. The manager said he would ensure this was addressed by providing people with a copy of the complaints procedure.

All the visiting relatives we spoke with told us they had no complaints. One person told us they had "no worries about the care". Another comment was "I have no complaints" and they told us if they did they would go to the manager.

We looked at the compliant file and saw that no complaints had been made since the last inspection in March 2016.

Is the service well-led?

Our findings

At the time of our inspection the service did not have a registered manager in post. A registered manager had not been in post since 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 taken up the post on 4 June 2016. The manager was on duty on the four days of our inspection.

During our last inspection we found a breach in regulation 17 the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the registered provider had failed to establish and operate effective systems to assess, monitor and improve the quality of service, mitigating the risks relating to the health, safety and welfare of people who used the service and not effectively assessing and monitoring all aspects of the quality of the service. At this inspection although we found some improvements, we found the service was still in breach of the regulation.

Following our last inspection we received information from the provider stating all systems and processes were to be reviewed and audited and brought up to date. Although we found some improvements we did not find evidence to fully support this statement.

Part of a registered managers and registered providers responsibility under their registration with the Care Quality Commission is to have regard, read, and consider guidance in relation to the regulated activities they provide. As it will assist them to understand what they need to do to meet the regulations. One of these regulations relates to the registered managers/registered provider's responsibility to notify us of certain events or information. We saw that there had been a DoLS authorisation on 29 February 2016 and we had not been notified. By not notifying us of incidents such as these, we are unable to assess if the appropriate action has been taken and the relevant people alerted.

We found that an audit had been undertaken of people's care files but none of the shortfalls identified in the audit had been actioned. This meant the registered provider could not be confident that care and treatment was being provided in a safe way.

We found that although staff personal files had been reorganised an audit of the files had not been undertaken. This meant the registered provider could not be confident that that an effective recruitment and selection process had been undertaken.

We found that staff were not receiving an annual appraisals or on-going supervision. We were told by the manger that an audit or review had not been undertaken to assess or plan required supervision or appraisal

sessions. This meant that people were at risk of receiving inappropriate or unsafe care and support because staff had not received on-going support to guide them in their roles and responsibilities.

We saw that an accident/incident audit had been undertaken in March and June 2016 but the information recorded in the audit was incorrect because it did not include two falls that had been recorded on an accident form we saw in the care files.

We saw an audit title 'wheelchair and shower check record.' The manager confirmed it should say 'wheelchair and shower chair check.' We found this had only been completed once on the 28/3/16 and did not include any checks on the shower chair.

We saw a monthly bedrail audit; however it had only been undertaken once since the last inspection in June 2016. The person completing the audit had not signed it and the audit was basic and did not evidence what checks had been undertaken. In addition it had not identified that a risk assessment had not been undertaken for the use of the bedrail.

We saw the training matrix was not up to date and there was no evidence that an audit or review of staff training had been undertaken. This meant the registered provider could not be sure that staff had the qualifications, competence, skills and experience to deliver care safely.

As identified at the last inspection in March 2016 the service had purchased policies and procedure from an independent company and they required dating and personalising to Rosemount Care Home. The manager confirmed that none of the policies or procedures had been reviewed and personalised to Rosemount Care Home.

As identified at the last inspection in March 2016 we saw that the Statement of Purpose contained incorrect information. For example it referred to a manger that had not managed the home since 2014, it stated each room has a call system and as already identified in this report that is incorrect. It stated that Rosemount Care Home had active relatives Support Group but no evidence could be found to support that statement. This meant that people were given incorrect information about the service provided.

We also saw that the information booklet that was available for people contained incorrect information. It made reference to a registered manager who had not managed the home since 2012.

The above examples demonstrate a continued breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection we saw that a quality feedback form had been sent to the relatives living at Rosemount Care Home. At the time of this inspection five had been returned. Comments received were positive. For example 'Unable to improve on the staff they are all excellent,' 'staff always put residents first and the care they provide is great and with a positive attitude,' and 'food always presented well and different meals and always a wide variety.' The manager said they were waiting to see if any more were returned and then the results would be analysed, collated and a short report would be produced.

We were told by the manager there was no formal system for distributing and obtaining feedback for the people living at Rosemount Care Home, visiting healthcare professionals or staff. This meant there was a lost opportunity to improve the service based on the findings of these surveys although the manager said this was something they would implement in the future.

Since the last inspection in March 2016 we saw that a staff meeting had taken place for senior care staff on 1 July 2106 and a general staff meeting had been planned for 9 August 2016. The manager said it was their intention to implement staff meetings every three months.

We saw that the first resident/relative meeting had been planned for August 2016. The frequency of these meetings had not yet been decided.

Staff told us that they liked the new manager and thought the service had improved. One member of care said "[the new manager] very much cares about the staff and tries to accommodate their needs." Another member of staff said "It is better now [the new manager] has come." They told us they thought they were really nice and the staff could talk to them and they made an effort to talk to all the staff. Another comment was "It's not the best looking but it's a really nice place to work."