

Roseacres Care Home Limited

Roseacres

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service responsive?

Good



Overall summary

We carried out an unannounced focused inspection of this service on 21 July 2015. Breaches of legal requirements were found. This was because people did not always receive appropriate continence support that met their needs. There were a number of instances where records about the care provided to people, including for continence support, were either inaccurate, incomplete, or not kept promptly up-to-date. We served enforcement warning notices on the registered provider and manager for these two breaches, because of the potential impact on people using the service. We also found that systems for preventing, detecting and controlling the risk of infections were not ensuring the safe care of people. The provider subsequently wrote to us to say what they would do to meet legal requirements in relation to these breaches.

We undertook this unannounced focused inspection of 5 November 2015 to check that the provider had followed their plan and to confirm that they now met legal

requirements. This report only covers our findings in relation to these matters. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Roseacres on our website at www.cqc.org.uk.

Roseacres is a care home for up to 35 older people. At this inspection, the registered manager informed us there were 30 people using the service and there was a maximum practical occupancy of 34. The service's stated specialisms include dementia, physical disability and sensory impairment. The premises is an adapted home with passenger lift access to the first floor.

The registered manager was present throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

We found that Roseacres had a welcoming atmosphere. Staff attended to people's requests in a friendly and unhurried manner, and people's choices were listened to. There was a range of positive feedback about the service.

We found that action had been taken to address the concerns we found at the previous inspection.

People received timely support, where needed, with their toileting needs and other specific support needs. Care delivery records were being kept up-to-date, which helped to ensure responsive care delivery.

Systems for preventing, detecting and controlling the risk of infections were now ensuring the safe care of people. People's rooms were kept clean, and prompt attention was paid to any cleanliness concerns in support of people in lounge and dining areas. The laundry area was also better organised so as to minimise infection control risks.

However, we found that some people's care plans were not kept consistently up-to-date so as to address risks of receiving unsafe care. This was important because staff, including occasional agency staff, used care plans to inform them of people's care needs and how they should be providing safe support. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

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 consistently safe. We found that systems for preventing, detecting and controlling the risk of infections were now ensuring the safe care of people. However, care plans were not kept consistently up-to-date so as to address risks of receiving unsafe care.

Requires improvement



Is the service responsive?

The service was responsive. People now received timely support, where needed, with their toileting needs and other specific support needs. Care delivery records were also now being kept up-to-date, in support of meeting individual needs.

Good



Roseacres

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 unannounced focused inspection took place on 5 November 2015. The inspection team comprised of one inspector and a Specialist Professional Advisor on continence management.

During our inspection we spoke with three people using the service, two visiting relatives, six staff members, the registered manager, and a member of the senior management team.

We observed people's care and support in communal areas. We also looked at various parts of the accommodation.

We looked at care records of eleven people using the service, along with various management records such as quality auditing records and staffing rosters. The registered manager sent us further documents on request after the inspection visit.

Is the service safe?

Our findings

At our previous inspection of 21 July 2015, we found that systems for preventing, detecting and controlling the risk of infections were not ensuring the safe care of people. This meant the provider was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that the provider had addressed the infection control concerns as per a plan sent to us following the previous inspection. However, we found that people's care plans were not always up-to-date so as to address risks of receiving unsafe care.

People told us of no concerns with cleanliness. One person told us, "It's not dirty." Another confirmed that staff used protective gloves for personal care. The premises was kept clean and tidy. We saw staff promptly clean a chair in the lounge after supporting someone to the toilet. One of the cleaners present subsequently cleaned the chair further. We noted no lingering malodour in the lounge area, and that cleaning equipment was more easily available to staff in the main premises.

Use of the laundry area had been reviewed since our last inspection. The room was now kept tidy, with separate sections for clean and dirty clothing. Soiled clothing was contained within red bags designed for that purpose that dissolved under the correct temperature of wash-cycle. The hand-wash basin was clean and easily accessible, and had hand-wash available from a wall-mounted dispenser. We noted that the week's staffing roster showed a designated laundry person and a designated domestic were working daily, in addition to the six care staff.

When we looked round a number of people's empty bedrooms before lunch, we found no infection control risks. Rooms were clean, and used bedding and bagged clinical waste were not left lying around. Where appropriate, pillows and mattresses were impermeable through design or covers.

We found only one room with lingering malodour. The registered manager explained that unlike many rooms, the floor in this room could not be shampooed, but it was mopped daily with strong detergent. We saw records confirming this, and showing that other specific rooms were given intensive cleaning on an additional basis when needed, which helped address risk of lingering malodour.

The registered manager also told us of ongoing work with community professionals in support of meeting the needs of the person where the lingering malodour was, which helped assure us that reasonable steps were being taken to address the concern.

Staff used personal protective equipment such as disposable gloves in support of preventing cross-contamination. We saw places in the premises where clinical waste could be temporarily stored safely. There were numerous antibacterial hand-gel devices fixed to walls around the service that could be used in support of keeping hands clean. We saw that people were supported to clean their hands before lunch. Staff went around to people with hand-wipes, and where appropriate, supported people to use the wipes.

The registered manager told us that their service now had a dedicated infection control champion. Their role included monthly audits, reviews of cleaning schedules, and reminding other staff about best practice. This helped with oversight of infection control standards.

We saw that people's care plans had evidence of regular review and evaluation around key areas of risk such as for falls, pressure care and nutrition. We checked people's care plans against care delivery records. Although there were continence assessments, we found that continence support plans were not up-to-date for six people. In three cases, the care plans identified people as having continence support needs but no statement that this included the use of incontinence pads. This was despite these people having specific orders for pads on the current order sheet that the service had sent to the supplier. In two other cases, different pads were on the order sheet compared to the care plan. When we spoke with staff, they were clear that information on correct pad sizes would be within people's care plans. Plans and care files additionally had no record of guidance from continence advisor visits, despite the use of pads for people indicating continence advisor involvement.

We found that staff were trying to support people with continence pads that matched the current stock order that the registered manager confirmed as correct following our visit. By failing to keep care plans up-to-date in respect of people's continence needs, there was a risk of care not being provided in a safe way, particularly that people may be provided with continence pads that did not have the required absorbency. This risk was increased because

Is the service safe?

rosters showed that the service occasionally used agency staff, there was no guidance on correct pad sizes within people's rooms, and we found that some people did not have a supply of the correct size of continence pad in their room.

One person had recently returned from a stay in hospital. The service had a copy of the hospital discharge summary notes. However, the person's care file had no recorded update on their care needs. Although the person now had an indwelling catheter, their care plan informed us the person was continent and gave staff no instructions on how to provide appropriate and safe care in respect of the

catheter. We also found that the service had taken a blood sugar reading for the person recently. However, the person's plan provided no advice on what readings were safe for this person and what actions to take in response to other readings. There was additionally no record of taking the reading and any subsequent actions within the person's care file or care delivery records, by which to demonstrate appropriate action was taken.

The above evidence demonstrates a breach of Regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Is the service responsive?

Our findings

At our previous inspection of 21 July 2015, we found that people did not always receive timely support, where needed, with their toileting needs. Records about the care provided to people, including for continence support, were sometimes inaccurate, incomplete, or not kept promptly up-to-date. This failed to support people to receive responsive care that met their needs. This meant the provider was in breach of regulations 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served enforcement warning notices for these breaches.

At this inspection, we found that the provider had addressed the warning notices as people were receiving better continence support where needed and care delivery records were up-to-date.

We looked at how well people were supported with personal care that met their needs. People we spoke with raised no concerns about this. One person told us that staff always responded to their requests, adding “Staff do their best.” A visiting relative said, “Mum really likes it here, she’s happy and likes the staff as they are kind to her.” We saw staff working together to respond to people’s requests in a calm and friendly manner. For example, one person found it hard to get up alone, so a staff member supported them. When they struggled to walk across the room, a second staff member noticed and provided additional support.

People were regularly supported to attend to toileting support needs. For example, people who needed manual handling support, such as from a hoist, were regularly supported by staff. One person got up but was unsteady on their feet and unable to clearly communicate their wishes due to dementia. Staff recognised that the person wanted support to reach the toilet.

The service kept a separate file in which to record the 24-hour toileting support provided to some people. We saw that records were up-to-date from the start of our visit. Staff made entries in the file directly after providing any of the relevant people with toileting support. The records demonstrated that these people regularly received support every two to three hours. This demonstrated that the file was being appropriately used, in support of ensuring people’s continence support needs were being met.

The registered manager told us that two people were being supported to reposition on a regular basis, to help prevent them developing pressure ulcers. When we checked their repositioning charts, we found records to be up-to-date. Entries provided evidence that the two people were supported to reposition on a regular basis. We also noted that pressure care equipment was in place for people where needed, and was set to match their weight where appropriate.

When we checked people’s rooms, we saw records to confirm that staff had supported people with certain aspects of personal care. They showed when the person had last been supported to have a bath or shower, and when they had been supported to apply topical creams. These records showed that most people were supported to bath or shower every three days, and received other support with personal hygiene in-between.

We saw that a new activities worker had been employed in addition to the established person in that role. The service was therefore offering people activities seven days a week. We noted that a number of people positively engaged with activity provision, and that attention was paid to ensuring the inclusion of people who could not or did not want to be involved in the advertised activity.

People received responsive support to eat and drink where needed, as part of a home-cooked lunch that was well-presented. We saw someone appropriately receive a meal with component parts separately blended, and some people receive finger foods as per their care plans. People were offered choices for the meals and drinks, and people received additional fluid where appropriate. Staff helped cut up people’s food where needed, and there was adapted equipment such as spouted cups to help people to eat and drink. Staff also noticed if people were not eating, and provided encouragement.

We checked minutes of a recent meeting for people using the service and their representatives. We noted the positive feedback about the service that pervaded the minutes, and that suggestions were responded to. We also checked some of the management team’s governance documents that illustrated how people’s individual needs were addressed. For example, where someone had had a fall, there was a short summary of actions taken to prevent reoccurrence. This all helped assure us of the responsiveness of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Systems of doing all that is reasonably practicable to mitigate against risks identified from assessing the health and safety of service users receiving care did not ensure that safe care was provided to service users.</p> <p>Regulation 12(1)(2)(a)(b)</p>