Embrace (UK) Limited

Rosewell

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 1 March 2016 and was unannounced. The last full inspection took place on 20 July 2015 and, at that time, five breaches of the Health and Social Care (Regulated Activities) Regulations 2014 were found in relation to staffing, premises and equipment, meeting nutritional and hydration needs, safe care and treatment and good governance. These breaches were followed up as part of our inspection.

Rosewell is registered to provide personal care and nursing care for up to 96 people. Three areas of the home named Rose, Sunflower and Bluebell accommodated people with personal care and nursing needs. The Farmhouse area accommodated people with personal care needs only. At the time of our inspection there were 57 people living in the service.

There has been no registered manager in place for over a year. 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. The business support manager has been in post for approximately six months. They told us that they would submit their registered manager's application form.

In July 2015 people were not cared for in a safe, clean and hygienic environment. At this inspection the provider had not made sufficient improvements.

In July 2015 we found systems were not being operated effectively to assess and monitor the quality and safety of the service provided. At this inspection the provider had not made sufficient improvements.

Medicines were not consistently managed safely. We found two medication errors during the inspection and neither of these had been reported by the nursing staff and neither had been identified through the provider's own audits and checks that were being undertaken.

In some areas of the building the premises were not suitable for the purpose for which they were meant to be used. Some bathrooms were not fully operational and there was a lack of adequate storage facilities throughout the service.

Care plans were person centred and provided details on people's preferences, but there was not always enough detail provided for staff on how to promote people's choices.

People's nutrition and hydration needs were not met. People's food and fluid intake was not managed effectively because food and fluid charts were not being monitored.

In July 2015 the lunchtime service was not organised which resulted in food not being consistently served at an appropriate temperature. At this inspection we found inconsistencies at the lunch time service and this

required further development.

In July 2015 staff were not consistently supported through an effective training and supervision programme. At this inspection the provider had made sufficient improvements.

In July 2015 we found staffing levels were not sufficient to support people. At this inspection the provider had made sufficient improvements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. Care documentation demonstrated consideration of the Mental Capacity Act. The provider in some cases adopted a blanket approach to the mental capacity assessments. Some assessments of capacity were not decision specific.

The current Deprivation of Liberty Safeguards (DoLS) arrangements showed that the service followed a procedure to ensure they had an appropriate agreement to restrict people's rights.
Records showed a range of checks had been carried out on staff to determine their suitability for the work. For example, references had been obtained and information received from the Disclosure and Barring Service (DBS).

Staff we spoke with demonstrated a good understanding of how to recognise and report abuse. All staff gave good examples of what they needed to report and how they would report concerns.

People were treated with kindness and compassion. Staff knew people well, understood their support needs and were familiar with people's personal preferences.

Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not cared for in a safe, clean and hygienic environment.

Medicines were not consistently managed safely.

Staffing levels were sufficient to support people safely.

Safe recruitment processes were in place that safeguarded people living in the home.

Is the service effective?

Requires Improvement

The service was not always effective.

People's nutrition and hydration needs were not met.

In some areas of the building the premises were not suitable for the purpose for which they were meant to be used, such as bathrooms not being fully operational.
The current Deprivation of Liberty Safeguards (DoLS) arrangements showed that the service followed a procedure to ensure they had an appropriate agreement to restrict people's rights.

Staff were supported through a training and supervision programme.

Is the service caring?

Good

The service was caring.

We observed staff treating people with kindness and compassion.

Staff knew people well, understood their support needs and were familiar with people's personal preferences.

People in the main spoke positively about the staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were not consistently responsive to a person's needs.

People had their physical and mental health needs monitored.

A complaints procedure was in place and the manager responded to people's complaints in line with the organisation's policy.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems were not being operated effectively to assess and monitor the quality and safety of the service provided.

All staff said they felt well supported by the management team and felt able to approach them with any concerns.

People were encouraged to provide feedback on their experience of the service.

Rosewell

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 took place on 1 March 2016 and was unannounced. The inspection was undertaken by three inspectors.

We reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

We spoke with eight people that used the service, four relatives and thirteen members of staff. We also spoke with the business support manager, a consultant and the regional manager. We also spoke with two health professionals who were visiting the service on their weekly round.

We reviewed the care plans and associated records of seven people who used the service. We also reviewed documents in relation to the quality and safety of the service, staff recruitment, training and supervision.

Requires Improvement

Is the service safe?

Our findings

In July 2015 people were not cared for in a safe, clean and hygienic environment. The provider sent us an action plan telling us what they were going to do in order to meet the regulation.

During this inspection insufficient improvements had been made. In the sluice room on Rose, there were two commode pots with faeces in them on top of the sluice machine, and a commode pot with urine in it resting in the sink. The sluice machine was not being used. Staff could have placed the dirty pots into the machine rather than leaving them on top. We showed this to the Business Support Manager and the soiled pots were cleaned immediately.

We were informed by staff that neither of the sluice machines in Sunflower unit or Bluebell was working. Staff said that consequently they washed commode inserts in the communal bathroom areas. A staff member told us that a sluice machine in the Sunflower unit had not been working for over a year, and the sluice machine in the Bluebell unit had not been working for approximately one month.

On the Sunflower unit there was a communal bathroom and shower room. No bedrooms had an en-suite shower or bath. We were informed that the bath was not working. Staff informed us that this room was used to store both clean laundry and contaminated laundry. The contaminated laundry was kept in a trolley. Staff said that when all the dirty laundry had been gathered in the morning, it would be taken downstairs to the laundry room as soon as possible. The lack of segregation between dirty and clean linen meant there was a risk of cross infection.

Both the Sunflower unit and the Bluebell unit had small satellite kitchens. We found that neither of these had hot running water. The Bluebell unit sink did not have a hot tap. The Sunflower unit sink had a hot tap, but it did not work. Staff did not use these kitchens to wash any cutlery or crockery; this was all sent down stairs to the main kitchen to be cleaned. However staff were expected to keep the satellite kitchens clean, including any equipment they contained such as the microwaves. On the Farmhouse unit the microwave contained food debris. On request it was cleaned straightaway.

In both of the Sunflower and Bluebell satellite kitchens the grout in the back of the sink taps was cracked and discoloured. In the Bluebell unit some walls and skirting boards were splattered with brown splash marks. In the Sunflower unit, the skirting board underneath the radiator was covered in a thick layer of dust. In the Farmhouse Unit dust had accumulated in a gap between the units on the floor and this required attention.

One person had a commode adjacent to their bed. We saw they were eating their lunch in bed and the commode seat had spots of urine on it. The person's care plan informed staff to "ensure to clean thoroughly the commode after each bowel or urine elimination", but this had not been done. This was unhygienic.

The kitchen store room was not clean or hygienic. One freezer was visibly dirty on the outside and had small rust areas on the lid. The area adjacent to the freezer was dirty, dusty and there were cobwebs visible. There

was a fridge freezer, and although the freezer was empty, it was visibly dirty and had some food debris in the bottom. In one area of the store, fresh vegetables were stored on a bottom shelf adjacent to a pest control box. The floor area was also not clean.

Items within freezers were not always labelled to indicate what they were or when they expired. For example, there were packets of meat that did not have any labels on.

The food storage area was also being used to store other items which presented a contamination risk. These other items which were being stored adjacent to perishable items in cardboard packaging, included oven cleaner, drain cleaner, rinse aid and degreaser. Shelves also contained laundry cleaning fluids including peroxide de-stainer and detergent. The far end of the store room was being used to store furniture, pictures and other stock items such as tissue paper, plasters and syringes. Because staff would have to walk past dry food such as flour and oats which were stored on the bottom shelf, there was a risk of contamination.

We reviewed the infection control audit conducted in October and November 2015 and these issues were not identified. In July 2015 the regional manager told us they intended to incorporate a refurbishment programme in the future. This programme had yet to commence. The business support manager told us that the refurbishment programme will begin to roll-out in March 2016.

There continues to be a breach of Regulation 15(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were not consistently managed safely. We found two medication errors during the inspection and neither of these had been reported by the nursing staff and neither had been identified through the provider's own audits and checks. Staff completed a 10 point MAR (medication administration record) check at the end of each medicines round. These had been completed in full during February 2016. However, one person's MAR had not been signed on three occasions, 28/02/1016 at 17.00 hrs, 29/02/2016 at 08.00 hrs and 29/02/106 at 17.00 hrs. The 10 point check that staff completed included a statement "I have checked that I have administered all prescribed medicines during this round". On all three occasions, the check had been signed. This indicated that staff had signed to confirm they had checked they had administered all medicines, but hadn't checked they had signed the MAR chart.

On another occasion it was noted in the controlled medicines log book that a dose of an opiate medicine had been administered on 30/09/2015, but the log book had not been signed by the person who had administered it. Subsequent doses had been administered by other staff, but the missing signature had not been reported by them. The provider's medication audits which had been undertaken on 10/10/2015 and 11/10/2015 had also failed to identify the missing signature.

Although medication audits had been undertaken, follow up actions had not been signed as completed. For example, the medication audit for Farmhouse on 03/11/2015 had identified 20 action points. The audit report showed that four of these had been dated as complete, some were blank and others actions had been noted as "not complete".

MAR charts contained photographs of people, and details of any known allergies. However, not all of the photographs had been dated, which meant it could be difficult for staff that were not familiar with people to identify them when administering medicines. For example, one person had a photograph at the front of the MAR chart and the person was not wearing glasses and had straight hair. The photograph of them attached to their PRN (as required) protocols showed then wearing glasses and with straight hair. During the medicines round on Rose unit, we observed that the person was wearing glasses and had wavy hair.

Although the nurse administering the medicines knew people well and knew that the person only wore glasses occasionally, new staff or agency staff might not know this. This meant there was a risk that staff might not always be able to identify people easily when administering medicines. The provider's Medication Policy stated that photographs should be of a good likeness and the date should be recorded. It also stated "it is advisable that photographs are re-taken on a 6 monthly basis".

This meant there was a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also observed part of a medicines round on Farmhouse unit. Both the nurse and the senior healthcare assistant on Farmhouse administering the medicines were knowledgeable about what people had been prescribed and why. They asked people if they would like their medicines, ensured that they had a drink to hand and did not rush people. One person had been prescribed antibiotics, and there was a notice within the MAR that alerted staff to the fact that the person's medicines had changed. There was also a copy of the care plan in the MAR to inform staff why the person had been prescribed antibiotics The staff who administered medications were up-to-date with their medication administration training.

Medicines were stored safely, fridge items were dated when opened and bottles of liquids stored in the medicines trolley were also dated. Care plans contained notes when medicines were reviewed.

In July 2015 staffing levels were not sufficient to support people safely. The provider sent us an action plan telling us what they were going to do in order to meet the regulation.

During this inspection we found sufficient improvements had been made. The business support manager told us that staffing levels were assessed by following the Rhys Hearn dependency tool. The guidance was used to ascertain the numbers of staff required based on people's needs. The business support manager told us that they had conducted regular staffing level reviews using this tool.

On the day of our inspection the occupancy level for each area; 12 people resided in Farmhouse; 13 people resided in Bluebell; 17 people resided in Rose; and 15 people resided in Sunflower. On the day of our inspection there were 11 care staff and two nurses on duty. One staff member had called in sick. To ensure that sufficient numbers of staff were maintained, the service used an agency member of staff. The business support manager told us that the current staffing levels were in accordance with the assessed dependency needs of the people who used the service. We reviewed staffing rotas for February 2016. Staffing levels were maintained in accordance with the assessed dependency needs of the people who used the service. The majority of staff said they felt there were enough staff on duty to meet people's needs. They said "Yes, I think there are enough of us" and "It has improved a lot. We do use agency, but we tend to get the same agency staff so that helps with continuity". We observed that people received the appropriate support at the correct times such as meal times, medicine rounds and responding to call bells. The business support manager told us that the service was also currently undertaking a recruitment drive to appoint more staff. There was a promotional recruitment banner on the entrance of the driveway of the service.

Care plans contained risk assessments for areas such as moving and handling, falls, choking and the use of bed rails. These had all been reviewed monthly and where people's needs had changed the associated care plans had been reviewed to reflect this. For example, one person's plan detailed how their mobility had deteriorated and they had been spending more time in bed because of this. The plan detailed how staff should move the person from the bed to a chair safely, and provided clear detail on which hoist and sling should be used.

Apart from the identified failings to report medication errors the provider had appropriate arrangements for reporting and reviewing incidents and accidents. The business support manager reviewed all incidents on a monthly basis to identify any particular trends or lessons to be learnt. Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly. For example where people had been assessed as being at high risk of falling, the care plans contained staff instructions on how to enable activity and minimise risk.

Records showed a range of checks had been carried out on staff to determine their suitability for the work. For example, references had been obtained and information received from the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with vulnerable adults. Other checks had been made in order to confirm an applicant's identity and their employment history. The regional manager's January 2016 report stated they had found discrepancies in staff personnel files, such as the need to verify references and this needed to be rectified.

Staff we spoke with demonstrated a good understanding of how to recognise and report abuse. All staff gave good examples of what they needed to report and how they would report concerns. Staff also understood the term 'whistleblowing'. This is a process for staff to raise concerns about potential malpractice in the workplace.

Fire risk assessments had been completed for people, and there were personal emergency evacuation procedures for individuals in place. This meant that staff had the information they needed to keep people safe in the event of a fire.

Requires Improvement

Is the service effective?

Our findings

People's nutrition and hydration needs were not met. People's food and fluid intake was not managed effectively because food and fluid charts were not being monitored. For example one person's food and fluid chart showed they had received 100mls of fluid on 28/02/2016. The summary section had not been completed or signed and there was nothing to indicate that staff had considered 100mls to be of concern. On 29/02/2016, the same person's intake was documented as 50mls. Although the chart had been signed and the summary was listed as "poor", the concerns or actions section informed staff to "encourage more with food and fluids". Another person's intake on 28/02/2016 was documented as 800mls. Again, this chart had not been completed or signed in the summary section. On 29/02/2016, the total intake was documented as 555mls. Staff had signed the summary section and the concerns or actions sections again informed staff to "encourage more with food and fluids". There was nothing to indicate if the poor fluid intakes had been escalated on 28/02/2016 or if nursing staff were aware of them. Therefore, despite recognising that people were at risk of poor nutritional and fluid intake, the monitoring systems in place were not adequate because checks were not consistently undertaken.

In January 2016 the regional manager's provider report also identified a similar problem. One person had lost over 9kg over the previous nine months and at the time of regional manager's report the person was last weighed in October 2015. The report identified that staff had not escalated the matter. The regional manager advised that the person should have been placed on food monitoring.

In some cases when people were assessed as having complex nutritional needs, specialist support and advice had been sought in a timely manner. One person's dietary assessment showed that staff had identified unexpected weight loss. Their weight had been monitored and they had been referred to the GP and prescribed a fortified diet and food supplements. They had been assessed by the SALT (Speech and Language Therapy) team and the recommendations were documented within the care plan and in the daily notes. This meant that staff had easy access to the information. However, this information was not available to the kitchen staff and the chef did not demonstrate a good knowledge of specialist nutritional needs, in particular textured diets. This meant that when people had been assessed as having complex nutritional needs in conjunction with a high risk of choking and had been assessed by speech and language therapists, the relevant guidance was not always followed. People may need to eat a texture modified diet because they are generally unwell and need a 'soft diet', or they are at risk of choking or aspirating food into their lungs. People who had specialist texture requirements in relation to their food all received the same consistency food rather than the consistency that had been recommended for them. We asked the chef how they knew which consistency people required and they showed us the menu plan that care staff provided them with. This document contained the statement "puree" and did not refer to which texture people required. This meant that people did not receive food that was prepared in accordance with their needs because staff had not received the relevant training and did not have access to the relevant guidance.

This is a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In some areas of the building the premises were not suitable for the purpose for which they were meant to be used. On the Sunflower unit there was a communal bathroom and a walk in shower room. The shower room in Sunflower had a large hole in the ceiling. We were informed that the bath was not working, and hadn't been for some time. On the Bluebell unit there were two bathrooms. In one of these bathrooms, the bath was not working. It was used in a similar way as the bathroom in the Sunflower unit to store laundry. We were informed that if people on the Sunflower unit wanted a bath, they would be taken up to the Bluebell unit to use the bathroom there. Similarly, if people on the Bluebell unit wanted to have a shower they would be taken downstairs to use the shower in the Sunflower unit. There were two working communal bathing areas shared by Bluebell and Sunflower. 28 people currently lived in these units.

Because the toilets were not large enough to accommodate a hoist when required, staff informed us that it was necessary to use commodes in people's bedrooms on the Sunflower unit. Staff said all the communal WC facilities (including those in bathrooms) were too small to accommodate a hoist. We were informed that the communal WC on the Sunflower unit was too small to accommodate a member of staff to provide assistance.

Some staff complained of a lack of adequate storage and office facilities. One staff member said the phone in the Sunflower unit was situated in the dining room therefore it was necessary to leave the unit to make a confidential phone call. There was no nurse station/office on this unit; staff used communal areas to write up notes. Care records were kept in unlocked cupboards. The cupboard in the Sunflower unit doubled up as a staff locker.

The dining rooms in Bluebell and Sunflower would be too small to accommodate everyone if they all chose to eat in these rooms at the same time. The only communal room in the Bluebell Unit was particularly small. It contained both the lounge and dining areas plus a satellite kitchen. We saw that due to lack of space, very few people would be able to sit at a dining table for lunch. We noted that nobody did sit at a dining table during lunch; they either ate in their room, or the lounge area whilst sitting in easy chairs.

Some staff expressed concern that corridor space was being used as storage and this may impede people's movements. We observed that the corridor by the nurse station in the Bluebell unit was impeded by a dining chair, a hoist, a large wheelchair and the laundry trolley. There was very little space to pass between the hoist and laundry trolley which were positioned opposite each other. We were told the expected refurbishment programme which is due to start in March 2016 should largely address the issues.

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

In July 2015 people were not consistently supported through an effective training and supervision programme. The provider sent us an action plan telling us what they were going to do in order to meet the regulation.

At this inspection sufficient improvements had been made. The business support manager had introduced a supervision programme to ensure staff received regular supervision. We viewed the supervision matrix and the majority of staff received supervision approximately every six weeks in accordance with the policy. Conducting regular supervision meant that staff received effective support on an on-going basis and training needs could be identified.

New staff undertook a period of induction and mandatory training before starting to care for people on their own. A new induction training programme had been introduced in line with the Care Certificate guidelines.

These are recognised training and care standards expected of care staff. Staff told us about the training they had received; this covered a variety of subjects such as moving and handling, dementia care and first aid. The training records demonstrated that staff mandatory training was up-to-date. An internal audit conducted by the service in January 2016 identified that e-learning training compliance was 91%. Staff we spoke with told us they received regular training and supervision and felt well supported.

In July 2015 the lunchtime service was not organised which resulted in food not being consistently served at an appropriate temperature. The provider sent us an action plan telling us what they were going to do in order to meet the regulation.

At this inspection we found improvements had been made but there were still inconsistencies across the units. The food was brought to the Sunflower and Farmhouse unit using a hot trolley and was served at the correct temperature. However, in the Bluebell Unit we also observed that some food was left uncovered. When meals were covered and taken to people, there was no steam visible rising from the food. The food was not temperature probed at the point of service. When we asked people about the food temperature, their responses varied. People said "It's ok, it's warm today but it's usually cold", "It's cold" and "The plate is hot, and the food is piping hot". One person said "It's not hot, it never is". Despite the comments about the temperature of the food, people generally commented positively about the quality of the food. They said "Lunch was lovely" and "The omelettes are absolutely lovely".

During the lunchtime service we did observe that people were offered choices of food and alternatives were offered if they did not like any of the menu choices. The tables were attractively set with table cloths and placements; menus were placed on the tables. People were provided with assistance to eat at a pace that suited them by staff who were chatty and friendly. People used specialised utensils where required. People were not consistently asked what drinks they would like. Some people were offered choices, others were not. We spoke with one person in their room when they were served their lunch and juice. They told us; "They gave me blackcurrant but I don't drink it. I drink tea." There was also a used urinal bottle left on the floor near the person's food tray.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The current DoLS arrangements showed that the staff had been involving the necessary people such as relatives, representatives and health professionals and followed a procedure to ensure they had an appropriate agreement to restrict people's rights. The business support manager advised that applications had been processed and sent to the local authority. This information was held on people's files.

Care documentation demonstrated consideration of the Mental Capacity Act. However, some assessments of capacity were not decision specific. We found two example assessments of capacity that were for many

decisions at once: sharing information, use of bedrails, all care and support, and consent to photographs. Where mental capacity assessments had been completed in relation to the use of bed rails, it was not always clear how the decision had been reached. Although one plan we looked at contained details of a best interests meeting, not all did. In another person's plan, staff had documented in the risk assessment that the rails should be used "for safety". Although it was documented that the person's family had been involved in the decision making process, this had not been signed by the family members.

Staff understood the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and the need to gain consent from people using the service. Staff had completed training on the legislation.

To ensure consistency we recommend that the provider reviews their mental capacity assessments and the associated paperwork, such as consent forms and the records of best interest meetings.

Good

Is the service caring?

Our findings

In July 2015 we observed staff treating people with kindness, but there was limited social interaction with people.

During this inspection we observed that improvements had been made. People were treated with kindness and compassion. Staff knew people well, understood their support needs and were familiar with people's personal preferences. Staff said "I know the residents well. I enjoy my work and give my best to those who need me" and "I treat people how I would like to be treated".

People in the main spoke positively about the staff. Comments included; "the majority of the staff are ok"; "I'm alright because I can do what I want to do. You can't beat this place"; "The staff vary. Some of them haven't got a clue, others go over the top. They listen to me most of the time." Relatives told us; "I'm generally very happy. If there are any problems they will be sorted out quickly. The staff are lovely" and "The staff are all lovely. They're usually receptive to our concerns. [Relative's name] is in a safe environment. We would recommend here now but we wouldn't have in the past."

We observed staff interacting with people throughout the day. It was one person's birthday and all of the staff on the unit sang happy birthday to them and presented them with a birthday cake.

When people refused something, such as a cup of tea, staff demonstrated a patient and caring manner. One staff member offered one person with dementia a cup of tea. The person said they had just had a cup, and rather than contradict the person, they went away and then returned later and asked again. Another member of staff said "Let's have a cup together shall we?"

When one person refused their medication, the staff member spent time trying to understand why they didn't want them. They sat with the person for a while, and then got the acting manager to speak with them. This was done in a sensitive manner, and the person was not forced into taking their medicines although the staff did encourage them to do so.

The atmosphere throughout the service appeared relaxed and friendly. One family member said that care for their relative had been handled by staff in a very sensitive manner. As a relative, they said they felt welcomed at the home and looked after by staff. Staff arranged for them to be able to sleep at the service in order to be with their relative, and that staff had kept them fully informed of the person's situation. Another relative contacted staff to thank them for their support during their relative's and life. They said "it was really peaceful and I understand what you mean about death being beautiful… I now have a lovely memory… Thank you and your girls everything. You are angels."

The service used an 'end of life' care plan for people in the last stages of their life. Use of this plan would be decided in conjunction with a doctor. This care plan considered all the elements required to provide people with a comfortable, dignified and pain free death. In addition the service had an 'end of life wishes' document which we saw was used in advance to establish what was important to the person.

People's privacy and dignity was respected. We regularly observed staff knocking on the door before entering people's bedrooms. We heard staff speaking with people in a respectful and friendly way. We saw staff walking along side people and sometimes holding their hands. We also heard people and staff holding two way conversations and being fully engaged.

Requires Improvement

Is the service responsive?

Our findings

In July 2015 the service was not consistently responsive to a person's needs. Assessments were not consistently reviewed regularly and whenever needed throughout the person's care and treatment. The provider sent us an action plan telling us what they were going to do in order to meet the regulation.

During this inspection some improvements had been made but there were areas of their work which required further development. People's records were not consistent. One person's records contained statements regarding their challenging behaviour. In the care documentation references were made to agitation but this was not fully described. For example we saw that bed rails were removed because of the risk of the person becoming entrapped when agitated. We were informed by a member of staff that the person may be resistive to accepting personal care. However there was no record of this in the personal care plan. We were told by a member of staff that if a person had behaviour that challenges, a care plan entitled 'concerning behaviour' should be in place. We checked the person's care records and found that the 'concerning behaviour' care plan was not in place.

The purpose of the 'concerning behaviour' care plan was to describe the behaviour that was the cause of concern, to record underlying reasons for the behaviour or factors that might affect the behaviour, to identify triggers for behaviour, and to record the planned interventions and support required to manage the behaviour effectively. PRN ('as required') sedative medication was used as part of the behaviour management for this person. However a protocol to guide staff when such medication should be used was also absent. By not having the appropriate plans the person was at risk of not receiving the care and support they needed, particularly with staff who were not familiar with the person's specific needs.

We checked the 'concerning behaviours' care plan for another person. It was noted in other records that this person may behave in aggressive manner when receiving personal care, and sometimes needed two people when receiving personal care. The care plan did not mention that the personal care was a trigger for behaviour that challenges. It did not identify how to manage the behaviour when personal care was being given. The care plan gave general advice to staff to be patient and to give reassurance, but did not guide staff on what specific techniques of positive behaviour management to use. We checked other care plans relating to concerning behaviour and they had been appropriately completed.

Care plans were person centred and provided details on people's preferences, but there was not always enough detail provided for staff on how to promote people's choices. In particular, one person's plan included detail that they preferred their bedroom door to remain open. We observed that the person's door was open throughout the inspection which showed that their choices were respected. However, the door also remained open while they used the commode and we asked staff how they ensured the person's dignity was maintained when this happened. Staff were unsure. The person's daily record informed staff that the person liked their door to remain open but there was nothing documented on how staff should protect the person's dignity. The person chose to have a commode adjacent to their bed, and this was documented in the care plan. Staff had documented "Prefers to have commode by bedside" but there was nothing documented in relation to the open door. When asked about this issue the named nurse amended

the plan and added in that they wanted the door open; however, this was not signed or dated until we prompted the staff member to do so. The commode was then moved to the person's bathroom, even though it was their choice to have it by their bed. The provider in this case did not ensure that the care plan reflected their personal preferences. We were subsequently informed that the person had been agreeable to the suggestion to move rooms so that their bedroom door would not be visible from the main corridor.

Care plan audits conducted in January 2016 as part of regional manager's monthly report also identified a number of issued that needed to be taken forward by the service. They included similar issues we have identified during our inspection. These included risk assessments not being updated, not adequately responding to weight loss and person centred information not being incorporated into the care plan.

Some plans were person centred and did provide staff with information on how to support people. They contained details on people's preferences in relation to all aspects of their care needs, routines and preferences. The plans were written in conjunction with people or their representative. Relatives we spoke confirmed their involvement in the care planning process.

Wound care plans were up to date and contained photographs of wounds. This meant that staff could easily identify when wounds were healing or deteriorating. There were body maps in place that showed where wounds were located. When staff assessed a wound as being potentially infected, swabs had been taken and the results had been reviewed by the GP. The person had subsequently been started on a course of antibiotics.

Owing to the inconsistencies relating to the safe care and treatment of people there continues to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had their physical and mental health needs monitored. All care records that we viewed showed people had access to healthcare professionals according to their specific needs. On the day of our inspection, two health professionals were conducting their weekly GP round. They thought the level of care was adequate and they held regular meetings with the service to discuss any issues arising. One person told us; "[staff member's name] is the lynch pin. She knows every patient. I would be happy to use Rosewell." We also saw records that people had access to other external health services such as optician and chiropodist visits. We also viewed referrals being made to a Speech and Language Therapist and the psychiatric service.

A dedicated activities coordinator was employed by the service. There was a structured weekly activities programme. This included one-to-one sessions with people in their bedrooms, memory games, exercises and skittles. We observed people playing games in the main lounge on the ground floor. Those participating were engaged and responding positively to the interaction. The activities coordinator was enthusiastic about their role and they tried to provide activities on each unit every day. They also arranged activities outside of the service and arranged for groups to visit the service. They told us about the birds of prey visit that was taking place the next day. A 1940's entertainer visited the service last week. They dressed in 1940's attire and sang old war songs. We were told that some external groups were not so well received and would not be booked again. We received a positive response from people about the activities provided in the service. One person told us; "I get involve with the quizzes and pottery. I think they're ok."

Relatives were welcomed to the service and could visit people at times that were convenient to them. People maintained contact with their family and were therefore not isolated from those people closest to them. Relatives we spoke with visited regularly and also took their relatives out. One relative told us; "The staff are lovely. I am involved with the care plan meetings and I'm contacted when necessary. I always attend the relatives' meetings"

The provider had systems in place to receive and monitor any complaints that were made. Where issues of concern were identified they were taken forward and actioned. Examples of this included the improving the level of communication between one person and staff members and providing brown bread as an option. People felt they were listened to and would feel comfortable to approach staff members if they had any concerns. One relative told us; "I'm generally really happy. If there are any problems they will be sorted out quickly."

Requires Improvement

Is the service well-led?

Our findings

In July 2015 systems were not being operated effectively to assess and monitor the quality and safety of the service provided. The service had a programme of regular audits, however audits to monitor the completion and accuracy of records were not completed and other audits were not always effective. The provider sent us an action plan telling us what they were going to do in order to meet the regulation.

During this inspection, systems had continued to fail to identify the shortfalls found such as the concerns surrounding; meeting nutrition and hydration needs; people not being cared for in a safe, clean and hygienic environment; medication not being managed safely; premises not being suitable for the purpose for which they were meant to be used; inconsistent person-centred care and ineffective governance systems.

Since the previous inspection conducted in July 2015 the provider had failed to fully implement the actions in their plan to ensure they were no longer acting in breach of the regulations. As well as not fully implementing the stated actions in the plan we found that the service was continuing to act in breach of four regulations. We did note that the regional manager's monthly provider report had highlighted similar concerns but the service had failed to sufficiently act upon their raised concerns. They did state; "if they home is inspected it will be non-compliant in all previous areas apart from staffing."

There continues to be a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Although there is further work required by the service we did note notable improvements regarding staffing levels and the culture of the service. Staff felt well-supported by the business support manager and they had fostered an open and transparent approach with their staff. Staff, people who used the service and their relatives all told us that they had noticed an improvement in the level of service provided since our last inspection.

Despite a recruitment drive the provider has been unsuccessful in appointing a permanent manager. The service has been without a registered manager for over 12 months. The business support manager who has been in post for approximately six months confirmed that they would proceed with their registered manager's application.

All staff said they felt well supported by the management team and felt able to approach them with any concerns. Regular staff meetings were held. This ensured that staff were kept up-to-date with operational issues and enable staff to provide feedback on any issues arising. One of the nurses said they were aware of the contents of the previous inspection report and that the team were working together to improve. We observed staff working together well as a team and they were caring in nature. Since our previous inspection, staffing levels have improved and staff were less task-orientated and more engaged with the people they were caring for. The business support manager told us that they worked hard with the staff team and had changed the culture of the organisation. Staff comments included; "Staffing levels have improved. We've taken on new staff and we use less agency staff"; "The Heads of Department meet every

morning and we run thorough each department"; and "We're well supported by the management team. There is a good level of communication. I would put my Mum here. We have more time with the residents."

People were encouraged to provide feedback on their experience of the service. Regular meetings were held with people and separate relatives meetings were held. At the resident meetings set agenda items included food, activities and care. We noted that concerns had been acted upon such as the requested use of gravy boats, increased number of sandwich fillings, alternative tea time options and fruit being available in the conservatory. We did note that people had also raised concerns that food was served on cold plates sometimes and the bacon could be cold. People provided positive feedback on the activities. During the meetings people were also reassured that they could express their concerns about their care at any time.

At the recent relatives meeting the management team provided feedback on the refurbishment programme, staffing news and recruitment and the laundry system. The business support manager also invited any relatives who wished to discuss any aspects of their family member's care to approach them. Relatives felt well-supported by the current management team. One family member told us; "The whole place has improved since my father has been here. If I had any concerns I would approach the manager, they're accessible." Another relative told us; "The staff are all lovely. They're usually receptive to concerns. She's in a safe environment. I would recommend this place now but I wouldn't have in the past. If there are any problems they always ring. There are not any problems."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not consistently managed safely. The service was not consistently responsive to a person's needs. Assessments were not consistently reviewed regularly and whenever needed throughout the person's care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People were not cared for in a safe, clean and hygienic environment. In some areas of the building the premises were not suitable for the purpose for which they were meant to be used.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not being operated effectively to assess and monitor the quality and safety of the service provided.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs People's nutrition and hydration needs were not met.

The enforcement action we took:

Warning notice